



# Teen Council Consent Form

Dear Parent/Guardian,

We are pleased that your daughter/son has been accepted to be a Teen Council Peer Educator for Planned Parenthood of the Columbia/Willamette. This is a local program focusing on teen pregnancy prevention, self-esteem, and community education.

The purpose of this program is to teach teens to resist peer pressure, make healthy decisions, feel good about themselves, and set goals for the future. Research shows that teens receive a great deal of information from other teens. Many times this information is inaccurate. Therefore, we will be training a select group of teens with leadership potential, medically accurate, age-appropriate sexuality education, leadership skills, and peer mentoring so that they may educate others in the community and direct them toward responsible decision-making.

Through our program, your teen will be responsible for attending training and weekly meetings throughout the school year to plan and implement educational activities. These activities include community presentations, health fairs, talk groups, and individual outreach. As a peer educator, your teen will help increase community awareness, potentially help reduce teen pregnancies, and develop into a valuable community leader. You must be very proud of your teen for having the initiative to involve him/her self in such a worthwhile experience.

As a parent of a peer educator, we welcome your support and input. We will keep you continuously informed on your teen's activities and schedules. If you have any questions, please don't hesitate to call me at 503.775.4931, ext. 2121 or email at [camelia.hison@ppcw.org](mailto:camelia.hison@ppcw.org).

Sincerely,

*Camelia Hison*

Teen Council Program Manager

**Your signed consent for your teen's participation is necessary for us to process the application. Please fill out the form below and return the original hardcopy.**

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My daughter/son \_\_\_\_\_ has my permission to participate in the Teen Council Peer Education Program sponsored by Planned Parenthood of the Columbia/Willamette.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to the following address:

ATTN: Camelia Hison  
Planned Parenthood of the Columbia/Willamette  
3231 SE 50th Avenue  
Portland, OR 97206



# Teen Council General Medical Information

Date \_\_\_\_\_

Teen Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Other Contact \_\_\_\_\_ Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Doctor Name / Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Hospital \_\_\_\_\_ Phone Number \_\_\_\_\_

## CHECK OR FILL IN BLANKS TO ALL THAT APPLY

Does Teen have Health Insurance?  Yes  No

If yes, please complete Health Insurance information below:

Insurance Name \_\_\_\_\_ Group Number \_\_\_\_\_ ID number \_\_\_\_\_

Is Teen allergic to any medication or products?  Yes  No

If so, what? \_\_\_\_\_ Reaction: \_\_\_\_\_

Is Teen allergic to insect bites?  Yes  No

If so, does student have an insect bite kit for emergencies?  Yes  No

If so, where does Teen keep the kit? \_\_\_\_\_

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When did Teen receive his/her last Tetanus vaccination? \_\_\_\_\_

Does Teen have asthma?  Yes  No

If so, where does Teen keep inhaler? \_\_\_\_\_

Does Teen have food allergies?  Yes  No

If so, please specify: \_\_\_\_\_

Does Teen take medication, which requires adult supervision?  Yes  No

If so, please attach a letter to Planned Parenthood Teen Council Peer Education Program from his/her doctor, containing the instructions.

Does teen have any conditions that would keep him/her from participating in group activities requiring moderate physical activity?  Yes  No

If so, please specify: \_\_\_\_\_

**As parent, I hereby give permission, in case of accident and/or surgical emergency, to PPCW Teen Council Peer Education Program's representative(s) to seek medical attention for my son/daughter. I also give permission to the physician to hospitalize, secure treatment for and to order injection, anesthesia, or surgery for my son/daughter, as named above, according to the medical standards and expertise then and there available, whether known or unknown. (A parent will be contacted first, whenever possible).**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

("Parent" is defined to mean one or both parents living in a Teen's household or, if parent(s) are not available because of permanent separation from the Teen, is the person legally acting in full capacity of parent.)

Signature of Teen Council Peer Educator: \_\_\_\_\_ Date: \_\_\_\_\_



# Teen Council Photo / Video Release Form

Occasionally Planned Parenthood's teen peer education programs are featured for the excellent work the teen peer educators are doing. This could include participating in promotional events, news articles, yearbook photos, etc.

By signing this form, you consent to be photographed, filmed, videotaped or recorded, and authorize Planned Parenthood of the Columbia/Willamette to use the following materials:

- Still photographs
- Videotapes and / or films
- Audio tape (voice) recordings
- Peer Educator's name
- Other (Specify) \_\_\_\_\_

The above materials may be used in:

- Planned Parenthood's Education and Promotional Programs
- Planned Parenthood's Publications
- Planned Parenthood's Website
- Grants Reports
- Other (Specify) \_\_\_\_\_

Name of Peer Educator \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent or Guardian of Peer Educator \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

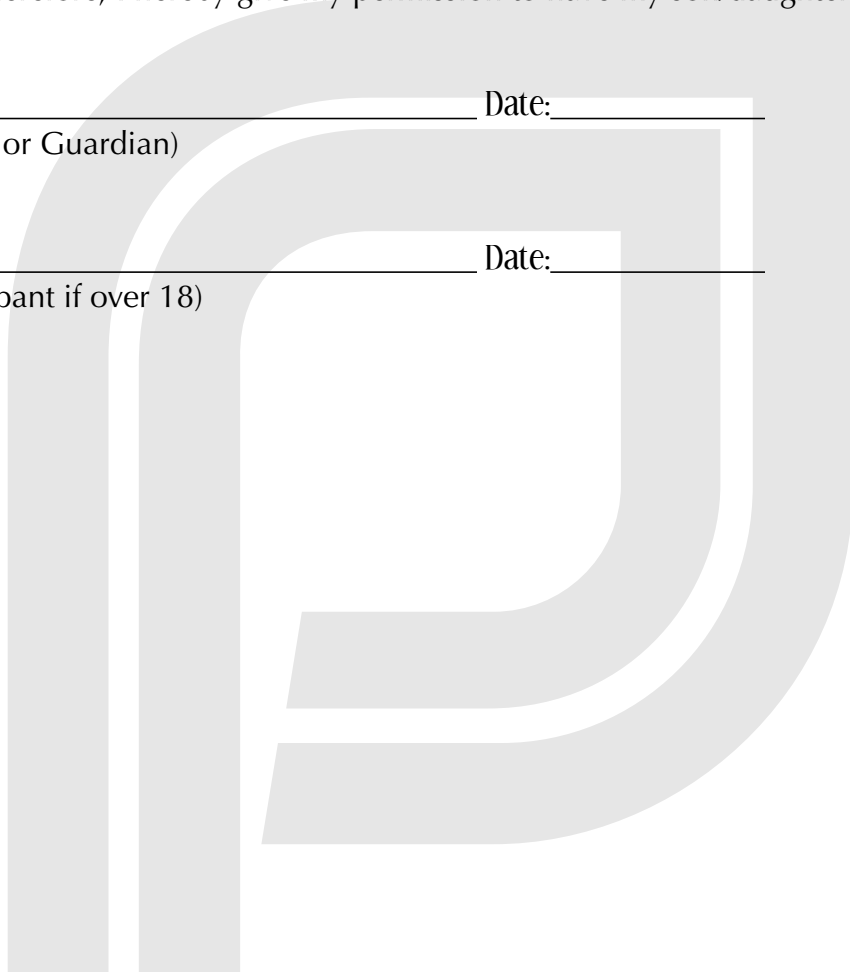


# Teen Council Travel Consent Form

I understand that my son/daughter participating in the Planned Parenthood of the Columbia/Willamette's Teen Peer Education Program is responsible for his/her own transportation to meetings and events during the program year. However, I also agree that my son/daughter may, on occasion, need to be transported by the program coordinator or a responsible adult assisting with the program to community events, or program activities. Therefore, I hereby give my permission to have my son/daughter transported for these such purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant if over 18)





# Teen Council Vehicle Operation Liability Form

Name: \_\_\_\_\_

Please respond to each item with a yes or no answer.

Yes/No

\_\_\_\_ I have a valid driver's license

State: \_\_\_\_ License No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

\_\_\_\_ I carry minimum auto liability limits as required by Oregon and/or Washington State of \$25,000 per occurrence and \$50,000 aggregate combined single limit of liability and \$10,000 property damage. Oregon drivers must also carry Personal Injury Protection and Underinsured Motorist coverage.

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

\_\_\_\_ I agree to maintain a current Oregon or Washington state driver's license and at least the minimum insurance required by state law for the duration of my involvement in the Teen Council.

\_\_\_\_ I have been informed and understand that my insurance is the primary insurance covering my vehicle when on Planned Parenthood of the Columbia/Willamette (PPCW) Teen Council business. This business does not include transportation to and from meetings and events because this is considered commuting. I understand that while commuting, PPCW does not provide automobile insurance coverage and agency will not be liable for damages should an accident occur. In the event I am driving between locations and PPCW-sponsored events, I understand that this is considered driving on PPCW business and my insurance is the primary insurance covering my vehicle.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_