

Parent Permission Form

Date: _____

Dear Parent/Guardian,

It is our pleasure to inform you that **Name of child** has volunteered and has been selected to be a member of the Child-to-Child program taking place at **School/Agency Name**

The Child-to-Child program is based on the belief that children and youth can play an active role in their health and development and offers an opportunity for them to recognize that they can make a difference in their communities.

Through the six step process, students will develop life-skills around communication, cooperation, decision-making, respect, consensus building, and leadership.

Participants of the program will learn to:

- Speak out about issues that are important to them
- Work co-operatively in groups
- Communicate effectively with peers and adults
- Learn about community resources and services
- Get involved and tackle community issues



The group will be meeting every **day of week**, between the hours of **00:00-00:00** from **Month 00th-Month 00th**.

The process will be facilitated by our school's Public Health Nurse, **Name of Public Health Nurse**, and our **Title of School/Agency staff**, Ms/Mr **Name**.

Please sign this Permission Form and return it to **Teacher's Name**.

If you have further questions, feel free to contact **School Representative**.

I give my permission for my child to be a part of Child-to-Child.

Student's Name: _____
(Please Print)

Parent Signature: _____ **Date:** ____/____/____

Sincerely,

Principal and/or School/Agency Representative

A Child-led approach to health promotion and community development
"Helping children to empower themselves by empowering others..."

Region of Peel
Working for you
Public Health