

Referred to Event By:

Real Talk 2015 Parent Consent

PLEASE PRINT

I, _____ Phone: _____
(Parent/Guardian)

Give permission for my son/daughter: _____

To participate in Health Delivery Inc's Fifth Annual REAL TALK 2015 event on Thursday April 2, 2015, from 10:00am-6:00pm. I understand the content of the program focuses on reproductive health education.

Signature: _____ Date: _____

*****Note: Students will not be allowed to participate without BOTH SIDES completed of this consent form.*****

*****If your child needs a ride to/from the event, STARS bus passes will be distributed to those who pre register. Please check the box below if your child needs a bus pass to attend the event.*****

YES, my child will need a STARS bus pass to attend Real Talk 2015.

No, my child will NOT need a bus pass, they will have a ride to/from Real Talk 2015.

DELIVER TO:
Saginaw High School-Based Health Center BY MONDAY March 30, 2015
OR EMAIL TO dverdun@healthdelivery.org OR aforsmark@healthdelivery.org