

Animal Dissection Permission Slip

DATE OF EVENT: _____

TEACHERS NAME: _____

I give permission for my child, _____ to participate in an animal dissection of a: frog, pig, cat, cow eye and/or sheep brain (please circle all that apply) on _____ (date) with the understanding that they will be using sharp instruments such as scalpels, scissors and probes to do so.

Media Release:

I give permission for my child to be photographed by the NE KY AHEC for use in any and all media, now or in the future. I understand these photos may be used internally or externally for marketing and promotional purposes. I understand there will be no financial or other compensation for me or my child.

YES, I give permission

NO, I DO NOT give permission

I can be reached at _____ (Your phone number and or emergency contact).

In the event that you are unable to contact me, please contact:

Emergency Contact Name: _____

Emergency Contact Phone: _____

Parent/Guardian Signature

Date