

Appendix 1

Forms

Permission and Health Form

Form 1

Name of student _____ Birth date _____

Address, city & zip _____

Medical Information

Doctor's name _____

Health insurance carrier _____ Group # _____

Does your child regularly take any medications? And if so, which ones? _____

Does your child have any allergies to medications or any other health problems we should know about (ex. Asthma, Diabetes, etc.) _____

Emergency Contact Name ↓

Emergency Contact Phone ↓

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I give my permission for my daughter/son/ward to participate in (insert name of group). I give my permission for my daughter/son/ward to be driven to and from the training site by program staff.

I understand that other teens will also be involved in the group. As a member of the group, my daughter/son/ward will receive:

- ✓ Information and skills to make positive change in their lives and community;
- ✓ Advocacy skills, such as how to make presentations and talk to policy-makers;
- ✓ And other information and fun activities designed to help youth make safe and healthy choices.

My daughter/son/ward may participate in "Community Walk-Arounds" or Community Action Events with other (name of group) members and adult staff. During these activities, group members and adult staff will host events to involve the community in our efforts to improve the community. My child will receive written notification in advance of these planned activities.

In case of emergency, I authorize your staff to seek medical, surgical, or hospital attention for my daughter/son/ward. I understand that every attempt will be made to contact the parent/guardian prior to taking this action. I am aware that an adult will supervise youth participants, but in the case of an incident or accident, I agree to hold harmless (insert program and agency name) and its employees or agents, from any claims or liabilities arising from these activities.

If I have any questions, I will speak with the adult coordinator or call the office at (area code/phone).

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

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Phone

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Pager/Cell

Youth Power

Return to: Contact Person

Organization Name

Address

DUE DATE

Questions? Call contact person @ Area Code/Phone #

We're glad you're interested in participating in Youth Power! The program teaches teens skills to build power to make positive changes for themselves and other teens in their community. Our group meets once a week for 1.5 hours for skills training & to do projects YOU choose. We also have fun events and go on at least one field trip. Participation is a commitment until the end of (*insert date*). You must be ages 14-18.

Please answer the questions below to help us plan activities that are right for YOU.

Name: _____ Age: _____

Address: _____ City/Zip: _____

Phone: _____ School: _____

1. What's one thing you and other teenagers can do to help make your community/school a better place for teens?

2. What makes you want to be a part of the Youth Power program?

3. What is one problem or challenge that you think teens have to face?

4. Describe a time when you helped to make a difference (at school, with a friend, in your family, etc).

5. List three qualities that you would use to describe a good leader.

Authorization and Consent for Photographs/Interviews

The undersigned authorizes _____ (insert organization/group's name) to:

_____ Interview

_____ Make an audio recording (tape recording)

_____ Photograph (still photography in any format)

_____ Make an audio/visual recording (motion picture, videotape, Video disc, and any other mechanical means of recording and reproducing images) of him/herself or the following other person

The undersigned agrees that the material checked (✓) above may be used to provide information to CCHS staff, and members of the public for informational and public relations purposes involving no payment to Contra Costa Health Services. The undersigned waives any right to compensation for such uses.

This authorizes expires _____ (If you want to, you can fill in some **future** date that you chose) and may be cancelled by contacting (area code) XXX-XXXX.

Parent/Guardian Signature* _____ **Date** _____

Printed Name _____

Youth Signature _____ **Date** _____

*If parent/guardian, please print the **first and last name** of minor child being interviewed or photographed: _____

Parent/Guardian Letter for New Members

Date

Dear Parent/Guardian:

Your student is a new member of the (insert group name) group, a program of (insert agency name). Teens in the program choose issues important to them and learn how to actively participate to make positive changes in their community and lives.

Here is an idea about the program, so you understand the group your student is involved in:

- Activities focus on skill-building about youth organizing, and projects the teens decide. We also have special events for teens, and will take one trip at the end of the school year.
- The group meets (**insert day**) from (**insert time**) at the (**insert meeting location**) located at (**insert address**) in (**insert city and state**).
- Students are asked to do 2-4 hours of activities for the group outside meetings each month.
- Participation is a commitment until the end of December; students who complete the whole program will earn (**insert amount**).
- Participants must be 14-18 years old.

To allow your student to participate, please sign and return the enclosed permission/emergency contact form. Students must also turn in an application that was given to them today.

Thank you for your support. I look forward to working with your student. If you have any questions or concerns, please call me at (**insert phone number**).

Sincerely,

Adult Leader's Name
Title