

CONSENT FOR YOUTH PARTICIPATION

Youth Mental Health and Addiction Champions (YMHAC) Initiative Parent/Guardian Information Letter



Congratulations, your child has been selected for the role of **Youth Champion** for his/her school!

This letter is to inform you about the **Youth Mental Health and Addictions Champion (YMHAC) Initiative** and the role of the **Youth Champion**. *Please read the details below and decide if you or your child will agree to take part.*

INITIATIVE BACKGROUND

The **YMHAC Initiative** was initiated as a partnership between the Registered Nurses' Association of Ontario (RNAO) and public health units across the province.

The goal of the initiative is to: a) improve the health and well-being of children and youth by focusing on mental wellness; b) reduce stigma related to mental illness; and c) discourage the use of drugs, alcohol and other substances.

The [insert health unit] has partnered with the [insert District School Board] to identify schools interested in implementing this Initiative during the [insert school year] school year. [Insert school name] was selected as one of the schools participating within your school board.

For your child's school, there will be a School Staff Lead (i.e., Child and Youth Worker, teacher) for the initiative, as well as Public Health Leads from the [your health unit] (please find their contact information on p.3). Students from each participating school will be trained by Public Health Leads and supported to take on the role of **Youth Champion** at their school.





HOW WILL YOUR CHILD BENEFIT FROM BEING A YOUTH CHAMPION?

By participating in this initiative as a *Youth Champion*, your child will have an opportunity to...



| LEARN ABOUT: | GAIN SKILLS IN: | GAIN EXPERIENCES WITH: |
|---|--|--|
| <ul style="list-style-type: none"> ★ Mental health vs. mental illness ★ Addressing Stigma ★ Resiliency and coping skills ★ Supports in your community | <ul style="list-style-type: none"> ★ Public speaking ★ Communication ★ Leadership ★ Facilitation | <ul style="list-style-type: none"> ★ Health Promotion ★ Planning and delivering events/activities ★ Networking and meeting new people |

WHAT IS THE ROLE OF A YOUTH CHAMPION?

Youth Champions will be asked to participate in a Champion Workshop, help plan school activities and complete various evaluation activities related to the initiative.

1. Champion Workshop

There will be a full day workshop in which *Youth Champions* from the *Network of Champions* will be obligated to attend at their school during class time. This workshop will be facilitated by Public Health staff.

At this workshop, *Youth Champions* will:

- ★ Learn about the YMHAC Initiative and their role as a *Youth Champion*.
- ★ Gain background knowledge and understanding about mental health and addictions, stress and wellness through the use of resources, videos and reflective activities.
- ★ Learn about local community resources available to support mental health and well-being.





2. School activities

Youth Champions will work with the Public Health Leads, School Staff Lead, and other *Youth Champions* to plan and carry out activities to promote the mental health and wellbeing within their school community. Logistics and timing of these activities will be communicated by your local school and the [insert health unit].



3. Evaluation activities

Evaluation is an important component of the YMHAC initiative. The evaluation will allow us to measure the effectiveness of the program and improve and build upon the program for future students. **The evaluation involves 2 distinct activities:**

a) Surveys

Youth Champions will be asked to complete a 15-minute paper survey at the beginning and at the end of the initiative. *Youth Champions* will be asked about their:

- a. Experiences of working with their peers
- b. Knowledge of mental health
- c. Knowledge of reducing stigma within their school communities
- d. Knowledge of ways to prevent youth from using drugs and alcohol
- e. Knowledge of supports and resources available

b) Activity Profile

Youth Champions will be asked to work with other students to profile one of their activities using a method of their choice (i.e., story, video, PhotoVoice).

Participation in this initiative is voluntary. Students have the right to participate in some or all components of the initiative and may choose not to participate for any reason. Should your child decide not to participate, this will in no way affect any education, support and/or services received from their local Public Health Unit or from their school. After all evaluation data have been collected, the students will not be identified individually in any reports or publications and information collected will remain anonymous and confidential.

If you have any questions about the YMHAC Initiative, please contact your local Public Health Leads.





Thank you for your participation!

PUBLIC HEALTH UNIT INFORMATION FORM



| ROLE | NAME | CONTACT INFORMATION |
|---------------------|----------------|------------------------------|
| Public Health Leads | [insert names] | [insert contact information] |
| School Staff Leads | [insert names] | [insert contact information] |

YOUTH MENTAL HEALTH AND ADDICTION CHAMPIONS INITIATIVE

Parent/Guardian Consent Form

As described in the information letter, the YMHAC Initiative has several distinct but related activities. Participation in aspects of the program is voluntary; however it is highly encouraged that your child participates in all activities of the Initiative. Please indicate on this form which of the YMHAC Initiative activities you consent to have your child take part in.

Please sign and return the form to either a School Staff Lead or Public Health Lead. Your interest and cooperation is very much appreciated.

**Complete in black or blue pen.*

YOUTH'S NAME: _____

(please print clearly)





Age: _____

Gender: Male Female Other

Phone: _____

E-mail: _____



Note: Lunch and refreshments will be offered at the Champion Workshop. Please specify the following:

Special health conditions: _____

Allergies (e.g., food, medications)? Yes No _____

If yes, please specify: _____

Dietary needs (e.g., gluten free, lactose free, vegetarian):

I, _____, agree to participate in the following YMHAC Initiative activities:

| | YES | NO |
|-------------------------------------|-------------------|-------------------|
| Champions Workshop (DATE TBD) | YC Initial _____ | YC Initial _____ |
| | P/G Initial _____ | P/G Initial _____ |
| Network of Champion weekly meetings | YC Initial _____ | YC Initial _____ |
| | P/G Initial _____ | P/G Initial _____ |





| | | |
|-------------------------------------|---------------------------------------|---------------------------------------|
| Minimum of 1 YMHAC initiative/event | YC Initial _____ P/G Initial _____ | YC Initial _____ P/G Initial _____ |
| Evaluation Surveys | YC Initial _____ P/G Initial _____ | YC Initial _____ P/G Initial _____ |
| Activity Profile | YC Initial _____ P/G Initial _____ | YC Initial _____ P/G Initial _____ |

*YC = Youth Champion

*P/G = Parents/Guardians

RULES AND REGULATIONS:

The *Youth Mental Health and Addictions Champion (YMHAC)* Initiative is dedicated to providing a rewarding leadership development opportunity for youth. In order to achieve this, all participants must be willing to comply with the rules and regulations of the workshop. Failure to comply may result in the dismissal of the individual from the event.

- ★ Participants are expected to attend the full length of the workshop in order to facilitate, discuss and encourage growth throughout the experience.
- ★ Participants are expected to behave in a manner that is conducive to a friendly, safe, fun and learning environment. Behaviour that is disruptive to other participants or is harmful physically, mentally and/or emotionally to [insert health unit] employees and other participants will not be tolerated.
- ★ Participants may not leave the workshop site at any time without first getting approval.





AGREEMENT:

- ★ The YMHAC Champion workshop is designed as a means to educate and inspire youth to encourage positive school and community change through their involvement and leadership.
- ★ My child or ward will attend a workshop facilitated by two [insert health unit] staff and supervised by a School Staff Lead. I understand that as a parent I am responsible for the actions of my child or ward, including any failure of my child to abide to all rules and that my **child/ward's position as a Youth Champion for the YMHAC Initiative can be terminated for any misconduct.**



EVALUATION

My child, or ward, may participate in evaluation projects facilitated by the *[insert health unit]* and others working for it or on its behalf. I give unlimited right and permission to use, distribute, publish, and reproduce the data from such projects.

MEDIA CONSENT

- ★ For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby grant to the **Porcupine Health Unit and others** working for it or on its behalf, and their respective licensees, successors, and assigns (collectively, "Client"), the unlimited right and permission to use, distribute, publish, exhibit, digitize, broadcast, display, reproduce, and otherwise exploit my name, picture, likeness, voice and biographical information, or any material based thereon or derived there from, or to refrain from so doing, in any manner or media whatsoever (whether now known or hereafter devised) anywhere in the world for the purposes of advertising or trade in promoting and publicizing Client and its products and services.
- ★ I shall have no right of approval, no claim to compensation, and no claim (including, without limitation, claims should be based upon invasion of privacy, defamation, or right of publicity) arising out of any use, alteration, blurring, distortion, faulty reproduction, illusionary effect or use in any composite form of my name, picture, likeness, voice and biographical information.
- ★ My child or ward shall not post photos of others that have been taken during the youth champion workshop without receiving consent by the subject(s).





I have the full right and authority to grant the rights granted hereunder and I agree that this Consent and Release does not in any way conflict with any existing commitment on my part.



I have not heretofore authorized (which authority is still in effect), nor will I authorize or permit the use of my name, picture, likeness, voice and biographical information in connection with the advertising or promotion of any product or service competitive to or incapable with those of Client.

I have had the opportunity of obtaining independent legal advice concerning the terms of this form and sign this voluntarily and without duress.

Participant's Name (please print): _____

Participant's Signature: _____

Date: _____, 2016

Parent or Guardian's Signature: _____

Date: _____, 2016

