



Profaqua inc.  
266-4000 RUE Saint-Ambroise, Montréal, QC, H4C 2C7  
NEQ: 1172786965  
TVQ: 1224758177 TQ0001  
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## PERMISSION FOR A CHILD TO LEAVE WITH A PERSON NOT ON THE LIST

I hereby authorize my child to leave Profaqua Science Camp with \_\_\_\_\_  
\_\_\_\_\_ (first name and last name of authorized  
person), \_\_\_\_\_ (family relationship, on the following day(s)  
\_\_\_\_\_ (date(s)).

Telephone number of the person who is picking up the child:

(\_\_\_\_) -- \_\_\_\_ -- \_\_\_\_

**Please advise this person that identification will need to be provided in order to leave with the child.**

First name and last name of child: \_\_\_\_\_

First name and last name of parent or guardian (please print):

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date