



Youth Participant Information, Registration and Consent for PMS
Research Title: *Métis Settlements Life Skills Journey Program*
Ages 11-14

Background

The Métis Settlements Life Skills Journey (MSLSJ) program is a community-led life skills program that was developed by a Buffalo Lake Métis Settlement advisory committee and University of Alberta partners.

The goal of the MSLSJ program is to build resiliency among youth by teaching them about self esteem, communication, and respect for differences. We will also teach children how to be positive community members, say no to peer pressure, stand up to bullies, and deal with grief in healthy ways.

The program will be delivered as a summer day camp for 7-10 year olds and 11-14 year olds at Peavine. We will evaluate the program with a questionnaire and discussions with program facilitators to make sure it is having a positive impact.

Purpose

We would like your child to fill out a short questionnaire at the beginning of camp and again at the end of camp.

Possible Benefits

Your child may learn skills that help them make good choices regarding substance abuse and bullying. Your child's participation in the research will help us understand their personal growth and improve the MSLSJ summer day camp.

Possible Risks

Facilitators will be trained and ready to respond to your child's needs. Your child may talk about issues/problems in their life. We will provide phone numbers of professionals or people in the community who can help if needed. The research team may be bound by law to report certain disclosures.

Voluntary Participation

All participation is voluntary. If you allow your child to take part, you or your child can change your minds at any time. Your child may refuse to answer questions if they are uncomfortable. If your child does not participate in the study, it will not affect his or her participation in the day camp. Facilitators will provide physical or creative activities while the other children participate in the study. Contact Brent or Fay (see below) if you decide to remove your child from participating in the questionnaire.

Confidentiality

Your child's name and identity will not be associated with their answers in the questionnaire. We can guarantee confidentiality for the research team members.

Use of Information

Your child's name will never be used in any presentations or papers about this program. Parents/guardians will not have access to their child's responses to the questionnaires. The information collected will remain in a locked filing cabinet in an office at the University of Alberta for a period of five years following the completion of the research after which time they will be destroyed.

The information gathered for this program may be looked at again in the future. To do this, the researchers would have to get permission from Settlement Council and university ethics reviewers.

Further Information

The Métis Settlements Life Skills Journey Research Project, based out of the University of Alberta, will be doing this research with community members. Funding for this project has been provided by Alberta Health Services, Alberta Human Services, and PolicyWise for Children & Families.

If you want to talk about this study, or withdraw from the study, you can contact:

Brent Hammer, PhD

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University of Alberta
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Phone: 780-991-7500
Email: bhammer@ualberta.ca

Fay Fletcher, PhD

Principal Investigator
University of Alberta
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Email: fay.fletcher@ualberta.ca

If you have questions, complaints, or comments about your rights in the study or about how you have been treated during this study, you can call the University of Alberta Research Ethics Office at 780-492-2615.

Parent or Guardian: Remove this portion of the form to keep for your records.



**Métis Settlements Life Skills Journey Summer Day Camp 2019
Registration-Consent Form for Ages 11-14 PMS**

PARTICIPANT INFORMATION

Participant (the Child):	LAST NAME	FIRST NAME	
BIRTH DATE (MM/DD/YYYY)	GRADE COMPLETED (as of June 2019)	HEALTH CARE NUMBER	
Participant (the Child):	LAST NAME	FIRST NAME	
BIRTH DATE (MM/DD/YYYY)	GRADE COMPLETED (as of June 2019)	HEALTH CARE NUMBER	
Participant (the Child):	LAST NAME	FIRST NAME	
BIRTH DATE (MM/DD/YYYY)	GRADE COMPLETED (as of June 2019)	HEALTH CARE NUMBER	
Participant (the Child):	LAST NAME	FIRST NAME	
BIRTH DATE (MM/DD/YYYY)	GRADE COMPLETED (as of June 2019)	HEALTH CARE NUMBER	
Parent/Guardian(s):	LAST NAME	FIRST NAME	PHONE NUMBER
Emergency Contact:	LAST NAME	FIRST NAME	PHONE NUMBER
ADDRESS			
CITY		PROVINCE	POSTAL CODE

Please provide a cell phone number if you wish to receive program updates by text message: _____

IMPORTANT MEDICAL INFORMATION

Please list allergies, medical concerns, and food restrictions. Is your child taking any medication and does it require any specific arrangements to be taken? To help us prepare for your child it is important to know if your child has any special needs. _____

TRANSPORTATION

Transportation is provided to take your child to and from the camp. Please let us know if you would like your child to be picked up and dropped off:

- Yes, please transport my child to and from camp. No, I will drive my child to and from camp.

PARENTAL/GUARDIAN CONSENT AGREEMENT AND ACKNOWLEDGEMENT

Please check ONE of the following:

- I give permission for my child to complete the questionnaire at the start and finish of the camp.
- I do not want my child to complete the questionnaire.

Please check ONE of the following:

- I give permission to use my child’s photograph on program website or in camp information.
- I do not want my child’s photograph used on program website or in camp information.

Please check ONE of the following:

- I give permission for my child to attend field trips such as, but not limited to, visits to a lake, a farm with various animals, a forested area, and/or a community walk.
- I do not want my child’s attending field trips.

RULES

The parent/guardian and the child agree:

To follow all the instructions and rules of the camp.

To respect the disciplinary actions of the camp facilitators.

DISCLAIMER

The University of Alberta, their employees, volunteers (hereafter referred to “the University”), are not responsible for any losses of any kind unless such losses was caused by the sole negligence of the University.

BY SIGNING THIS FORM, YOU GIVE UP YOUR LEGAL RIGHT TO SUE THE UNIVERSITY OF ALBERTA.

I have read and understood the content of this form and consent my child’s participation in the camp.

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date

**AFTER COMPLETING THIS FORM, PLEASE RETURN TO
ADMINISTRATION OFFICE OR CAMP PROGRAM ASSISTANT WITH
PEAVINE MÉTIS SETTLEMENT**

Participant/Parent/Guardian: The personal information requested on this form is collected under the authority of Section 33(c) of the *Alberta Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that Act. It will be used for the purpose of implementing this waiver. Direct any questions about this collection to Brent Hammer, Research Coordinator at 780.991.7500.

Note: Document must be copied to a single page back to back when used.

Signed documents must be filed with the Department/Faculty and be kept for a minimum of **five years after the child reaches the age of 18.**