

PARENTAL CONSENT FORM FOR THE PARTICIPATION OF MINORS

CONSENT FORM: Educational Course -#ITSACYCLETHING-Puberty, Periods & Everything Else In Between

Your (daughter/youth) is invited to participate in a series of educational classes about puberty and developmental issues amongst young girls. Cycle is a company specializing in education through the knowledge of female physicians. We are asking for permission to include your daughter/ youth in our educational courses. Subject matter is as follows:

- . 1) Puberty
- . 2) Periods
- . 3) Hygiene
- . 4) Healthy Habits
- Please note the above classes WILL NOT cover sexual reproduction, sexual health and sexually transmitted disease(s). Participants must be able to participate in a small group setting and take care of own toileting/self-care needs during class time.

Our goal at Cycle is to give girls the best information they can receive about their changing bodies and empowering them to create a sisterhood amongst their peers. Our classes are fun, educational and most importantly we open a dialog with young girls to make them feel comfortable about their bodies.

If you allow your daughter/youth to participate, one of our own Cycle physicians will be attending to discuss some of the topics listed and answer any questions your daughter/youth may have.

If you have any questions about the Cycle educational courses, please let us know. You can email us at info@thecyclegirl.com

You are making a decision about allowing your daughter/youth to participate in this educational program. Your signature below indicates that you have read the information provided above and have decided to allow her to participate in the classes. If you later decide that you wish to withdraw your permission for your daughter/youth to participate in the classes, simply let us know. You may discontinue her participation at any time.

Printed Name of (daughter/youth)	 AGE
Signature of Parent(s) or Legal Guardian	 DATE

www.thecyclegirl.com

