



Consent Form

Dear Parent/Guardian,

Planned Parenthood Columbia Willamette's Health Equity Youth Advocates program (HEYA!) prepares young people to partner with medical providers, parents and adolescents to effectively talk about sexual health.

HEYA! Participants:

- Construct and lead workshops about effective ways to communicate about confidentiality, minor's rights, gender identity, sexual orientation and sexual health
- Create a character to use in simulated doctor visits with health care providers to provide feedback on the interaction
- Teach other adolescents what to expect at a doctors visit and how to advocate for themselves
- Participate in conferences and events

HEYA! History:

The HEYA! program was developed by teens in New York City in 2003, and since then, the National Institute's Adolescent Health Care Communication Program has been training teenagers to express their perspectives to providers by giving them a forum to do so. In 2008, the program expanded to Oregon, California, Pennsylvania, Wisconsin and DC. Since founding the group in Portland in 2014, HEYA participants have trained over 300 providers and parents in over a dozen presentations, visited four medical schools and presented at five conferences.

Meetings and Presentations:

HEYA! meets once a week from 5-7pm at Planned Parenthood's NE location: 3727 NE MLK. Jr Blvd. Snacks will be provided. Presentations take place in addition to meetings. Some presentations may take place during school hours. Transportation to presentations will be provided by Planned Parenthood from an arranged meeting point.

As a parent/guardian of a HEYA! participant, we welcome your support and input. If you have any questions, please don't hesitate to be in touch.

Sincerely,

Nili Yosha

Health Equity Youth Advocates Coordinator

503-775-4931 x2537

nili.yosha@ppcw.org

I you are under 18, your parent/guardian's consent is necessary for us to process the application.

Please fill out this packet and return the original hardcopy.

My child _____ has my permission to participate in the Health Equity Youth Advocates Program sponsored by Planned Parenthood Columbia Willamette.

Signature of Parent/Guardian: _____ Date: _____

("Parent" is defined to mean one or both parents living in a Teen's household or, if parent(s) are not available because of permanent separation from the Teen, is the person legally acting in full capacity of parent.)



Consent Form

Participant Information

Name

Address

City/State/Zip

Phone – Can you send or receive text messages? ☐ Yes ☐ No

Email

Do you prefer to get emails, phone calls or text messages about HEYA?

Parent/Guardian name(s) and relationship to you (father, mother, stepfather, stepmother, etc.)

Languages spoken at home

School/Grade you will be in next year

Current age/Birthday

Gender: _____

Race/Ethnicity:

- | | | |
|--|---|---|
| <input type="checkbox"/> African | <input type="checkbox"/> African-American | <input type="checkbox"/> Asian |
| <input type="checkbox"/> White | <input type="checkbox"/> Latinx/Latina/Latino | <input type="checkbox"/> Multi-racial |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Other | <input type="checkbox"/> Pacific Islander |

Preferred Pronoun:

- ☐ She/her ☐ Him/his ☐ They/their ☐ Ze/hir ☐ Other: _____



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Participant Information

Personal Reference: Please provide the name and contact information of a reference.
(example: a teacher, counselor or a coach. Not a parent, guardian or family friend)

Name of reference: _____ Relationship to you: _____

Email and/or phone number: _____

World View: List three things that contribute to the way you view the world.
(example: your gender, ethnicity, religion, birth order etc.)

(1) _____

(2) _____

(3) _____

Tell us about it: Please respond to the following questions/scenarios. There are no wrong answers.
Need more space? Write on the next page or attach another sheet.

(1) Why do you want to participate in HEYA!? What can you contribute to HEYA!?

(2) What do you think are the biggest health issues/challenges in your community?

(3) What are the biggest strengths/successes?

(4) Tell us a bit about yourself and your interests. You can write a paragraph, a poem, a short story, a comic etc.

(5) We expect you to attend all HEYA! meetings, for a minimum of six hours a month, more when we are preparing for a presentation. What other activities (work, sports, music, clubs etc.) will you be involved in and what is your plan for balancing all your commitments?



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Participant Information

Please initial next to the following statements. I understand that:

- ☐ HEYA! meets weekly, then every other week, September – May.
- ☐ I am responsible for transporting myself to the meetings.
- ☐ There will be snacks at the meetings.
- ☐ I will be expected to participate in presentations in addition to the two monthly meetings.
- ☐ Some presentations may take place during school hours.
- ☐ I will receive payment for presentations.

Participant Signature

Date



Consent Form

Travel Consent Form & Vehicle Operation Liability Form

I understand that my child is participating in the Planned Parenthood Columbia Willamette's Health Equity Youth Advocates Program. They are responsible for their own transportation to meetings and events during the program year. However, I also agree that my child may, on occasion, need to be transported by the program coordinator or a responsible adult assisting with the program to community events, or program activities. Therefore, I hereby give my permission to have my child transported for these such purposes.

Signature: _____
(PARENT OR GUARDIAN)

Date: _____

Signature: _____
(PARTICIPANT IF OVER 18)

Date: _____

.....

Name: _____

☐ Yes/☐ No I have a valid driver's license. State: _____ License No: _____ Exp. Date: _____

☐ Yes/☐ No I carry minimum auto liability limits as required by Oregon and/or Washington State of \$25,000 per occurrence and \$50,000 aggregate combined single limit of liability and \$10,000 property damage. Oregon drivers must also carry Personal Injury Protection and Underinsured Motorist coverage.

Company: _____ Policy Number: _____

☐ Yes/☐ No I agree to maintain a current Oregon or Washington state driver's license and at least the minimum insurance required by state law for the duration of my involvement in HEYA.

☐ Yes/☐ No I have been informed and understand that my insurance is the primary insurance covering my vehicle when on Planned Parenthood Columbia Willamette (PPCW) HEYA business. This business does not include transportation to and from meetings and events because this is considered commuting. I understand that while commuting, PPCW does not provide automobile insurance coverage and agency will not be liable for damages should an accident occur. In the event I am driving between locations and PPCW-sponsored events, I understand that this is considered driving on PPCW business and my insurance is the primary insurance covering my vehicle.

Signature: _____

Date: _____

Consent Form

General Medical Information

Date _____

Participant Name _____

Date of Birth _____ Age _____

Parent/Guardian Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Alt. Phone # _____

Other Contact _____ Phone # _____ Alt. Phone # _____

Doctor Name / Address _____

Phone # _____

Hospital _____ Phone Number _____

CHECK OR FILL IN BLANKS TO ALL THAT APPLY

Does the participant have health insurance? ☐ Yes ☐ No

If yes, please complete health insurance information below:

Insurance Name _____ Group Number _____ ID number _____

Is the participant allergic to any medication or products? ☐ Yes ☐ No

If so, what? _____ Reaction: _____

Is the participant allergic to insect bites? ☐ Yes ☐ No

If so, do they have an insect bite kit for emergencies? ☐ Yes ☐ No

If so, where does the participant keep the kit? _____

When did the participant receive their last Tetanus vaccination? _____



Consent Form

General Medical Information

(Continued)

Does the participant have asthma? ☐ Yes ☐ No

If so, where does the participant keep inhaler? _____

Does the participant have food or medication allergies? ☐ Yes ☐ No

If so, please specify: _____

Does the participant take an medications? ☐ Yes ☐ No

If yes, current medications (prescription and over-the-counter)	Dose & schedule

PLEASE BE SURE THAT MEDICATIONS ARE IN LABELED CONTAINERS.

My child has my permission to keep medications listed above in his/her possession and take them independently ☐ Yes ☐ No ☐ N/A

Planned Parenthood has permission to provide over-the-counter medications to the participant for the relief of minor pain or insect bites (i.e., Ibuprofen, Tylenol, Benadryl, hydrocortisone cream) ☐ Yes ☐ No

Does the participant have any conditions that would keep them from participating in group activities requiring moderate physical activity? ☐ Yes ☐ No

If so, please specify: _____

As parent/guardian, I hereby give permission, in case of accident and/or emergency, to PPCW staff to seek medical attention for my son/daughter. I also give permission to the physician to hospitalize, secure treatment for and to order injection, anesthesia, or surgery for my son/daughter, as named above, according to the medical standards and expertise then and there available, whether known or unknown. (A parent will be contacted first, whenever possible).

Parent Signature: _____ Date: _____

Signature of HEYA participant: _____ Date: _____



Consent Form

Photo/Video Release Form

Occasionally Planned Parenthood's education programs are featured for the excellent work the young peer educators are doing. This could include participating in promotional events, news articles, yearbook photos, etc.

By signing this form, you consent to be photographed, filmed, videotaped or recorded, and authorize Planned Parenthood Federation of America and all other Planned Parenthood organizations (collectively, "Planned Parenthood"), their authorized representatives and Nili Yosha to use the following materials:

- ☐ Still photographs
- ☐ Videotapes and / or films
- ☐ Audio tape (voice) recordings
- ☐ Peer Educator's name

The above materials may be used in:

- ☐ Planned Parenthood's education, fundraising, and promotional programs
- ☐ Planned Parenthood's brochures, newsletters and publications
- ☐ Planned Parenthood's websites and other social networking sites
- ☐ Publicity & press materials
- ☐ Grant reports
- ☐ Community radio and community access television

Name of HEYA participant: _____

Signature: _____ Date : _____

Name of Parent/Guardian of HEYA participant: _____

Signature: _____ Date: _____