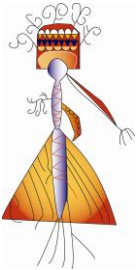
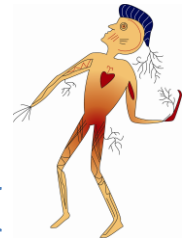


IKANAWTIKET

environmental respect l'environnement



BIODIVERSITY EXPERIENCE EXPEDITION



PARENTAL CONSENT FORM

Name of Youth Participant: _____

Age: _____ Grade: _____ Town: _____ Prov.: _____

Name of Parent(s)/Guardian(s): _____

Parent/Guardian Contact Info: Home Telephone: (_____) _____
Work Telephone: (_____) _____
Other Telephone: (_____) _____
Cell/Pager: (_____) _____

If Parent/Guardian is Unavailable:

Contact: _____ Telephone: (_____) _____

Contact: _____ Telephone: (_____) _____

CONTINUE ON BACK

Does your child have any allergies, special food requirements, or medical conditions, in case emergency care is needed, **other than what is listed on the registration form?**

Yes No

If YES, please explain: _____

Is there anything else we should know about?

Yes No

If YES, please explain: _____

I/We give consent for my/our child to attend and participate in the IKANAWTIKET Biodiversity Experience Expenditure. I/We have reviewed the *Application Form* and *Consent Form* and they are correct.

Signature of one parent/guardian: _____

Please Print Name: _____

Date: _____

This *Youth Biodiversity Experience Expedition Parental Consent* must be submitted, along with the *Application Form (Parts 1 & 2)* to:

Joshua McNeely
Biodiversity Experience Expedition Records
172 Truro Heights Road
Truro Heights, NS B6L 1X1
Tel: (902)895-2982
Fax: (902)895-3844
e-mail: ikanawtiket@mapcorg.ca