### 

The Unitarian Universalist Congregation of York

925 S. George St., York PA 17403 • 717-845-8212

### Parent/Guardian Consent Form Our Whole Live: Sexuality Education for Grades 7-9

### I/We give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [print child(ren’s) name(s)] permission to participate in Our Whole Live: Sexuality Education for Grades 7-9 at the Unitarian Universalist Congregation of York.

### I/We have been offered the opportunity to view program materials. YES NO

### I/We have attended an orientation to this program. YES NO

|  |  |
| --- | --- |
| Print Name | Print Name |
| Signature Date | Signature Date |

### *Please print information below:*

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| --- |
| \_\_\_Father \_\_\_ Mother \_\_\_ Guardian \_\_\_ Other; please specify: |
| Name (Last) First |
| Address City State Zip Code |
| Telephone Alternate Telephone Best Contact Time E-Mail Address |

|  |
| --- |
| \_\_\_Father \_\_\_ Mother \_\_\_ Guardian \_\_\_ Other; please specify: |
| Name (Last) First |
| Address City State Zip Code |
| Telephone Alternate Telephone Best Contact Time E-Mail Address |