



## PERMISSION FORM

Dear Parent or Guardian;

In order to ensure the safety of all students, we request signed parental consent for students to leave the premises of Angus Lloyd Associates, Inc. without adult accompaniment. Please complete and return the form below if your child will be leaving the Clinic unaccompanied by a parent or caregiver following his or her tutoring sessions. If this form is not completed and in our files, we will not allow a child to leave the premises without adult supervision. Furthermore, should there be any change in a child's regular pick-up routine, we require telephone or written notice of the change.

Thank you for your cooperation in this matter;

Johanna Preston, M.A.Ed., O.C.T.

Senior Consultant, Angus Lloyd Associates, Inc.

I authorize my child, \_\_\_\_\_, to leave Angus Lloyd Associates, Inc. without adult supervision.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### ANGUS LLOYD ASSOCIATES INC.

8 Lawton Blvd.

Toronto, ON M4V 1Z4

T: 416 944 8185

F: 416 944 8360