



Notarized Affidavit of Custodianship

STUDENT
Student Name (legal)
PARENT
Parent Name (legal)
Present Address
CUSTODIAN
Name (legal)
Relationship to Student
Present Address
Phone Number

I, _____ hereby solemnly declare that I am a citizen or permanent resident of
(Custodian's name)
Canada and I am over 19 years of age, and that I accept to act in place of the a parents of
_____ in times of emergency and when immediate medical attention or intervention is
(Student's Name)
required.

(Date)

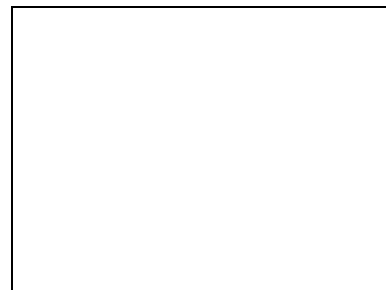
(Signature of Custodian)

SWORN BEFORE ME at the
City of _____

In the Province of

This _____ day of _____
_____.

A Commissioner in and for the
Province of



Official Seal of Notary Public in Canada