

**Permission Slip to Approve or Deny the Viewing of  
 “Called to Protect for Youth” Sessions  
 For Youth in Grades 6<sup>th</sup> thru 8<sup>th</sup>**

Parish / School	St. John Bosco Interparish School
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Print Youth’s first name and last name	Grade

**Approval of Youth Attending Training:**

By signing below, I am giving my permission for my child(ren) to attend the “Called to Protect for Youth” Education Program and I have:

(Check one).

- Attended a Called to Protect for Youth overview session.
  
- Read the description of the Called to Protect for Youth Program.

Print Parent / Guardian Name	Signature	Date
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**Denial of Youth Attending Training:**

By signing below I am indicating that I do not give my child(ren) permission to attend the Called to Protect for Youth Training Program.

Parent / Guardian Name	Signature	Date
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