

## One-On-One Permission Form

I give my permission for \_\_\_\_\_ to participate in private counseling or instruction with a member of the staff of Union United Church of Christ. I understand that the private counseling or instruction will involve one-on-one situations between my child and a member of the staff of Union United Church of Christ. I also understand that I may request a copy of the Child Protection Policy of Union United Church of Christ.

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Home Phone: \_\_\_\_\_

Parent/Guardian Cell Phone: \_\_\_\_\_

Parent/Guardian Work Phone: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 3: \_\_\_\_\_ Phone: \_\_\_\_\_