



**LILIAN SCHICK SCHOOL PERMISSION SLIP**

**ELEMENTARY HEALTH THEME 5 UNIT,  
JUNIOR HIGH HUMAN SEXUALITY UNIT**



In order for your child to participate in these classes, we require a signed consent form from you. If you feel that you are ready to make your decision regarding your child's participation in this program, please complete and return the consent form. Assignments on other Health topics will be given to students who do not take part in these units. Parents who would like further information about any of these programs are asked to contact the school @ 921-2200.

I do \_\_\_\_ OR I do not \_\_\_\_

allow my child to participate in:

the Elementary Health Program (Grades 5 - 6)

and/or the

Junior High Health Program (Grades 7 - 9)

at Lilian Schick School.

Name of Student: \_\_\_\_\_ Homeroom \_\_\_\_\_

**THIS PERMISSION IS IN EFFECT AS LONG AS THE ABOVE NAMED CHILD  
ATTENDS LILIAN SCHICK SCHOOL.**

**I UNDERSTAND THAT IF I WISH TO CHANGE THIS CONSENT FORM, IT IS MY  
RESPONSIBILITY TO ADVISE LILIAN SCHICK SCHOOL.**

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
Print name of Parent/Guardian

Date: \_\_\_\_\_