



## TEACHING CONSENT FORM

I will not be present at my child's instrumental lessons.

I understand that it is necessary for the teacher on occasion demonstrate technique by physically adjusting my child's posture and finger position.

I give my permission for this instructional contact to be made.

Name of child: \_\_\_\_\_

Name of parent /  
guardian \_\_\_\_\_

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

Signature of parent /  
guardian \_\_\_\_\_