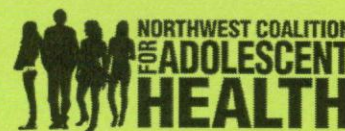


Sept 5th, 2012



Dear Parent/Guardian:

I am thrilled to inform you that the **Teen Outreach Program (TOP)** and the **Community Voices** youth panel will be partnering with Benson High School and your child has been invited to participate. TOP and Community Voices are evidence-based, best practice youth development programs funded by the Office of Adolescent Health at the U.S. Department of Health and Human Services, and administered by Northwest Coalition for Adolescent Health and its member Planned Parenthood Columbia Willamette.

**Teen Outreach Program** will focus on three essential goals:

- **Supporting Healthy Behaviors** – participants explore positive, constructive actions such as volunteering in their community that lead to success now and later in life.
- **Developing Life Skills** – participants develop communication, goal setting and teamwork skills necessary to grow into healthy, self-sustaining adults.
- **Finding Sense of Purpose** – participants discover new abilities and a sense of self-worth and as they contribute to their communities through meaningful service projects.

TOP groups meet weekly throughout the year in your child's health class to discuss various topics and plan volunteer service projects. Participants will be part of a positive group of teens making a difference in their community and will connect with trusted adults at their school.

**Community Voices** will focus on two essential goals:

- **Youth Empowerment** – participants express their ideas, opinions, and perspectives about key issues that youth face today.
- **Community Building** – participants discuss what it means to be part of a community, and explore ways to improve their school and community.

Community Voices club meets four times per year during school to discuss and reflect on key issues that youth face today.

These programs are **free** to all participants, and there are **never** any costs to you as a parent or guardian. If you have any questions, please feel free to contact me directly at the phone number or email address listed below.

**Please sign all yellow highlighted areas of the attached consent forms and send** with your child to school. They may turn them in to me or their health teacher **by 9/21/2012**.

Sincerely,

Austin Lea  
Education Program Coordinator  
TOP Program/PPCW  
503-775-4931 x3314  
[Austin.Lea@ppcw.org](mailto:Austin.Lea@ppcw.org)

Ernesto Dominguez  
Education Program Coordinator  
TOP Program/PPCW  
503-775-4931 x3284  
[Ernesto.Dominguez@ppcw.org](mailto:Ernesto.Dominguez@ppcw.org)



**TEEN OUTREACH AND COMMUNITY VOICES PROGRAMS**  
**Program Participation and Evaluation Parental Consent Form**  
**THIS FORM TO BE SIGNED BY PARENT**

Your son or daughter is eligible to participate in one of two programs being offered this school year at *Benson High School* by *Planned Parenthood Columbia Willamette (PPCW)*. There are a limited number of spaces in each program and which program your child receives will be determined by chance. This consent form expresses your interest in EITHER of these programs for your child. These programs are described below:

**Program 1: The Teen Outreach Program™ (TOP)**

Young people in this program will explore their own growth and development, their goals for the future, and their goals for close and productive relationships with others. This program has been evaluated nationally and has shown very positive results for young people. The program will meet once a week during your child's health class, and will also involve your child in volunteer work in the community. This work may occur off school grounds. The program promotes progress in school and avoidance of behaviors which may hinder your child's most successful growth and achievement.

**Program 2: Youth Community Voices**

Young people in this program will become part of a youth panel asked to think about current issues among young people in the community today. They will meet at least twice during the school year and will be asked about the current challenges to young people and about how the community can better support their aspirations. The program exposes young people to the idea of community participation and letting their voices be heard so as to prepare them for later participation in community life as adults.

**If you consent to Participate in the Teen Outreach Program™ or the Youth Community Voices Program and the Program Evaluation you will be agreeing to the following:**

I, the undersigned, am the Parent or Legal Guardian of the child named below whom is to participate in programs provided by *Benson High School/PPCW* during the current school year. I am willingly allowing the child named below to participate in all aspects of either of these programs (including field trips, transportation and guest speaker presentations) under the supervision of *Benson High School/PPCW* staff. Agency staff will accompany students to off-site activities. I am aware that there are potential risks. The risks might include a risk from being transported to the fieldtrips as well as discomfort from being asked personal questions on the evaluation surveys. I agree to hold harmless and indemnify (secure against hurt, loss, or damage) *Benson High School/PPCW*, its Board of Trustees, and/or its employees, agents, or lessors from any and all claims by myself, my teen, my heirs, my family, or my assigns. This does not stop me from seeking legal aid.

I give my consent for my child to participate in the evaluation of these programs which will include completing a survey twice a year for two years—this school year and the year after my child completes the program. This survey includes questions on my child's characteristics such as age, gender (male, female, transgender), and grade and asks questions about my child's achievement in school, school behaviors, and sexual activity. There are no known risks of physical, psychological, or social harm for your child for participating in the evaluation. Some of the survey items may cause some slight discomfort. If there are questions that your child does not want to answer, he/she does not have to answer them. Participants will receive \$10 for completing each of the last three surveys, for a total of \$30 if they complete the study. (No payment will be given for completing the pre-survey). This information is used to improve these programs. Your child's name will not be disclosed with the responses. All data collected for evaluation purposes will be stored in secure files, without your child's name attached.

Should my child change schools during the next two years, I give consent for my child's current school to inform the evaluation team as to the name and location of the school to which my child transferred.

If you have any questions about this research study you may contact Dr. Susan Philliber, the person in charge of this research study, at 845-626-2126. If you have any questions about your child's rights as a research participant you may contact Liberty IRB at 386-740-9278. An IRB, or institutional review board, is an ethics committee that has reviewed this study to help ensure your rights as a research participant are protected.

**Please check below whether or not you grant your child permission to participate in one of these programs and the evaluation, then sign and return.**

☐ I **give consent** for my child to participate

☐ I **do not give consent** for my child to participate

\_\_\_\_\_  
Your Child's Name

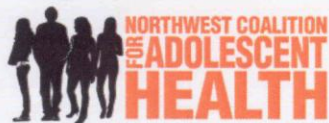
\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Your Child's Date of Birth

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

\_\_\_\_\_  
Print Parent or Guardian's Name

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Today's Date





## Teen Outreach Program Contact Information & Release Form

In consideration for Planned Parenthood accepting my child's entry into this program, I personally, and on behalf of my child, assume all risks and hazards incidental to the conduct of this activity. I am aware the Teen Outreach Program (TOP™) or any of its sponsoring agencies will not provide any medical or accident coverage. I release, absolve and waive any right to bring a claim, action, suit, or other proceeding against Planned Parenthood; the organizers and sponsors of the program; or instructors of the program for damages due to any injuries suffered as a result of participation. I understand it is my responsibility as the parent/guardian to provide total coverage for any accidents or health problems.

I hereby give my permission for \_\_\_\_\_ (student's name) to participate in TOP for the duration of the **2012-2013** program. My signature reflects my knowledge and acceptance of my own liability as my child's parent/guardian.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### TRANSPORTATION Authorization

I, \_\_\_\_\_, the parent/guardian of, \_\_\_\_\_ (child's name), understand that the **Teen Outreach Program** provides periodic field trips and service learning opportunities away from school grounds.

*Examples of previous service projects include volunteering at the Oregon Food Bank, serving meals at a soup kitchen, making crafts for elderly people in assisted living homes, and organizing supply drives for the children's hospital.*

I understand that program staff may be providing transportation for my child to and from these activities. Participation in these activities begins with the arrival of the student at the off-site activity, or upon boarding the provided transportation.

I understand that program staff may use various transportation methods, including but not limited to, public transportation, school bus transportation, a provider of transportation services including driver, and transportation by staff and/or parents in their own vehicles.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I authorize my child to find or use alternate transportation to the activities of this program which may include driving him/herself to the activity or riding with another student participant.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date





## PUBLICITY RELEASE

**Photos and videos of projects and field trips help our program celebrate your child's successes and promote our program.**

Consent to use photographs: I give consent to Planned Parenthood to use videos and/or photographs of my child for classroom presentations, brochures, to display in photo albums, in advertisements, or for other publicity purposes. If my teen's photo is used, he/she will only be identified by first name.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## MEDICAL RELEASE

**This information is required for all participants regardless of health insurance coverage.**

I, \_\_\_\_\_, as the parent/guardian of \_\_\_\_\_ (student's name), authorize and consent to medical treatment and procedures deemed immediately necessary and advisable by a health care provider to safeguard my child's health if I cannot be contacted.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Medical Information:

Please list any allergies, special health problems, special diets or medication for your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

**This information is required for all participants regardless of health insurance coverage**

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_