



IT'S A GIRL THING: MAKING PROUD CHOICES!

Personal Information Application

IT'S A GIRL THING: MAKING PROUD CHOICES! Enrollment Form and Consent

Union General Hospital's adolescent health program *It's A Girl Thing: Making Proud Choices* focuses on Anti-Bullying/Suicide Prevention, Drug/Alcohol/Tobacco Prevention, Mental Health, Addiction, Self-Esteem, and Sexual Health for girls in grades 6–12. Sessions are held at Union General Hospital, local schools, and other venues.

By signing below, I give permission for my daughter to participate.

Student Full Name: _____

Date of Birth: _____ **Age:** _____

School: _____

Grade: _____ **Graduation Year:** _____

Home Address: _____

City/State: _____ **Zip Code:** _____

Parent/Guardian Name: _____

Phone Numbers: Cell: () _____ *Home:* () _____

Parent/Guardian Email: _____

Emergency Contact Name/Relationship:

Emergency Contact Phone Numbers: Cell: () _____ **Work:** () _____

Guardian Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Program Expectations and Media Consent

Respectful Behavior Policy:

Participants must behave respectfully. Disruptive behavior may result in dismissal. Confidentiality is expected; sharing private information outside the group is prohibited.

Meeting Rules:

- What is said here, stays here.
- Respect different opinions.
- Do not interrupt.
- Be on time.
- Cell phones must be turned off.

Consent for Media Release:

I, _____ (parent/guardian), grant Union General Hospital permission to photograph, film, or record my child for use in educational, promotional, or informational materials.

I understand my child's name and image may be publicly used.

I consent I do not consent

Parent/Guardian Signature: _____ **Date:** _____

Student Commitment:

- I commit to attending meetings.
- I will follow all group rules.
- I will respect the privacy of others.
- I understand that serious concerns (like self-harm) must be reported to authorities.

Student Signature: _____ **Date:** _____