

**Timebank Parental Permission Slip**

I, \_\_\_\_\_ certify that I am the parent or legal guardian of Timebank applicant/member \_\_\_\_\_ and that he/she has my permission to participate in the Dane County Timebank.

I also certify that I take responsibility for monitoring his/her participation in the Timebank.

Signed

Date

\_\_\_\_\_  
Parent/guardian

\_\_\_\_\_  
Timebank personnel

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