

"KEEPING IT REAL!"
A FAITH-BASED SEXUALITY EDUCATION DIALOGUE SESSION FOR TEENS

PARENT PERMISSION FORM

I/We give _____
Teen (s) name (s)

permission to participate in "Keeping It Real!" the Faith-Based Teen Sex Education Dialogue Sessions a part of the religious education ministry at

(Name of congregation)

I/We understand that the program encourages open and honest dialogue about human sexuality and spirituality. I/We recognize the value of these tools in helping our young people to become stronger critical thinkers as they explore their relationship with God understanding how they are created in God's image as spiritual and sexual beings. I/We support this ministry effort to enhance the ability of our youth to make healthy, wise decisions as it relates to issues of sex.

I/W have attended an orientation to this program. I/We understand that Growth Assignments are given weekly to encourage dialogue between parent/guardian and teens (s). I/We will endeavor to support the program by encouraging my/our teen (s) to come to me/us to share information.

Signed By: _____

Please Print Name(s)

Please check Correct Title: _____ Parent (s) _____ Guardian

Mailing Address

Phone Number Daytime _____

Phone Number Evening _____

Date Signed _____

Email _____