

2018-2019 School Year

Dear Parent or Guardian:

Planned Parenthood of South, East and North Florida is excited to announce that we are now recruiting students for our new Peer education program for Broward County youth. The Leaders Igniting Generation Healthy Teen Peer Education Program (LIGHT) seeks to empower high school students with knowledge to benefit themselves, their peers and the community. Known as LIGHTs, these peer educators 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 27<sup>th</sup> in the nation for highest teen birth rates. Additionally, the Youth Risk Behavior Survey shows that 39.5% of Broward high school students reported having sexual intercourse and of those 53.8% report using condoms during last intercourse. This new Peer Education program aims to provide additional information and resources to support healthy decision-making for Broward County teens.

Students who volunteer as educators for the program will receive specialized training in reproductive and sexual health to prepare them for their role as LIGHTs. Students will be engaging in self-directed learning through opportunities to develop and deliver presentations, with the guidance and support of PPSENFL 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. Peer Educators must successfully complete a training program scheduled to begin October 2018 which will be handled by PPSENFL staff.

We are excited to begin this program and are happy to answer your questions. If your teen would like more information or an application, please contact me via phone or email. We are looking forward to a great school year!

Sincerely,

Diane Macias

Peer Education Coordinator

(561) 406- 9866

[light.broward@ppsenfl.org](mailto:light.broward@ppsenfl.org)

### LIGHT PROGRAM CONSENT FORM

Your student has been chosen to participate in the LIGHT Peer Education Program at High School and owned by Planned Parenthood of South, East and North Florida. During the time your student will spend with the LIGHT 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 LIGHT 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 BY DATE TO ALLOW YOUR STUDENT TO PARTICIPATE IN THE LIGHT PROGRAM AS A TEEN PEER EDUCATOR.**

Please initial all consents and sign at the bottom.

**Consent to Participate in the LIGHT 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 LIGHT Peer Education Program. Planned Parenthood collects the following types of information directly from LIGHT 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 LIGHT Peer Education Program. I am aware Planned Parenthood will use and may share responses with third parties to market the LIGHT 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 LIGHT Peer Education Program as a condition of participation.

\_\_\_\_\_ Yes \_\_\_\_\_ No

Student's Name \_\_\_\_\_

Parent of Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_