Date

Dear Parents:

Your child's class will be receiving a course in character traits and risk behavior prevention. Powerful Choices will be presented in their classroom in cooperation with Equipping Youth. We need your permission to have your child participate in these lessons and the evaluation process. You may contact me to see the class materials and survey. In order to evaluate your student’s responses to the course, we plan to conduct the survey twice this year and then conduct follow-up at six, twelve and twenty-four months. We would also like your permission to use photos or video footage of your child participating in class activities for the purpose of promoting Equipping Youth’s efforts through their newsletters, brochures, website and videos for training other instructors.

Please feel free to contact me for more information. Thank you for your consideration.

Sincerely,

Teacher's Name, School

Permission Form

Name of Student ____________________________________________________

I give my permission for my child to complete the Powerful Choices lessons.

_____YES _____NO

I give my permission for my child to complete the Powerful Choices survey.

_____YES _____NO

I give my permission for my child’s photo/video footage to be used by the Equipping Youth.

_____YES _____NO

I give this consent and will make no further claim of any nature.

____________________________________________________________________

Parent or Guardian Signature / Date