

SAMPLE YOUTH PERMISSION SLIP

_____ has my permission to participate in
the _____ Youth Tobacco Act Compliance Check
Program. I read the letter about this project and understand what my son/daughter will be doing. I
hold the _____ agency harmless if an injury occurs as a
result of this activity.

Parent or guardian signature: _____ Date: _____
Contact Telephone: _____

Agency official signature: _____
Agency name: _____
Address: _____
City/State/Zip: _____
Contact/Telephone: _____