

Kleist Health Education Center



Dear Parent/Guardian:

Your child is scheduled to attend the _____ **Program** at the Kleist Health Education Center located on the campus of Florida Gulf Coast University on _____.

Please sign this PERMISSION SLIP and return it to your child's teacher. If you want more information about the program; call the Center at 590-7502 or visit our website at www.fgcu.edu/khec. This will give you more information about the Center and our programs. Also from this site please click onto the Parents Area, Teen Area, and Just for Kids links! Here you will find out what's new on *KidsHealth*, the most visited site for information about children's health. Check out the latest doctor-reviewed articles written specifically for parents, kids, and teens provided by the Nemours Foundation.

We encourage you to talk to your child about his or her visit to the Kleist Health Education Center.

Sincerely,

The Kleist Health Education Center Staff

Permission Slip

_____ my son/daughter, _____ has my permission to attend the
(Student's name)
_____ **Program** at the Kleist Health Education Center on _____.
I have read the parent letter above which describes this program.

I can be reached at the following number in case of an emergency: _____.

_____ My son/daughter, _____ does not have my permission to
(Student's name)
attend the _____ **Program** at the Kleist Health Education Center on _____.
I have read the parent letter above which describes this program.

Signed: _____

Please sign and return this form to your student's teacher by _____.