Permission Slip for Online Participation

Dear Parent/Caregiver,

We are excited to offer your child the opportunity to participate in online activities through CLOVER by 4-H. CLOVER by 4-H is an online platform designed to provide educational and engaging activities for youth ages 5-17.

To ensure your child's participation, we kindly request your permission to add your child to the CLOVER by 4-H platform. Please review the information below and indicate your consent by signing and returning this form to [Educator's Name/Email/Contact].

Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Caregiver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, give permission for my child, [Child's Name], to be added to CLOVER by 4-H by [Educator's Name] to participate in online activities. I understand that my child's participation will be supervised by [Educator's Name/Organization] and that measures will be taken to ensure their safety and privacy online.

Parent/Caregiver Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please return this form by [Date] to ensure your child's participation. If you have any questions or concerns, please do not hesitate to contact us at [Contact Information].

Thank you for your support.

Sincerely,

[Educator's Name/Title]

[School/Organization Name]

[Contact Information]