

**Healthiest
Manitowoc
County**



Substance Abuse and Mental Health Coalition

PHOTO VOICE PARENT/ADULT GUARDIAN RELEASE

Your signature on this form indicates your consent for your child to participate in PHOTO VOICE, a project that aims to showcase student perception of what connection and support looks like. Student images may be selected to be part of a community-wide exhibit that will kick off during National Prevention Week May 12-19th 2019.

The purpose of the PHOTO VOICE project is to showcase photographs and other art media to introduce our community to the value prevention, specifically five protective factors that increase health and wellbeing.

Connection to Family, School, Community, Peers/Individuals and Cultural Identity

The Photo Voice seeks to:

- 1). Introduce the voice of youth to a broader community
- 2). Use art to help us reflect on why prevention is about building protective factors
- 3). Rally community members to all be a protective factor for someone.

Participation is voluntary.

I hereby give my consent for my son/daughter, _____, to participate in the PHOTO VOICE project. I understand that the pictures and other art he/she submits may be used for public display. I understand that the name of participants will be made public including short captions that describe the meaning of the photo or other art submitted.

Address _____

Phone (____) _____ - _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date _____