

Teen Advocates for Sexual Health

*Ignorance Is Nobody's Ally*

Planned Parenthood of the St. Louis Region and Southwest Missouri

**PARENT/GUARDIAN CONSENT FORM 2015-16**

We are pleased that your child has applied to the 15<sup>th</sup> annual Teen Advocates for Sexual Health (TASH) program. TASH seeks to promote and improve the sexual and reproductive health and rights of all area teens. TASH is about creating a generation of young people who have heard more helpful messages about sexuality. Sex is everywhere but talking openly and honestly is rare. Social taboos and norms about teen sexuality and gender prevent young people from obtaining the necessary information to be healthy and safe. TASH seeks to create a group of change agents who say, "It's time to break the silence. Ignorance is Nobody's Ally."

As a TASH participant, your teen will be responsible for attending bi-monthly meetings, 3 Saturday retreats, as well as additional meetings and community outreach events throughout the year. Serving as a messenger for sexual health, your child has the important opportunity to make a huge difference in our community for which you should be most proud.

Your signed and notarized (notary service free of charge at Planned Parenthood) consent for your child's participation is necessary.

My child, \_\_\_\_\_, has my permission to participate in Teen Advocates for Sexual Health sponsored by Planned Parenthood of the St. Louis Region and Southwest Missouri. I understand that my child is responsible for his or her own transportation to meetings and events during the program year. I also agree that he/she may, on occasion, need to be transported by a staff member or a responsible adult assisting with the program to outreach program activities.

Parent/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

To ensure that your child is safe and healthy while participating in TASH, please indicate if your child has a medical condition we should be aware of: \_\_\_\_\_

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

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

NOTARY: Subscribed and sworn to me before this \_\_\_\_\_ day of month \_\_\_\_\_ 2015

Notary Public \_\_\_\_\_

My Commission Expires: \_\_\_\_\_