



Parental Permission Slip for Young Voices Summit

Date:

To Whom It May Concern,

I, _____ [Parent/Guardian Name], hereby grant permission for my child, _____ [Child's Name], to attend the upcoming summit addressing sensitive subjects such as the sanctity of life, healthy sexual relations, mental illness (anxiety, depression), family and objective/core identity, organized by the Young Voices Summit Committee and co-sponsored by PCHC on Oct. 11, 2024.

I understand that the summit will cover topics that may be considered sensitive or mature and that it aims to provide education and awareness on these important issues. I trust that the organizers will handle these subjects with professionalism and sensitivity.

I acknowledge that my child's attendance at this summit is voluntary, and I believe it presents an opportunity for them to learn about these topics in a supportive and informative environment.

I understand that during the summit, my child may participate in discussions, workshops, or presentations related to the aforementioned subjects. I am aware that the organizers will prioritize creating a safe space for all attendees and will provide appropriate guidance and supervision throughout the event.

In case of any emergency or unforeseen circumstances during the summit, I authorize the organizers to seek medical attention for my child if necessary. I will provide accurate contact information where I can be reached.

I have discussed the nature of the summit with my child and ensured that they understand the topics that will be covered. I am confident in their ability to engage respectfully and responsibly with the material presented.

The participant is responsible for his or her own conduct and is aware of and agrees to abide by PCHC standards and other pertinent instructions. Parents and participants should understand that participation in this summit is not a right but a privilege that can be revoked if participants behave inappropriately or if they pose a risk to themselves or others.

I agree to release PCHC and YVS, its staff, volunteers, and affiliates from any liability related to my child's participation in the summit.

Please find attached my contact information for any further correspondence related to this permission slip.

Thank you for providing this valuable opportunity for my child to engage with important societal issues.

Sincerely,

[Parent/Guardian Name]

[Parent/Guardian Signature]

Contact Information:

Parent/Guardian Name:

Phone Number:

Email Address:

Emergency Contact (if different from above):

Emergency Contact Phone Number: