

Permission Form

I/We give _____ (child's name)
permission to participate in Our Whole Lives: Sexuality Education for Grades 7-9, part
of the education program at _____ (name of organization).

I/We have been offered the opportunity to view these materials. I/We have attended an
orientation to this program.

Signed _____
(parent/guardian)

Signed _____
(parent/guardian)

Name _____
(print)

Name _____
(print)

Address _____

Address _____

Phone Number

Phone Number

Daytime _____

Daytime _____

Evening _____

Evening _____

Date signed _____

Date signed _____