



Planned Parenthood of South, East and North Florida



2019-2020 School Year

Dear Parent or Guardian:

Planned Parenthood of South, East and North Florida (PPSENFL) is excited to announce that we are recruiting students for our new peer education program for Leon County youth. The Teen Council of Tallahassee seeks to empower high school students with knowledge to benefit themselves, their peers and the community. Our peer educators known as LIGHTs are Leaders Igniting a Generation of Healthy Teens, they will provide their peers with accurate and factual reproductive health information

We know that parents and schools are already working to educate young people about reproductive and sexual health. However, common myths persist; this program will empower youth with the knowledge and skills to help their peers navigate through these myths and misconceptions in spaces where adults rarely have access.

The state of Florida ranks 24th in the nation for highest teen birth rates. Additionally, the Florida Youth Risk Behavior Survey shows that 38% of high school students reported having sexual intercourse and of those, statistics indicate that condom use has declined which can contribute to the spread of STDs and increase rates of teenage pregnancy. This new peer education program aims to provide additional information and resources to support healthy decision-making for Leon County teens.

Teen Council members go through extensive training to learn how to make presentations to their peers on a variety of issues, including STDs, healthy relationships, anatomy and physiology, contraceptives, and abstinence to prepare them for their role as Peer Educators. Students will be engaging in service-learning opportunities to develop and deliver presentations, with the guidance and support of PPSNFL staff. This training will give participants valuable knowledge and skills they can continue to utilize as they become young adults and leaders in their communities. Participants will have opportunities to practice communication with others, gain practical experience in the field of public health and advocacy, and earn money.

We will be hosting a parent/guardian open house for participating youth before training begins. Each student must receive permission to participate in the program and earn a \$100 stipend per month. We are excited to begin this program and are happy to answer your questions. If you or your students would like more information or an application, email our Peer Education Coordinator, Ms. Renée Jean-Charles at renee.jeancharles@ppsenfl.org. We are looking forward to a great school year!

Sincerely,

Renée Jean-Charles
Peer Education Coordinator
(850) 325-0336
light.leon@ppsenfl.org

TEEN COUNCIL PROGRAM CONSENT FORM

Your student has been chosen to participate in the Teen Council Peer Education Program facilitated by Planned Parenthood of South, East and North Florida. During the time your student will spend with the Teen Council program, they will be trained to provide information to their peers on topics revolving around reproduction health, relationships, and healthy decision making. This unique program will involve your student in volunteer work in the community. This work may occur both on and off school grounds. The Teen Council program promotes progress in school and avoidance of negative behaviors which may hinder your student's successful growth and achievement.

THIS CONSENT FORM MUST BE RETURNED TO THE PEER EDUCATOR COORDINATOR TO ALLOW YOUR STUDENT TO PARTICIPATE IN THE TEEN COUNCIL PROGRAM AS A TEEN PEER EDUCATOR.

Please initial all consents and sign at the bottom.

Consent to Participate in the Teen Council Peer Education Program I, the undersigned, am the Parent or Legal Guardian of the student named below who is to participate in programs provided by Planned Parenthood of South, East and North Florida during the current school year. I am aware that there are potential hazards and risks involved in some programs. I am willingly allowing the student mentioned below to participate in all aspects of the program (including field trips and transportation) under the supervision of Planned Parenthood staff. School/agency staff will accompany off site activities. I agree to hold harmless and indemnify Planned Parenthood of South, East and North Florida, its Board of Trustees, and/or its employees, agents, or lessors from any and all claims by myself, my teen, my heirs, my family, or my assigned.

_____ Yes _____ No

Consent to use Photographs I give my consent to Planned Parenthood of South, East and North Florida to use videos and/or photographs of my teen for brochures, to display in photo albums, social media, in advertisements, or for other publicity purposes. If my teen's photo is used, he/she will only be identified by first name.

_____ Yes _____ No

Consent to Participate in Surveys & Data Collection I give my consent for my student to participate in Planned Parenthood of South, East and North Florida surveys. In compliance with Children's Online Privacy Protection Act (COPPA), Planned Parenthood provides the following information to survey participants. Planned Parenthood of operates a secure environment to collect and store information from student participants in its Teen Council Peer Education Program. Planned Parenthood collects the following types of information directly from Teen Council participants through online surveys:

Demographics - Name, date of birth, home zip code, ethnicity, gender, most frequent guardian, school grades, and reproductive health information.

I understand Planned Parenthood uses the participants' responses to improve the Teen Council Peer Education Program. I am aware Planned Parenthood will use and may share responses with third parties to market the Teen Council Program to increase awareness and funding and that Planned Parenthood will not disclose my student's identifying information to third parties or program staff except in the case where online access is unavailable and therefore paper survey data is entered by a third party or employee under a strict non-disclosure of confidential information agreement. I am also aware Planned Parenthood will not require my student to disclose more information than is reasonably necessary to participate in Teen Council Peer Education Program as a condition of participation.

_____ Yes _____ No

Student's Name _____

Parent of Guardian Signature _____ Date _____