



Parent/Guardian Informed Consent:

I understand that my teen has been invited to attend bi-weekly Flourish, Unify, or Motivating Males on the Move (M3) activities and sessions that will take place at the Forsyth County Department of Public Health under the direct supervision of Forsyth County Department of Public Health program staff. **Topics may include peer pressure, bullying, healthy relationships, abstinence, sex and its risks and effects, birth control options, and HIV/STDs prevention.** I understand that through educational activities, my teen will learn or enhance skills related to communication, problem-solving, goal setting, and related topics that will empower them to make healthy lifestyle choices. I further understand that my teen will practice leadership skills and participate as a member of the session in various games, polls, and other engaging activities.

Flourish Topics & Activities Include: Textbook examples of female anatomy, mental health & resources, peer pressure & scenarios, puberty & menstrual cycles, communication, bullying, relationships, discussions about pregnancy and STI prevention, etc.

UNIFY Topics & Activities Include: Textbook examples of female & male anatomy, examples of birth control options, sexuality & identity, picture examples of STD's/STI's, journaling, substance abuse, condom application demonstrations, mental health & resources, etc.

M3 Topics & Activities Include: Textbook examples of male anatomy, mental health & resources, peer pressure & scenarios, puberty & menstrual cycles, diversity/culture, bullying, relationships, fatherhood, discussions about pregnancy and STI prevention, etc.

I hereby give my teen permission to participate in the Flourish, Unify, or M3 adolescent health sessions that will be facilitated by a Public Health Educator from the Forsyth County Department of Public Health. I release the Forsyth County Department of Public Health, the host/coordinator of the adolescent health site, staff, and volunteers from any liability as a result of participation in the Flourish, Unify, M3 adolescent health sessions or activities.

_____ Yes, my student has permission to participate.

_____ No, my student does **NOT** have permission to participate.

Parent/Guardian Signature: _____

Date: _____



Teen Participant Informed Consent

As a Flourish, M3, or Unify participant, I agree to participate in activities that will encourage educational achievement, explore career opportunities, develop life management skills, and learn healthy lifestyles.

Topics may include abstinence, sex and its risks and effects, birth control options, HIV/STDs, communication, puberty, problem-solving, goal-setting, and related topics. I will meet with my Flourish, M3, or Unify group on a bi-weekly basis and participate in additional programs when scheduled and the end of year activity. **I have read the above statement and wish to participate in Flourish, M3, or Unify.**

Participant’s Signature: _____ Date: _____

**Complete and return to:
Adolescent Health Coordinator
Au’Shonna Langley, BSPH
langleam@forsyth.cc
Phone: 336-703-3180
799 N. Highland Ave Winston-Salem, NC 27101**



Flourish, M3, & Unify Program Enrollment Form

Check the program you are enrolling your teen into:

Flourish (Girls 9-13) M3 (Boys 9-13) Unify (Girls & Boys 14-18)

Teen Information:

Teen Name: _____ Preferred Name: _____

Age: _____ Date of Birth: __ / __ / ____ School/Grade: _____

Preferred Pronouns (circle): She/Her He/Him They/Their

Parent/Guardian Information:

Legal Parent/Guardian Name: _____

Home Address: _____ APT #: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Phone #'s: Home: _____ Cell: _____

Email Address: _____

Do we have permission to send you text messages and alerts regarding this program?

Yes No (Please note that text message rates may apply.)

Preferred Method(s) of Contact: Text Email Phone Call

Emergency Contact (if parent cannot be reached):

Name: _____

Relationship to Teen: _____ Phone#: _____

Transportation Assistance (yes/no): To Sessions _____ From Sessions: _____

Does your child have any allergies, special diets, or other concerns we need to know about? If so, please list: _____

Does your child have any physical, emotional, or behavioral concerns we need to know? If so, please list: _____



**Forsyth County Department of Public Health
 CONSENT AND RELEASE
 For Use of Photographs or Audio Recordings**

I, the undersigned, voluntarily authorize Forsyth County Department of Public Health or _____ (designated party):

To use my or my child's (Check below if applicable)

_____ Photograph (still, film, videotape), or audio recording; or

_____ Name in all forms of media

Purpose: To include but not limited to the mission of promoting health or educating the public about health matters in advertising, display, news stories, website, audiovisual, exhibition, or editorial media.

As relates to this Consent and Release form, I understand and agree that:

- It is my choice to grant my permission;
- It is not a condition of treatment; does not authorize the use and disclosure of protected health information which requires a separately signed consent and release form;
- It is strictly voluntary, is given freely in all aspects without any compensation, promises, threats, or duress;
- I may revoke authorization, in writing, at any time except to the extent that my likeness has already been used, reused, or re-disclosed;
- I (or my child) may be recognized from my (or my child's) likeness; I waive a right to any item created; and I waive any right to inspect or approve the finished product prior to release or publication;
- I fully release and discharge the County, its employees, its servants and its agents, from any and all claims, and causes of action; and I covenant not to sue for damage for any alleged libel, slander, invasion of the right of privacy, or any other claim based on the use of said material.

I have read and I fully understand this Release and Consent form set forth above; and that it is binding upon me, my heirs, children, wards, personal representatives, and anyone else entitled to act upon my behalf.

Parent/Guardian Name (Print): _____ Relationship to Child: _____

Child's Name (Print, if applicable): _____

Signature: _____