



Wasausink Lands Inc.

Box 238 • Parry Sound, Ontario P2A 2X3 • Tel: (705) 746-7601 • Fax: (705) 746-8696

Child Consent Form

WLI Annuity Day

Name: _____
Name of Child

I _____ give Wasausink Lands Inc., permission to take a copy of
Name of Parent/Guardian
_____ status card. This information will be kept strictly
Child's Name

confidential as per the privacy policy of WLI and will only be used for Wasausink Lands Inc. purposes such as; auditing, programs.

Parent/ Guardian Signature

Date

Office use:

WLI Signature

Date