

Bring this signed form with you to the focus group and receive a **FREE GIFT CARD** for participating in the group.



Parental Permission Form

In an effort to survey the needs of our youth in the community, the St. Mary's County Health Department is conducting Youth Focus Groups on youth perception of activities and opportunities that are currently available and accessible to our youth, as well as resources that may help increase the number of youth programs. Trained focus group facilitators from St. Mary's County Health Department Summer Academy will meet with small groups of 6-8 youth, ages 11-14, to monitor and document the group discussion. Any personal information shared by participants will be **COMPLETELY ANONYMOUS**, including names, or other self-identifying information. Focus group answers and data will be used to develop the St. Mary's County Health Department's plan to address youth related issues, such as underage drinking, youth violence and substance use. If you would like your child to participate in a focus group, **please circle one location/date below, sign this form and return it to the focus group leader on the dates/locations listed below:**

CHARLOTTE HALL LIBRARY, 37600 New Market Rd, Charlotte Hall, MD 20622
July 12 (12:30 -1:30 pm)

LEXINGTON PARK LIBRARY, 21677 Franklin Delano Roosevelt Blvd, Lexington Park, MD 20653
July 17 (12pm-1:30pm)

LEONARDTOWN LIBRARY, 23250 Hollywood Rd, Leonardtown, MD 20650
July 19 (12:30pm-1:30pm)

Please permit your child to participate in this very important information gathering discussion by signing and returning this form to the Focus Group facilitator. In exchange for their participation, your child will receive a **gift card** to a local retail business or restaurant. If you have any questions or would like more information, please contact Maryellen Kraese, Prevention Administrator at 301 475-4951, or maryellen.kraese1@maryland.gov.

Thank you for your support!

Child's name _____

_____ I have read and understand this form.
(Initial)

_____ My child has my permission to participate in the Youth Focus Group circled above.
(Initial)

Parent signature: _____ Date: _____

Phone Number: _____

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