

**This is an example only.  
Please create a new consent form,  
based on your organization that is  
reviewed by your attorney.**

**CONSENT FORM**

Date: \_\_\_\_\_

We are requesting your consent for your student \_\_\_\_\_ to participate in the chronic disease self-management program.

By giving consent, you acknowledge that you are allowing your student to attend the program's sessions. The program aims to educate students on the benefits of a healthy diet and provide support, guidance, stress management techniques, and other tools to build a personalized program. The program is taught by a trained health educator specialist who creates a safe space for teens and families to talk without judgment.

I give my consent

I do not give my consent Reason (optional): \_\_\_\_\_

\_\_\_\_\_  
Parent of guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name