

Parental Consent Form

Crook County Youth Participation in Focus Group



Purpose: Your child has been invited to participate in a focus group with the Crook County Prevention Program Be Well Coalition to share perspectives and experiences on substance use and mental health related messaging. During the focus group, youth participants will be asked about their views on current and planned media campaign development. The information shared will be used to support adjustments and planning to ensure proper messaging and creativity for the audience.

Procedure: The focus group will consist of 5-15 youth participants and will be facilitated by a member of the Be Well Coalition and trained a media consultant from Sylvestri Customization. The focus group will last approximately 60 minutes. The focus group session will consist of a survey and a group discussion.

Voluntary Participation: Your child's participation in this focus group is **voluntary**. He or she is not obligated to participate in this group. If your child does participate, he or she can join in the conversation as much or as little as is comfortable for them. Youth may choose not to answer any questions. Youth may leave the group at any time and for any reason.

Benefits and Risks: The benefit of participation is the opportunity to inform the prevention program on messaging and support needed by youth. There are no direct benefits or known risks to your child's participation in this project. Should your child experience any distress from participating in this focus group, please notify the contact listed below.

Confidentiality: This focus group is **confidential**. A report of this study may be published and shared with funding agencies; however, only de-identified or group results will be stated. **No personally identifying information about your child will be published or presented.** We ask that participants respect the privacy of other focus group members by not disclosing any content of discussions.

Questions: If you have any questions about this focus group or the process, you may contact Katie Allen, Community Prevention Specialist at katie.allen@wyo.gov.

I understand this information. I give permission for my child to participate in the focus group under the conditions stated above.

Youth Name: _____ Age: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Youth Signature: _____
