

DISSECTION CLUB

Permission Form

I authorize my child , _____,

(Student's Name)

to participate in the Dissection Club with Mr. Hirshfeld. Attendance will be required for each of the following dates: 9th, 10th, 12th 13th and 16th,17th,19th,20th March 2026.

March 9th-13th: Frog Dissection March 16th-20th: Fetal Pig Dissection

Parent Signature: _____

Contact Ph # _____ - _____ - _____

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