



First Nations Training & Consulting Services
PO BOX 5000, SAANICHTON BC, V8M 2C5
Ph: (250) 652-7097 Fax: (250) 652-7039
Email: fntcs@telus.net
Website: www.firstpeoplescanada.com

P.A.R.T.Y. Program Parental Permission Slip

Dear Parent or Guardian:

Your teenager will be attending the P.A.R.T.Y. Program (Prevent Alcohol and Risk Related Trauma in Youth) at the Victoria General Hospital. The P.A.R.T.Y. Program is an injury prevention program aimed at teens, to help educate them about the consequences of poor decision-making in relation to risk-taking behaviors such as: drinking and driving, lack of seat belt use and not wearing a bike helmet.

We bring youth to the hospital for them to experience the process a trauma patient goes through, from the crash scene to rehabilitation. Some of the presentations provide frank explanations and show graphic photos. If your youth has recently experienced the death of a family member or friend, or any significant traumatic incident, it may not be appropriate for your teen to attend. Please carefully consider any possible negative impacts before allowing your youth to participate in this reality-based education.

Please sign the Parental Permission Slip and return a copy of the Permission Slip to First Nations Training & Consulting Services along with the Registration Form. Please note, that the youth will be required to present the *original* Parental Permission Slip prior to entering the P.A.R.T.Y. Program site.

If you have any questions or would like more information please do not hesitate to contact our office (250) 652-7097.

Thank you.
 Yours in Sisterhood and Unity

Edith Loring-Kuhanga, President

=====

(Detach and sign, return to First Nations Training & Consulting Services with Registration Form and Payment)

My youth, _____ may participate in The P.A.R.T.Y. Program.

About Media Publication

- I give permission
- I do not give permission

For my youth to be included in any media publication while participating in the P.A.R.T.Y. Program. This may include, but is not limited to, photos posted on our conference website.

Name of Parent or Guardian: _____

Parent or Guardian Signature: _____ Date: _____

Emergency Contact: _____ Tel. #: _____

Chaperone's Name: _____ Cell #: _____