Yavapai County Community Health Services
Health Education
Active Parental Consent Form

Participant Name:				Date of Birth:
Child's Age:	Grade:	Circle One: MALE FEMALE		Program Location: Mingus High School
Home Address:				
Parent/Legal Guardian Name:			Work Phone:	Cell Phone:

Yavapai County Community Health Services, Health Education has received a grant from the Arizona Department of Health Services (ADHS) to deliver the Making Proud Choices! curriculum to High School students. During the time your child will spend in the program, they will explore their own growth and development. This unique program will involve your child in discussions regarding: Goals & Plans for their future, Increase their knowledge of HIV, STI's and pregnancy prevention, parent involvement with take-home handouts. The program promotes progress in school and avoidance of behaviors which may hinder your child's opportunities for successful growth and achievement; overall the program aims to address and prevent teen pregnancy. All program information has been shared with and approved for delivery by the school/agency administrators. The ADHS funding provided for this program also includes a pre and post evaluation which requires parental consent.

The ADHS evaluation has been reviewed and accepted by the ADHS Human Subjects Review Board. In compliance with the Human Subjects Review Board, no names or birthdates are collected on the evaluation and no identification numbers are assigned. No data will be reported by individuals, classroom or schools. Only aggregate (group) data will be reported so there is nothing to identify a youth who completes the evaluation. All evaluation information will be kept confidential. ADHS and approved contractors operate a secure environment to collect and store information from student participants enlisted in the Making Proud Choices! . ADHS will collect the following types of information directly from participant evaluations:

- Demographics – Age, race, ethnicity, gender, and county of residence
- Health information - Pregnancy, views toward abstinence, and consequences of teen sexual activity
- Skills – decision-making, refusal, and negotiation skills
- Other – knowledge about healthy relationships, peer influence, self-esteem and self-efficacy
- Opinions about their experience during their participation in the program and program satisfaction

I understand that 1) ADHS will use the participants' responses for the purpose of program improvement, assessing whether critical program components or activities were implemented and whether they had an impact upon determinants, important behaviors and overall health goals; 2) that participating in the evaluation is voluntary and that I may elect for my child to participate or discontinue participation in the program and evaluation at any point without any risk; 3) that if consent is not provided, arrangements will be made in conjunction with school/site personnel to ensure an alternative placement is identified during program facilitation; 4) that ADHS will not require my child to disclose more information than is reasonably necessary as a condition of participation; 5) that I can request to view of the curriculum and/or evaluation tool at any time; 6) that ADHS will not share individual responses with third parties, schools personnel, parents or staff ; and 7) that the associated risks for my child to participate in this survey are minimal and will not exceed any discomfort that may be found in any daily life situations when answering routine survey questions.

I give my consent to allow my child to participate in
Making Proud Choices!**:** ☐ YES ☐ NO

I give my consent to allow my child to participate in the **ADHS Evaluation**: ☐ YES ☐ NO

Parent/Legal Guardian Signature: _____ Date:_____

Parent/Legal Guardian Name (Please Print): _____

For questions concerning program and/or ADHS Evaluation:

Laurel Abdelnour - Health Educator - 928-634-6874

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