



## Sharing Smiles Parent/Guardian Permission for Youth Participation

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_, to participate in the Empowering the Ages Sharing Smiles email-writing program.

I understand that:

- All written (including virtual) correspondence between my child and their pen pal will be screened by the Empowering the Ages Sharing Smiles team, to ensure letters are appropriate.
- No personal contact information (i.e. last names or email addresses) of the pen pal participants will be shared by Sharing Smiles team members.
- Empowering the Ages staff reserves the right to contact you, as the parent/guardian, if any concerns arise, but Empowering the Ages may not be held responsible for the mental or physical well-being of the pen pals.
- Photos may be exchanged between pen pals.

Please review this information with your child, sign and email a scanned or photo version of this completed form to [smiles@empoweringtheages.org](mailto:smiles@empoweringtheages.org)

Name of youth participant:

Name of parent/guardian:

Signature of parent/guardian:

Date:

Parent email address:

Parent phone number: