

The Ounce of Prevention Fund
ECAN TeenTalk
Parent Consent Form



Dear Parent or Guardian,

Thank you for choosing to allow your teen to participate in the ECAN TeenTalk Pilot Sessions. TeenTalk was created in response to the feedback given by ECAN parents about the challenges their teens face. Our hope is that in connecting ECAN Teens with their peers, we will provide them with a positive peer network that helps them navigate the issues facing them. Providing a safe space for ECAN teens may have a positive impact on their social emotional well-being. This has the potential to improve their educational outcomes and long-term success.

The TeenTalk sessions will consist of four monthly meetings of a small (10-15) group of teens ages 13-15. Teens of former and current Educare parents have been invited to participate. The sessions will take place at the Educare Center on Saturdays from 4-6 p.m. The sessions will be co-facilitated by an ECAN parent and a licensed clinical therapist. Ounce staff will be present during each session.

The first session is an orientation to which parents are invited to come to Educare to learn about the sessions, provide consent for their teens to participate and ask any questions they may have about the experience. The following sessions are for teens only and are intended to provide them with a safe space to share their thoughts and concerns with other teens.

Most of the information shared during the TeenTalk sessions will remain confidential amongst the group. However, if there is any instance of a teen sharing information that consists of actions that harm themselves or others, we are mandated to report this information to the appropriate authorities. We will also inform their parents in such instances.

Participation in TeenTalk is completely voluntary and intended as an opportunity for positive social interaction and increased self-awareness. They are in no way intended to serve as clinical therapy for participating teens.

Your signature below shows that you understand what is written above and agree to allow your teen to participate in the TeenTalk pilot sessions.

Name of Teen Participant _____

Parent/Legal Guardian's printed name _____

Parent/Legal Guardian's signature _____ Date _____

Contact Information: Phone: _____ Alt. Phone: _____

Please indicate the method of transportation your child will usually take to attend TeenTalk:

Dropped off by car By transit/on foot accompanied by adult By transit/on foot alone

Does your child have any medical conditions or food allergies? _____