



Teen Outreach Program® (TOP®) Consent Form

Your son or daughter has been chosen to participate in TOP®, replicated by Family Service of Roanoke Valley. During the time your child will spend in TOP®, young people will explore their own growth and development, their goals for the future, and their goals for close, productive relationships with others. This program has been evaluated nationally and has shown very positive results for young people. This unique program will involve your child in volunteer work in the community which may occur off-site. The program promotes progress in school and avoidance of behaviors which may hinder your child's most successful growth and achievement.

Consent to Participate in the TOP® I, the undersigned, am the Parent or Legal Guardian of the child named below who is to participate in TOP® during the current school year. I am aware that there are potential hazards and risks involved in some programs. I am willingly allowing the child mentioned above to participate in all aspects of the program (including field trips and transportation provided by FSRV personnel).

YES NO

Consent to be monitored for attendance and academics (records are released by child's school to FSRV)

YES NO

Consent to be videotaped, photographed or otherwise recorded

YES NO

Consent to Participate in Surveys & Data Collection I give my consent for my child to participate in Wyman surveys. In compliance with Children's Online Privacy Protection Act (COPPA), Wyman provides the following information to survey participants. Wyman Center, Inc. operates a secure environment to collect and store information from student participants in its Teen Outreach Program®.

Wyman collects the following types of information directly from TOP® participants through online surveys:

- Opinions about their experience in TOP®
- Demographics – Zip code, ethnicity, gender, most frequent guardian, parents' education level
- School records - Grade in school, absences, truancy, suspension, course failure, graduation and schooling plans
- Health information - Pregnancy, parenting

I understand Wyman uses the participants' responses to improve the Teen Outreach Program®. I understand that survey and data collection is voluntary and that my child may choose to participate or discontinue participation at any point in the process without risk of losing Wyman's services. I am also aware Wyman will not require my child to disclose more information than is reasonably necessary to participate in Teen Outreach Program® as a condition of participation. I am aware Wyman will use and may share responses with third parties to market Teen Outreach Program® to increase awareness and funding and that Wyman will not disclose my child's identifying information to third parties or program staff. I also understand that the associated risks for my child to participate in this survey are minimal and will not exceed any discomfort that may be found in any daily life situations when answering routine survey questions. For a sample report on how Wyman compiles and reports this data, go to www.wymantop.org.

YES NO

Child's Name

Parent or Guardian Signature

Print Name

Date

Contact the Prevention Programs Manager, Sarah Jane Lawrence, if you have any questions:
540-563-5316 ext. 3010. Or slawrence@fsrv.org

Contact and Emergency Information

Name of Student _____ Date of Birth _____

Address _____ Zip Code _____

School _____ Grade _____

Parent/Guardian Name(s) _____

Parent/Guardian Phone Number(s) _____

Medical Insurance company(s)

1st Insurance _____

2nd Insurance _____

Medications Taken Regularly _____

Allergies _____

Health Problems _____

Additional Emergency Contacts:

Name _____ Home Phone _____

Address _____

Work Phone _____ Cell Phone _____

Name _____ Home Phone _____

Address _____

Work Phone _____ Cell Phone _____