



Parent/Guardian Consent Form

Dear Parent/Guardian,

The Institute of Women and Ethnic Studies (IWES) is partnering with **Excite All Stars Summer Camp** to offer youth aged 11-19 a comprehensive sexual health education program, Believe in Youth - Louisiana (BY-LA), funded by the U.S. Department of Health & Human Services Office of Adolescent Health. BY-LA offers young people education and skill-building that encourages them to make responsible decisions through building self-esteem, placing emphasis on family and community, creating a positive self-image, and making safer sex choices in order to prevent sexually-transmitted infections and teen pregnancy. Your son/daughter will learn that abstinence is the safest choice to avoid these outcomes and will also receive information on safer sex practices including the use of birth control methods and condoms. This information will be presented over the course of 13 one-hour sessions that will include additional positive youth development topics such as goal-setting, decision-making, communication skills, and stress management. There will be a celebration at the end of the program to highlight participation.

Your son/daughter will be asked to complete a survey with questions related to stress, depression, thoughts of suicide, and violence, which all affect mental and emotional wellness. The results of the assessment are overall confidential. However, if your child's responses concern us, this will be shared with the partner site who will then contact you. If your child expresses that he or she will harm themselves or others, we will contact you immediately.

Information collected during this program will be stored in a safely and securely. Some of the information we collect may be used anonymously for reporting and statistical purposes, research presentations and/or publications, and to inform state and local policies regarding the health and wellbeing of youth. Occasionally, IWES takes photos of program activities for marketing and promotion of BY-LA. Your child will be identified only by first name if photos are posted in any IWES communications released to the public.

If you consent to your son/daughter participating in BY-LA, please sign and have your son/daughter sign and return this form to **Excite All Stars Summer Camp**. Also, please complete the enrollment form **on the back of this page**.

If you have any questions, please feel free to contact Briana White at 504-599-7712.

Parent/Guardian

I give my son/daughter, _____, permission to participate in BY-LA and to be photographed by IWES.

Parent/Guardian Signature

Date



Youth Participant

I understand that my parent/guardian consents to my participation in BY-LA and that I will be participating in health education program for young people.

Form Approved
OMB No. 0990-0438
Exp. Date 10/31/2018

Youth Participant Signature

Date

PARTICIPANT ENROLLMENT FORM

PARTICIPANT INFORMATION

Name of Youth: _____ **Age:** _____ **Grade Level:** _____

Date of birth: _____ / _____ / _____ **Sex:** Male Female

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Ethnicity:

- Hispanic / Latino
- Not Hispanic / Latino

Race:

- American Indian/Alaskan Native
- Asian
- Black / African American
- White
- Native Hawaiian/Pacific Islander
- More than one race

Language Spoken at Home:

(check all that apply)

- English
- Spanish
- Chinese
- Other: _____
- Multiple Languages

PARENT/GUARDIAN CONTACT INFORMATION

Name: _____ **Relationship:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Cell Phone Number: _____ **Home Phone Number:** _____

Would you like to receive text messages regarding BY-LA Events? Yes No

Email: _____

Contact 2 (optional):

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0438. The time required to complete this information collection is estimated to average 1 minute per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington, DC, 20201, Attention: PRA Reports Clearance Officer.



Name: _____ **Relationship:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Cell Phone Number: _____ **Home Phone Number:** _____

Email: _____