

Lawrence-Douglas County Health Department (LDCPH)

Consent Form for Healthy Teens Program

Dear Parent/Guardian:

Your teen: _____ has your permission to be involved in the Healthy Teens Program, a new initiative to assist in better preparing our teenagers with different life skills to enhance their abilities both socially and emotionally in the community. We will be working in a small group of same aged peers on such topics as: accessing transportation, sexuality, nutrition, addiction prevention, health care, bullying prevention, communication, job prep, SMART goals, affirmations, and mental health. We will also be going on one excursion during the 8 weeks.

Please let us know if your teen has any special needs

The leaders of this group are Jery Márquez, Zach Carter and Kate Kennedy

The dates of the groups will be 9/15/21, 9/22/21, 9/29/21, 10/6/21, 10/13/21, 10/20/21, 10/27/21 and 11/3/21

By signing this form, you are giving your teen named: _____ the ability to join and take part in this group.

First Name _____ Middle Name _____
Last Name _____ Suffix _____

Address _____
City _____ State _____ Zip Code _____
Phone _____
Email Address _____
Last 4 of SSN _____

Date of Birth: ____/____/____

Sex: Prefer not to answer Female Male

Gender identity: _____

Ethnicity: Hispanic Not Hispanic



200 Maine, Suite B
Lawrence, KS 66044-1396

OFFICE: 785.843.3060 FAX: 785.843.3161
CLINIC: 785.843.0721 FAX: 785.843.2930



Lawrence · Douglas County

PUBLIC HEALTH

Advancing Health for All

Race: Black Asian Bi-Racial White

Hawaiian or Pacific Islander Hispanic Multi-Racial Middle East

Native American or Alaskan Native

Other _____

Parent/Guardian Contact info:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Cell Phone _____

Other Phone _____ Email Address _____

Parent/Guardian Signature

Date

Parent/Guardian Written Name

Teenagers Name

Age



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Please have your teen fill out the information below:

Personal Strengths:

Briefly describe activities you enjoy and feel you are successful at when you try:

Briefly describe any influential and supportive people, activities, or beliefs in your life:

Please rate how often you have felt the following things:

	Never	Sometimes	Often	Always
Able to talk to your family about feelings?				
Your family stood by you during difficult times?				
Enjoyed Participating in community traditions?				
Felt a sense of belonging in school?				
Felt support by friends?				
Have at least two non-parent adults who take genuine interest in you?				
Felt safe and protected by an adult in your home?				



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