



PARENT/GUARDIAN CONSENT FORM

Abstinence Education & Youth Development Program

Organization Name: Family Development Enterprise, Inc

Program Location: ☐ Virtual ☐ In Person

Program Dates: _____

Phone: (318) 331-0809

Email: drwms60@comcast.net or E-mail: info@letstalkoffline.org

PURPOSE OF PROGRAM

The purpose of this program is to promote abstinence only from sexual activity until marriage education and training as the healthiest choice for youth and emphasizes the social, emotional, physical and financial benefits associated with delaying sexual activity. Also, to provide youth with life skills that support healthy decision making, character development, leadership growth, self-respect, goal setting, and positive relationship choices.

STUDENT INFORMATION

Student Name: _____ **Age:** _____

Birthdate of Participant (month, day, year): _____

Name of School: _____

Grade: _____ **MS:** _____ **HS** _____

Student Address: _____

Email: _____ **Phone:** _____

Gender: ☐ Male ☐ Female **Race:** _____

Ethnicity: Hispanic or Latino - ☐ No ☐ Yes

Special Circumstances: ☐ Foster Care ☐ Homeless ☐ Adjudicated (juvenile) system
☐ Runaway ☐ Pregnant or Parenting ☐ Special needs

Parent/Guardian Name: _____

Relationship to Participant: _____

Phone: _____ **Email:** _____

Emergency Contact Name: _____

Relationship: _____

Emergency Contact Phone: _____

Eligibility Verification Documents

(Attach ONE)

☐ School Demographic Sheet or ☐ School ID Card
☐ Birth Certificate ☐ State Identification Card

PARTICIPATION EXPECTATIONS

Participants are expected to:

- Attend sessions virtual (2-days) or in-person (1 day) and be on time
- Participate respectfully in program discussions and activities
- Demonstrate appropriate behavior toward staff and peers
- Follow all program rules and safety guidelines

Disruptive, unsafe, or inappropriate behavior may result in dismissal from the program.

VOLUNTARY PARTICIPATION

I understand that participation in this program is voluntary. I acknowledge that the program teaches abstinence only until marriage curriculum as the standard for youth.

CONFIDENTIALITY STATEMENT

Family Development Enterprise (FDE) Program is committed to protecting the privacy and confidentiality of all youth and student participants. Personal information will be collected, used, stored, and shared only as necessary to provide services and ensure participants safety. FDE staff respects participants privacy at all times and only has access to participants information when required for their role and responsibility. However, confidentiality may be limited in situations involving e.g. threats of harm to self or others, suspected abuse or neglect, and or situations required by law to be reported.

MEDICAL AUTHORIZATION (For In-Person Sessions)

In the event of a medical emergency involving my child while participating in a Family Development Enterprise, Inc. (FDE) workshop, event, or program activity, I authorize FDE staff, or representatives to obtain emergency medical treatment deemed necessary for my child's health and safety when I cannot be reached in a timely manner. I understand that every reasonable effort will be made to contact me or my designated emergency contact. I agree to assume full responsibility for and pay all medical, hospital, ambulance, physician, and related expenses incurred on behalf of my child. I further agree to release, indemnify, and hold harmless Family Development Enterprise, Inc., its directors, officers, employees, contractors, and agents from any liability arising from the provision of or failure to provide emergency medical care, except as prohibited by law.

MEDICAL INFORMATION:

Please list any allergies, medical conditions, medications, or special accommodations below:

PHOTO/MEDIA RELEASE (OPTIONAL) Please check one:

☐ YES, I give permission for my child's photograph/video image to be used in program publications, educational materials, social media, website content, or promotional materials.

☐ NO, I do not give permission for my child's photograph/video image to be used.

I certify that I own or have permission to release submitted materials for program and funding purposes. I authorize Family Development Enterprise, Inc (FDE) to use, reproduce, and publish these materials, including photos and videos, without compensation. I waive approval rights and release FDE from any claims related to their use. FDE retains ownership of materials it creates using these submissions, except for my preexisting rights.

PARENT/GUARDIAN CONSENT

I have read and understand the information provided in this Parent/Guardian Consent Form. I understand the educational focus and expectations of the program and grant permission for my child to participate.

I acknowledge that this program promotes abstinence only.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____