

Immaculate Conception Church, Lihue
Safe Environment Program School Year 2020 – 2021

WAIVER FORM

_____ **Yes**, I give my consent for my child(ren) to participate in the Safe Environment training program.

	Name of the Child(ren)	Grade Level
1.	_____	_____
2.	_____	_____
3.	_____	_____

_____ **No**, I do not give my consent for my child (ren) to participate in the Safe Environment training program. On the day this lesson is presented, my child will not attend religious education class.

_____ **I will read the modules** and make my decision at that time. I understand that without written parent consent, my child may not attend religious education class on the day this lesson is presented.

Parent / Guardian Signature (Print Complete Name and Sign)

Date: _____