



# Minor Student Consent Form

## Student Information

Family Name:

First Name:

Date of Birth: YYYY/MM/DD

Student ID#:

I, (Parent/Guardian Full Name)

hereby authorize the following, as applicable, for my child listed above.

## Travel with an Adult Responsible

I authorize my child to travel within

, Canada, accompanied by:

Adult Full Name:

Relationship:

From: YYYY/MM/DD

To: YYYY/MM/DD

I acknowledge that ILAC is **not responsible** for my child during this period.

## Sleepover Authorization

I authorize my child to have a sleepover at/with:

Adult Full Name:

Relationship:

From: YYYY/MM/DD

To: YYYY/MM/DD

I acknowledge that during this time my child is **outside the ILAC Accommodation Program**, and ILAC is **not responsible**.

## Extended Curfew Request

Maximum approved return time: **12:00 a.m. (midnight)**

Please provide reason for extended curfew below:

I understand approval is **not automatic** and subject to ILAC's discretion.

## Adult Responsible Information IF APPLICABLE

Family Name:

Last Name:

Date of Birth: YYYY/MM/DD

Phone Number:

Address in Canada:

## Parent / Guardian Additional Information

Address:

City / Country:

Date of Birth: YYYY/MM/DD

Phone Number:

## RULES & CONDITIONS

- Adult responsible must be **21 years or older**
- Adult responsible **cannot be another ILAC student**, unless **pre-approved by ILAC** (e.g. older sibling)
- These rules apply **every time** an adult responsible is designated
- **This consent form must be received by ILAC at least 48 hours in advance** of the requested activity (e.g. a Saturday sleepover must be submitted no later than Thursday at 12:00 p.m.)
- Late submissions may be **denied automatically**
- ILAC may **refuse or revoke approval** if safety standards are not met

Parent / Guardian Signature:

Parent / Guardian Printed Name:

Date: YYYY/MM/DD