

# SOS Signs of Suicide<sup>®</sup> Prevention Program

I, \_\_\_\_\_, do not give permission for \_\_\_\_\_,  
Name of Parent/Guardian Name of Student

to participate in the SOS Signs of Suicide Prevention Program, to take place beginning the week of  
January 22, 2018 at Ellicott Middle School/Ellicott High School (circle one).

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date