



2018 Youth Drug Education Conference
 November 3, 2018 | Drury Inn Arnold | Arnold, MO
 Statement of Informed Consent for Parent/Guardian

Due To
 JCHD
 OCT 19th

This parent/guardian consent form is required for ALL youth attending JCDPC's Youth Drug Education Conference. Jefferson County Drug Prevention Coalition (JCDPC) is a drug-free communities coalition located in Jefferson County, MO whose mission is to motivate Jefferson County to change the culture of substance abuse acceptance. Our Youth Education Conference is made up of youth sessions aimed at making youth better leaders in their community. This conference is put on by the Teen Advisory Board (TAB), which is the youth component of the coalition.

If you agree to have your child participate in this training, s/he will be expected to participate in a comprehensive training course in its entirety and will need to provide their own transportation to and from the conference. No anticipated personal risks will occur as a result of participation in this training. All data obtained will be treated with the highest level of confidentiality.

JCDPC's Youth Drug Education Conference sessions enhances the effectiveness of youth and their groups within their school and community. It empowers young people to get involved in the community problem-solving process to the development of safe, healthy and drug free communities

Photograph/Video Waiver- By submitting this form, you give permission to JCDPC to use photographs, videotapes, film and audio in which your youth appear as a participant for educational and publicity/promotional purposes for or related to JCDPC's and Teen Advisory Board's work. These can also be used by JCDPC in published materials.

Permission for Medical Treatment- In the event of an emergency in which the parent/guardian cannot be contacted, emergency medical staff, the adult advisor(s) and JCDPC may take appropriate action as needed.

General Release of Liability- The undersigned agrees to release, waive, discharge, and hold harmless JCDPC, its directors, officers, employees, agents, and volunteers from any and all claims, suits, losses, or related causes of action for damages during or arising in any way from participation in this conference event. You are being asked whether or not you will permit your child to participate in this conference. If you wish to give permission to participate, and you agree with the statement below, please sign below.
I understand the information provided in this form and give permission for my child to participate in this youth leadership training. I am 18 years of age or older. I have read and understand the above statements.

Youth's Name: _____ **Age:** _____ **DOB:** _____

School Name: _____ **Grade:** _____

Drug Prevention School Group (if any): _____

Name of Parent/Guardian: _____

Parent/ Guardian Signature: _____

Primary Phone #: _____ **Secondary Phone #:** _____

Parent Email: _____ **Youth Email:** _____

Home Address: _____ **City:** _____

State: _____ **Zip:** _____

Please send this completed form and a \$25 check made out to Jefferson County Health Department with YDEC in the memo or cash to one of the Jefferson County Health Department locations by October 19th, 2018 to reserve a spot and materials.