



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

Cyber Safety!

Permission Form

My son/daughter, _____, has my
(Name of child)
permission to participate in the Internet Safety presentation which will be held on:

Date: _____

Time: _____

Location: _____

I understand that the purpose and content of this presentation is Internet Safety and is designed to help children recognize the dangers of online sexual predators, cyber-bulling, and disclosing personal/private information. Children will participate in class discussion and will watch video clips on cyber-safety and cyber-bulling.

Signed: _____ Date: _____
(Parent/Guardian)

For more information, please call Kathy Perez, Prevention Specialist, at (520) 243-6420, kperez@sozadvocacy.org

Southern Arizona Children's Advocacy Center, 2329 E. Ajo Way, Tucson, AZ 85713

San Martín de Porres Parish * 15440 Santa Rita Road (PO Box 65) * Sahuarita, AZ 85629
(520) 625-1154 Fax #399-4480 Email: rqsimonton@hughes.net Website: smdpsahuarita.org

Permission Form for “Breaking the Silence” video

My son/daughter _____, has my
permission to participate in the viewing and discussing of the video “Breaking the Silence.”

Which will be shown sometime during the coming year between August 1 2009 to July 31 2010.

Time & date: TBA

Location: San Martín de Porres Parish

I understand that the purpose and content of this video and discussion is designed to help youth protect themselves against abuse by recognizing, resisting, and reporting incidents of abuse.

Signed: _____ Date: _____

<p>NOTE: This video has been approved by the Diocese of Tucson for viewing and discussion for middle and high school students; and contains age appropriate content.</p>
