

PARENT PERMISSION FORM FOR PARTICIPATION
In learning TM as part of the Visitacion Valley Middle School Quiet Time Program

As the parent or legal guardian of _____, in Grade _____,
Student's name

who attends Visitacion Valley Middle School, I hereby give my consent for my son/daughter to learn Transcendental Meditation© (TM) as part of the Quiet Time program at the school. I understand that the purpose of TM is to provide the mind and the body deep rest. In turn, it helps reduce stress, improve health, and increase focus and success. I understand that the scientifically documented benefits are realized through the regular practice. I understand that Quiet Time is a school-wide program and that TM is one of the optional activities for my child to engage in during Quiet Time.

Name (printed) _____

Signature _____

Date _____

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