**Parent/Guardian   
Consent Form**

**My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, will be receiving**

**Tutoring from a volunteer of Literacy Central Vancouver Island.   
I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission on my child’s behalf to receive tutoring from one of our volunteers.   
All tutoring sessions take place in a public setting and all tutors have up to date vulnerable CRC (criminal record checks).   
  
Our tutoring location will be: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.   
  
Youth Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Program Coordinator Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** If you ever have any questions or concerns, feel free to reach out to our Youth Literacy Coordinator at youth@lcvi.ca or by calling 250-754-8988 ext. 225