

Playground Activity Leaders in Schools (P.A.L.S.)
Parent Permission Form

Date: _____

Dear Parent/Guardian,

_____ is initiating a **‘Playground Activity Leaders in Schools’ program. (P.A.L.S.)**

Your child has expressed an interest in being a leader in the **P.A.L.S.** program. A Public Health Nurse will provide a leaders training workshop. The workshop will teach the student leaders how to plan and lead fun and safe activities on the playground for students in Grades 1-5. We believe the opportunity for young people to participate in structured playground activity:

- **Promotes physical activity during leisure time**
- **Reduces bullying behaviour on the playground**
- **Provides children with leadership opportunities**

Please sign the application form and return it to: _____

If you have further questions, feel free to contact a **P.A.L.S.** supervisor.

Sincerely, **P.A.L.S.** Supervisors and the Public Health Nurse (Peel Health)

- _____
- _____
- _____

I give my permission for my child to be a part of **P.A.L.S.**

STUDENTS NAME: _____
(Please Print)

PARENT SIGNATURE: _____ DATE: ____/____/____

