**Parent Permission Slip – Prevention Education**

Dear Parent/Guardian,

We are forming a group of students to have a positive impact on our community for the prevention of substance misuse. This program provides an opportunity for students to promote safe and sober lifestyles within their school while developing leadership skills and making a positive impact on their community.

By participating, your child will be encouraged to live a drug- and alcohol-free lifestyle and grow as an individual while making safe and healthy choices.

Your involvement and encouragement play a key role in supporting your child’s efforts to prevent substance misuse. Together, we can create an environment that promotes healthy living and empowers students to make a difference.

To grant permission for your child to participate in these meetings, please complete the form below and return it to [teacher's name or school office] by [specific date].

**Student’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Contact Information**: (optional)
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your partnership in supporting your teen and helping them make a positive impact at their school!

Sincerely,
[Your Name]
[Your Title/Role]
[School Name]