



SOME OTHER SOLUTIONS
SOCIETY FOR CRISIS PREVENTION

Friendship Program Parent Consent Form

2023-2024

Dear Parent or Guardian,

Your child has been selected to participate in the Some Other Solutions' Community Outreach Team's *Friendship program* in your school. This program was developed to assist youth in developing positive friendship skills and building confidence within their peer groups. Topics that will be covered include:

- What is a Friend?
- Friendship Questions & Body language
- Friendship Blockers & Boundaries
- Friendships and Conflict
- Maintaining our Friendships
- Review

The Friendship group will meet for 30-45 minutes once a week with a Some Other Solutions' Community Outreach Worker (Mentor) over a six (6) week period. The program will be delivered on school premises or virtual platform and during business hours. The group programming is designed for students from grades one to six (1 – 6) and permits for a minimum of 6, maximum of 10 students. Your child will be grouped with other students who have similar struggles with building friendships. All staff associated with Some Other Solutions have been thoroughly trained, screened and investigated to ensure that they are deemed fit and safe to work with your child.

Should you have any questions or concerns regarding the Friendship program, your child's school or the Community Outreach Worker can provide you with additional information. If you would like your child to participate in the program, please talk to them about the program. If they are willing and comfortable with the program, please grant your permission by signing below.

Sincerely,

Community Outreach Manager

Some Other Solutions: Society for Crisis Prevention

780-743-8605 ext. 105

I, _____, am the parent or legal guardian of _____,
(Parent/Guardian Name) (Student's Name)

have read all the information regarding SOS Community Outreach Programs and agree that it will benefit my child and would like him/her to participate. I understand all rules and boundaries set before the school and Mentors.

Signature: _____ Date: _____

Media Release Policy Agreement

I, _____ hereby grant Some Other Solutions the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of the photographed images of my child for use in connection with the activities of Some Other Solutions or for promoting, publicizing or explaining the Some Other Solutions or its activities. This media release includes, without limitation, the right to publish such images in the Some Other Solutions promotional materials, such as, but not limited to marketing admissions, publications, advertisements, fund-raising materials and any other Some Other Solutions related publication. These images may appear in any of the wide variety of formats and media now available to Some Other Solutions and that may be available in the future, including but not limited to print, broadcast, video, CD-ROM, and electronic/online media.

Signature: _____ Date: _____