



**Drug Free
Community Coalition**

Mpowrd Permission Form

Child's Name _____

Grade _____ DOB _____

Teacher's Name _____

I have read the attached letter and give my permission for my child to participate in the weekly Mpowrd Program at Show Low Junior High School. I understand that facilitators are trained and certified and will be present at the weekly meetings. All meetings are confidential and information will not be shared unless a child discloses that he/she is doing something illegal or may harm themselves or others.

Parent Signature _____ Date _____