



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@soazadvocacy.org

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