

**SOCIAL ENTERPRISE FOR CANADA (“SEC”)
SUPERVISED ACCESS CENTRE**

GUESTS AUTHORIZED TO ATTEND

I _____ give consent to the Supervised Access Centre to permit the individuals listed below to be a part of the visitation service with my Child (ren).

NAME:

RELATIONSHIP TO CHILD (REN):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I agree to notify immediately the Supervised Access Centre coordinator of any changes to the list of individuals authorized to visit with my child(ren).

SIGNATURES:

Custodial Parent/Person

Date

Witness-Staff

Date