Photovoice
Parent/Guardian Consent Form for Youth Participants

**Introduction**The \_\_\_\_ Health Center Photovoice project has been organized in an effort to address how healthcare and safety intersect in the Lansing community. The goal of this project is to empower youth to become active in community change efforts in Lansing and the \_\_\_\_\_\_\_(enter fiduciary).

**What is Photovoice?**Photovoice is a process by which youth capture and record their life experiences and community through photos and stories. This project will be related to health and safety in Lansing. Photovoice will include:

1. Thinking of questions youth want to answer regarding health and safety with their camera.
2. Taking pictures that answer our questions, from your perspective.
3. Reflecting on pictures by yourself and with our photography team.
4. Writing captions for your top choices of photos.

An example of this could be a picture of what at the Health Center makes the youth feel like it’s a safe place to receive healthcare. The pictures will then be shown and discussed in an “art exhibit.” The art exhibit may be the Willow waiting room, at the Lansing Capitol, or at the main hub of the health department! The goal of this project is that they will raise awareness from the youth perspective!

**What is the youth role?**Youth will take photographs of their life that have meaning for them. They will also be involved in a group discussion to talk about their photographs and their personal meanings. They may have a chance to share their exhibit and photographs with community members and key leaders in the health department.

**How long will the project last?**The project will run for approximately 6-8 meetings and will be completed by the end of December. Each meeting will take place approximately 2 hours each. Youth will be taking pictures on their own and at one designated time during a meeting (most likely meeting number 3).

By signing this consent form, I agree to have my child participate in the Health Center Photovoice Project. I also understand and agree that unless otherwise notified in writing, the Ingham County Health Department assumes that permission is granted to use my child’s photograph(s) and accompanying narrative(s) for public exhibits, presentations, publications and/or other purposes.

Print Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_

Print Parent/ Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please contact \_\_\_\_\_\_\_\_ with any additional questions at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.