## Permission Form

I,	allow my son/daughter	to participate
in "Changing the Futu	reA conversation about tee	n pregnancy and access to
healthcare services" to	o take place on May 1st from 1-3 pm a	t 3601 C. Street 3 <sup>rd</sup> Floor (Frontier
Building). This conversation	on is sponsored by the State of Alaska A	Adolescent Health Program.
If I have any questions, I ca	an contact Ashley Rousson at 907-770-	9716 or
Ashley.rousson@ppgnw.org	<u>t</u> .	
Signature of Paren	t/Guardian	Date