



SUNY CHILD PROTECTION POLICY – Private Instruction Authorization

Private Instruction Authorization :

Program Name: _____ *Program Dates:* _____ *through* _____

Private instruction may occur during the activities in the above mentioned program. Only covered persons who have been trained under the guidelines of the SUNY Child Protection Policy will be working with your child or dependent. Please clearly indicate the permission that applies to your child or dependent by circling Yes or No below.

Child/Dependent Permission:

Yes No My child/dependent has my permission to have one on one instruction with his/her private instructor.

I, _____, as the parent and/or guardian of _____
(Parent/Guardian Name) (Youth's Name)

acknowledge and understand the elements of private instruction. I understand that during this instruction I'm consenting to my child or dependent spending individual time with a covered person who has been cleared to work with children under the age of 17.

Date

Signature of Parent or Guardian

Date

Signature of Student