Sample Permission Forms



This appendix provides sample permission forms for the Media-Smart Youth program and for the Grocery Store Field Trip. Feel free to adapt either of these forms to fit the needs of your program.

		Wor	kshop Permi	ssion Form
DATE			-	
Dear Parents/Guardians,				
YOUR ORGANIZATION'S NAME	nsoring a workshop for youth t	o learn about med	lia, nutrition, and phys	sical activity. The
workshop will be held at	during the weeks of	at		on the following
workshop will be held at days of the week	. We invite your child to page	articipate.	LOCATION	
Media-Smart Youth: Eat, Think, decreased levels of physical act learn how to ask questions and settings, and how to increase pl before and after the workshop to	ivity among young people. The think about what they see in they sical activity in their daily live	lessons include media, how to es. The youth may	any fun activities that make healthful food o	t will help youth choices in real-life
Youth also may go on field trips and possibly one to a media our			on lessons learned du	ring the workshop
We hope your child will participal Discussing what he or she has I Sincerely,		0,	•	·
NAME OF PROGRAM DIRECTOR				
Please check one or more of th ☐ Yes, my child may participat				
☐ No, my child may not partic	pate in this workshop.			
may include my child being and affiliated with this project photographic portraits, pictural name will not be used with a organization	aped or photographed as a painterviewed during the duration of the authority and permission res, or audiovisual materials of any of the photos, images, or a partners to use any printed near the photos and printed near the photos are the photos and printed near the photos and printed near the photos are the photos and photos are the photos are the photos and photos are the pho	n of this project. I go to own, copyright f my child in which other materials. I a	give the organization a c, use, re-use, publish my child may be incl also give permission to	and those acting i, and re-publish luded. My child's o
Snacks will be provided to all y ☐ My child has the following for about):	routh during the workshop od and/or drink allergies (and ar	y other allergies or	medical conditions we	should know
Youth's name (print):				
Parent/guardian name (print):				
Parent/guardian signature:				
Telephone (indicate which parer	nt/guardian): (work)	(home)	(cell) _	



DATE	Grocery	Store Field Trip Form
Dear Parents/Guardians,		
will be conducting a field trip to a and Be Active! program. The trip will give the youth a chan exploring in the program. While they are at the grocery store.	ce to apply many of the re, the youth will:	
Review the wide variety of nutritious foods available atExamine and compare ingredient lists and Nutrition Fac		se tools can help them make smart
food choices		
 Explore how food manufacturers use product packaging 	and in-store product pla	cement to influence sales
WHERE:		
WHEN:		
TRANSPORTATION:		
If you can help out as a chaperone, we would be pleased to great chance to see these creative youth in action!	o have you come along c	on the field trip. This field trip is a
Sincerely,		
NAME OF PROGRAM DIRECTOR		
Please check one or more of the following boxes:		
☐ Yes, my child n	ay participate in the groo	cery store field trip.
□ No, my child m	ay not participate in the $arrho$	grocery store field trip.
☐ I can chaperone the field trip.		
Youth's name (print): Parent/guardian name (print):		
Parent/guardian signature:		
Telephone (indicate which parent/guardian): (work)		(cell)