

**PROGRAM PERMISSION SLIP**  
**FOR SENSITIVE ISSUES**

My daughter/ward\_\_\_\_\_ has my permission to participate in the program described below. I understand that if I have questions about the program, I may contact the adult in charge listed below.

My daughter/ward\_\_\_\_\_ **DOES NOT** have my permission to participate in the program described below and will not be attending this meeting/event.

Signature of Parent/Guardian\_\_\_\_\_

Date\_\_\_\_\_

Please return completed permission slip at least one week prior to meeting/event.

\_\_\_\_\_  
Title of Program\_\_\_\_\_

Outline of program content, information, and specific activities to be covered at this meeting/event:

Program Facilitators/Guest Speakers, and Organization Affiliation:

Adult in Charge\_\_\_\_\_ Position\_\_\_\_\_

Daytime Phone\_\_\_\_\_ Evening Phone\_\_\_\_\_

Location(s) of Meeting/Event\_\_\_\_\_

Date and Time of Meeting/Event\_\_\_\_\_

Additional Details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_