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***A Child’s Place***

***Permission for Participation / Observation***

Students from Notre Dame of Maryland University, Towson University, Johns Hopkins University, and Loyola University sometimes use our facility as a training site for education and speech and language students as well as various other departments on occasion, e.g., School of Pharmacy, School of Nursing, etc.

We would like to have your permission for your child to participate in these experiences.

Parents will always be notified in advance when such experiences are planned.

Your child will always remain anonymous and will be supervised by a staff person.

Please sign the form below and return it to the office.

I give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in the above mentioned activities.

I **do not** give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in the above mentioned activities.

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Parent Signature Date