

Childrenâ€™s Collaborative Mural Permission Slip

Your child has the opportunity to participate in a collaborative mural project. Please complete this permission slip to allow your child to join.

Student Name:

Parent/Guardian Name:

Teacher/Class:

Emergency Contact Number:

☐ I give permission for my child to participate in the Childrenâ€™s Collaborative Mural Project.

☐ I understand that photographs of the completed mural and the art process may be used for school displays or public sharing.

Parent/Guardian Signature:

Date: