
Permission Form (Visuals)

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 _____
Unitarian Universalist Church of Palo Alto

I/We understand that the program includes use of explicit visual materials.

I/We have viewed, or declined 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)

Date Signed _____

Date Signed _____

Address _____

Address _____

Phone Numbers

Phone Numbers

Home _____

Home _____

Cell _____

Cell _____

Email _____

Email _____