

SOURCES OF STRENGTH

Parent/Guardian Permission Form

Introduction and Purpose

We would like to invite your child to participate in a training program called *Sources of Strength*. Should you allow your child to participate they will attend a 4 to 5-hour *Sources of Strength* Peer Leader training along with other students from _____. Your child will learn about strengths that help youth and young adults through tough times, how they can help others as a peer leader, and how they and other peer leaders can effectively get messages to other students that encourage them to connect and seek help when going through emotionally hard times. We are requesting parent/guardian permission for your child to participate.

The *Sources of Strength* program is a widely used national best practice program. More than 10,000 youth leaders have participated from across the U.S. and Canada. This form describes what you may expect if your child participates. Please read this form carefully and ask any questions you may have before deciding.

What will my child be asked to do?

They will be invited to attend a 4 to 5-hour training session and to participate in an ongoing program to send out positive peer-to-peer messages about sources of strength and how to locate trusted adults in order to help students who are struggling. They will be part of a peer leader team supported by trained adult advisors from the school. The team will make a positive impact on their peers and within the broader community. The training will occur on _____ at _____ during school hours. The students will miss class during this time and will be responsible for any missed work.

What is Sources of Strength?

Sources of Strength is a training program that brings peer leaders together in partnership with caring adults. The program uses a fun-filled style of active learning to encourage open discussion about the very real problems that youth face and about the sources of strength that are often helpful for those problems. It also lets students experience different ways of coping with problems that they themselves may have. For youth that are in distress and may be considering ending their lives by suicide, this program provides concrete steps about how this person can receive help from trusted adults and how peer leaders can connect friends to help and support. The program will be led by certified trainers with support from adult leaders from the school.

Possible Risks and Discomforts

We will be dealing with the issue of suicide during this training. Most students find the training very upbeat, positive and quite different than expected. This is not designed as a therapy group nor a time of sharing traumatic stories, however if discussing issues faced by many young people should upset them or if a student needs support during the training, trained adults are available to assist.

Benefits of Participation

Your child will learn about challenges facing youth, including themselves and sources of support that can help. They may also learn about the importance and benefits of seeking help from trusted adults. Ultimately, *Sources of Strength* is a wellness program designed to help youth identify and strengthen protective factors in their lives, and leverage their voice to help create positive change in their school.

Confidentiality of Records

Your privacy is very important to us. We will remind all participants that any personal stories shared should remain with the group and any information obtained on evaluation surveys is confidential. The results of any group evaluation of the effectiveness of this training and subsequent activities may be presented at meetings or in future publications; however, your child’s name will not be used nor any identifying information about them.

Who should I call if I have questions?

You can talk to your student’s school counselor or any unified mental health team members at the school. You can also contact Source of Strength directly at info@sourcesofstrength.org, or view program information on www.sourcesofstrength.org if you have further questions.

Voluntary Participation

Taking part in this program is completely voluntary; you can withdraw at any time for any reason. The program will not affect student’s grades. If you wish your child to participate, please complete this page and return it to the _____ **Counseling Department no later than,** _____ .

A part of this program involves peer leaders using their own pictures, videos, and voices to create Hope, Help, Strength posters, audio messages, video, and internet-based messages of strength (texting, Twitter, Facebook, creating web sites, etc.) to impact and positively change social norms and behaviors. These local faces and voices approach is a powerful part of impacting your child’s school or community peer culture. By signing this agreement, it allows _____ to use photos, video, audio and written comments of your child in promoting school or community messages of strength. It also gives Sources of Strength permission to use selected pictures, videos, posters, audio, and messages of your child or created by your child in training or promotion worldwide. Local students are extremely creative in how they spread these Hope, Help, and Strength messages and we need your permission to share their creations with other groups around the country in order to promote the best, most effective and safe messaging examples.

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Parental/Guardian Permission for Child

I have read (or had read to me) the contents of this permission form and been given the opportunity to ask questions and receive answers. I give my permission for my child to participate in the *Sources of Strength* Peer Leader prevention program.

If you would like your child to participate in *Sources of Strength*, but do **not** want their picture, video, or voice used please initial here. _____

For permission to participate in the *Sources of Strength* training, please sign below.

_____ Child’s Name (Please print)

_____ Parent/Guardian’s Name (Please print)

_____ Parent/Guardian’s Signature

_____ Date