



Safe Dates

Parental Consent and Release Form

Name of Child/Youth

First Name:

Last Name:

I,
youth

am the parent or legal guardian of the child or
, named above.

I, understand that Safe Space Inc., will begin teaching Safe Dates curriculum. It is a four-week program that focuses on increasing knowledge and awareness of sexual harassment and teen dating violence. Safe Dates will be taught virtually.

As the parent or legal guardian of the Child, I certify and affirm that I have been completely and thoroughly informed of the program Safe Dates and the content that will be included in the program.

I do consent for my child to participate in the program, I acknowledge and understand that this parental consent and release allows my child to participate and interact in discussion via online via Zoom about the content of Safe Dates.

I, _____, give my child,

permission to participate in the Safe Dates curriculum.

Parent Signature: _____

Date: _____

Please return form to: tdunston@ncsafespace.org