



SOUTHERN ARIZONA CHILDREN'S ADVOCACY CENTER  
Community Outreach and Education Program

*Keeping Kids Safe!*

## Permission Form

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My son/daughter, \_\_\_\_\_, has my  
(name of child)  
permission to participate in the Personal Safety presentation which will be held on:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

I understand that the purpose and content of this presentation is designed to help children protect themselves against abuse by recognizing, resisting, and reporting incidents of abuse and that it also includes learning the proper terms for the private parts of the body which aids in abuse investigations.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

For more information, please call Enrique Aviles, Prevention Specialist, at (520) 319-5511, [eviles@soazadvocacy.org](mailto:eviles@soazadvocacy.org)

Southern Arizona Children's Advocacy Center P.O. Box 43918 Tucson, AZ 85733 (520) 319-5511