

**CORPORAL PUNISHMENT CONSENT FORM**

1. I authorize and give my consent for \_\_\_\_\_ Public Schools officials to administer corporal punishment (paddle) to \_\_\_\_\_ (*name of student*) as outlined in board policy. This consent is valid for the \_\_\_\_\_ school year.
  
2. I do not consent to the administration of corporal punishment to \_\_\_\_\_ (*name of student*). This consent is valid for the \_\_\_\_\_ school year.

\_\_\_\_\_  
Parent or Guardian

Date: \_\_\_\_\_