

PARENTAL CONSENT FOR MEMBERSHIP ON YOUTH ADVISORY BOARD

_____ hereby declares the following statements to be true:
[Name of Parent or Legal Guardian]

I am the parent or legal guardian of _____.
(Youth's Name)

I understand that _____ is applying to be on the Youth Health Advisory Board of Directors for the enTRUST YOUth Healthy Sexuality Education Program through Blue Mountain Clinic. I hereby give my consent for _____ to serve on this board.

I further understand that this board serves as an advisory board for content, materials and outreach to include such topics as healthy sexuality, anatomy, gender identity, consent, birth control, mental health, STI and pregnancy options in an effort to set about a cultural shift within the school systems and in the community.

Signature of Parent or Legal Guardian

Youth Advisory Board Member