

SMART Moves Family and Caregiver Resource

SMART Moves Consent Form

How to use this template: This letter is intended to seek permission from parents, guardians and other caregivers for their children to participate in social-emotional development and health promotion programming and encourage their support of your endeavors. Edit the following text, replacing the information in parentheses with your Club's information, print it out on Club letterhead and distribute to member's caregivers. (Delete this paragraph once completed.)

Your Name: _____ Club Name: _____

Street Address: _____ City, State ZIP: _____

The _____ will soon be implementing sessions of the SMART Moves program, and we would like your permission for your child to participate. This program has three parts, described below.

- SMART Moves: Emotional Wellness – Builds the abilities of youth to identify their emotions and self-regulate when they're feeling strong emotions by using coping strategies such as meditation, deep breathing and positive self-talk.
- SMART Moves: Core – Builds the abilities of youth to communicate effectively, make healthy decisions and refuse to engage in unhealthy behaviors.
- SMART Moves Modules – The content in the various modules included will dive into knowledge, attitudes and skills that support the prevention of specific unhealthy behaviors. The modules that will be used in this program are:

Note that your child may wish to talk with you about some of the topics we'll address, including: identifying emotions, how to manage their emotions, their goals for the future, peer pressure, assertive communication, refusing unhealthy behaviors and healthy decision-making. Please let me know if you would like to review any content of the program in advance.

Please sign below where indicated, and return this letter to me by _____ to secure your child's place in this important program. Please contact me with any questions at the number below. We thank you for your time and your support.

Sincerely,

Name: _____ Phone Number: _____

Child's Name: _____ has my permission to participate in the SMART Moves program.

Signature: _____ Date: _____