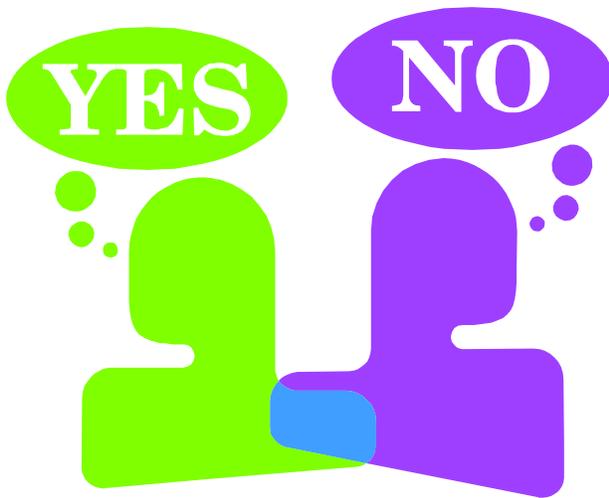


**We will feed
you too!**

Tell Us What You Think

**iTunes
Gift
Card**



When: June 30th

Time: 2:00 - 4:00

Where:

First Church of Christ
6080 Camp Ernst Rd

REGISTRATION REQUIRED:

Contact Michelle Eversole by phone: 859.363.2097
or by email: michelle.eversole@nkyhealth.org

We are looking for high school students to be a part of a focus group. There has been an increase in some types of drug use and we are interested in what you are seeing in your school and community. This will help us design a campaign for Northern Kentucky.

*Please see the back of this flyer for the Parent/Guardian permission form.



**NORTHERN KENTUCKY
INDEPENDENT DISTRICT
HEALTH DEPARTMENT**

**Youth Out Loud
Project.**

Focus Group Parent Consent Form

You are invited to voluntarily allow your child to take part in a focus group for the Northern Kentucky Agency for Substance Abuse Policy social norms project. The goal of the project is to prevent the misuse of prescription drugs by youth ages 12 – 18 in the Northern Kentucky region. Focus group questions will not ask about any individual child, but rather groups of youth. Your child must submit this signed parent permission form to take part in the focus group.

Confidentiality

The focus group will take about two hours of your child’s time. **Your child’s name will not be associated with his/her answers.** The results from the focus groups will be presented as themes that participants discussed and will not be connected to names. Once the audio from the focus groups is transcribed, participant names will be changed on the transcription. Names will not be printed anywhere on the focus group results. If you would like, you may see a paper copy of the focus group questions. You may also see a copy of the final report from all the completed focus groups.

Risks

No risk or harm to your child is expected from taking part in the focus group. However, some children may feel the questions are sensitive and may get uncomfortable answering them. Children may stop answering the questions at any time.

Benefits

The focus groups will provide information needed to prevent youth use of prescription drugs.

Incentives

Each participant will receive a \$10.00 iTunes gift card and a light meal at the focus group.

Child’s Name (Please Print Full Name):

Child’s Date of Birth ____/____/____ Child’s Current Grade:_____

County of primary residence _____ Zip code _____

PRINTED NAME Parent/Legal Guardian

SIGNATURE of Parent/Legal Guardian

If you have any questions, contact Michelle Eversole by phone at 859-363-2097 or by email: michelle.eversole@nkyhealth.org.