

Permission Form

I/We give _____
child(ren)'s name(s)

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 _____

Cell _____

Cell _____

Date signed _____

Date signed _____

Primary email