

PARENT PERMISSION SLIP

Student Personal Safety Training

Parish/School _____ City _____

_____ I give permission for my child _____
to participate in the Personal Safety Training Session.

_____ I do not give permission for my child _____
to participate in the Personal Safety Training Session through the program
established at _____. The School/PSR program has
offered to me a booklet of child safety information, *Parent Guide to
Understanding and Preventing Child Sexual Abuse. "Keeping Children Safe from
Abuse: Tips for Parents and Caregivers". Published by the Committee for
Children/*"

_____ / ____ / ____
Parent(s) Signature Date

Please return this form by _____.