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Appendix D

Sample Permission Forms

This appendix provides sample permission forms for the Media-Smart Youth program and for the grocery store field trip. Feel free to adapt these forms to fit the needs of your program.

Workshop Permission Form

DATE

Dear Parents/Guardians,

_____ is sponsoring a workshop for youth to learn about media, nutrition, and physical activity. The workshop will be held at _____ during the weeks of _____ at _____ on the following day(s) of the week: _____. We invite your child to participate.

YOUR ORGANIZATION'S NAME
HOURS DATES LOCATION
DAYS OF THE WEEK

Media-Smart Youth: Eat, Think, and Be Active! was developed in response to increased rates of childhood obesity and decreased levels of physical activity among young people. The lessons include many fun activities that will help youth learn how to ask questions and think about what they see in the media, how to make healthful food choices in real-life settings, and how to increase physical activity in their daily lives. The youth may be asked to answer a few questions before and after the workshop to assess what they know about these topics.

Youth also may go on field trips, including one to a grocery store to apply nutrition lessons learned during the workshop and possibly one to a media outlet to learn about media production.

We hope your child will participate in Media-Smart Youth and encourage you to ask your child about workshop activities. To facilitate this, your child will be bringing home *Tips for Media-Smart Parents* after each lesson, which summarizes what he or she has learned and provides tips for how to put this learning into action at home with the whole family.

Sincerely,

NAME OF PROGRAM DIRECTOR

Please check one or more of the following boxes:

- Yes, my child may participate in this workshop.
- No, my child may not participate in this workshop.
- Yes, my child may be videotaped or photographed as a part of his or her participation in Media-Smart Youth. This may include my child being interviewed during the duration of this project. I give the organization and those acting and affiliated with this project the authority and permission to own, copyright, use, re-use, publish, and re-publish photographic portraits, pictures, or audiovisual materials in which my child may be included. My child's name will not be used with any of the photos, images, or other materials. I also give permission to _____ and its partners to use any printed materials or videotapes that include my child.

ORGANIZATION

Snacks will be provided to all youth during the workshop.

- My child has the following food and/or drink allergies (and any other allergies or medical conditions we should know about): _____

Youth's name (print): _____

Parent/guardian name (print): _____

Parent/guardian signature: _____

Telephone (indicate which parent/guardian): (work) _____ (home) _____ (cell) _____

Grocery Store Field Trip Permission Form

DATE

Dear Parents/Guardians,

_____ will be conducting a field trip to a grocery store as part of the *Media-Smart Youth: Eat, Think, and Be Active!* program. The trip will give youth a chance to apply many of the nutrition concepts they have been exploring in the program. While they are at the grocery store, youth will:

YOUR ORGANIZATION'S NAME

- Review the wide variety of foods available at the store.
- Examine and compare ingredient lists and Nutrition Facts labels to see how these tools can help them make smart food choices.
- Explore how food manufacturers use product packaging and in-store product placement to influence sales.

Where: _____

NAME AND ADDRESS OF GROCERY STORE

When: _____

DATE AND TIME OF FIELD TRIP

Transportation: _____

HOW YOUTH WILL GET TO THE STORE AND BACK

If you can help out as a driver or chaperone, we would be very happy to have you along on the field trip. This is a great chance to see these thoughtful and creative youth in action!

Sincerely,

NAME OF FACILITATOR/PROGRAM DIRECTOR

Yes, my child _____ may participate in the grocery store field trip.

NAME OF YOUTH

No, my child _____ may not participate in the grocery store field trip.

NAME OF YOUTH

I can help chaperone the field trip.

I can drive to the field trip.

Youth's name (print): _____

Parent/guardian name (print): _____

Parent/guardian signature: _____

Telephone: (work) _____ (home) _____ (cell) _____

My child has the following food allergies or medical conditions: _____