



Healthy Teens Permission Slip

Your child is invited to a lively, interactive, and evidence-based Healthy Teens Program. The curriculum is proven effective in reducing the risk of Sexually Transmitted Infections and teen pregnancy by providing information about reproductive health and puberty, safety and refusal techniques, effective communication, handling social pressures, hygiene, healthy relationships, responsibility and independence, respect for self and others, and building knowledge and confidence. This permission slip indicates your approval for your child to complete a pre-and post-survey. Your child will be involved in a variety of learning experiences including: small group discussion, educational videos, and interactive games and exercises. Upon completion of the program, your child will be eligible to receive a free incentive of a backpack of their choice filled with school supplies.

This permission slip must be completed and returned to the Teen Educator prior to the beginning of the program. If the permission slip has not been turned in, they cannot participate. If you have any questions, please call us at 775-753-7352 or email teenheath@elkofrc.org.

****Please complete a separate permission slip for each child attending the class.**

Check one: ☐ Promoting Health Among Teens (grades 5-7, ages 10-12)

☐ Making Proud Choices (grades 8-12, ages 13+)

Class Location (town): _____ Class Date: _____

Youth's Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Race (circle one): Alaskan Native Asian African American Hispanic Native American White Other Mixed

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____ Date: _____

Mailing Address: _____

Phone Number: _____