



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

**Background**

The Life Skills Journey program is a community-led life skills training program that will help youth learn skills to decrease substance abuse and bullying. The program was developed by a Buffalo Lake Métis Settlement advisory committee and University of Alberta partners.

The goal of the life skills training program is to increase drug-resistance, self-management, and social skills among youth by teaching children about self esteem, communication, and respect for differences. We will also teach children how to be positive community members and kin, how to say no to peer pressure, skills to stand up to bullies, and strategies to deal with grief in a healthy way.

The program will be delivered as a day camp during the summer of 2018 for 7-10 year olds and 11-14 year olds at Buffalo Lake. We will evaluate the program with a questionnaire and discussions with child participants and 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. We would also like your child to take part in a discussion about the camp to help us understand what they learned and to make the camp better.

**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 *Life Skills Journey* summer day camp for Settlement children.

**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. They may be upset and need support. We will provide phone numbers of professionals or people in the community who can help. 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 can change your mind at any time. Your child may choose to change his or her mind 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. If you decide not to have your child complete the questionnaire or participate in the discussion, contact Alicia or Fay (see below).

### **Confidentiality**

Your child's name and identity will not be associated with their answers in the questionnaire or during discussions. We can guarantee confidentiality for the research team members. We cannot guarantee that other children in group discussions will understand confidentiality. However, we will explain how important it is to **not** share what others have said.

### **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 or within the discussions. 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 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:

#### **Alicia Hibbert**

Research Project Lead  
University of Alberta  
2-410 Enterprise Square  
10230 Jasper Avenue  
Edmonton, AB T5J 4P6  
Phone: 780-248-1194  
Email: ahibbert@ualberta.ca

#### **Fay Fletcher, PhD**

Principal Investigator  
University of Alberta  
2-410 Enterprise Square  
10230 Jasper Avenue  
Edmonton, AB T5J 4P6  
Phone: 780-492-2283  
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.**



## Life Skills Journey Summer Day Camp 2018 Registration-Consent Form for Ages 11-14 BLMS

### PARTICIPANT INFORMATION

<b>Participant (the Child):</b>	LAST NAME	FIRST NAME	
BIRTH DATE (MM/DD/YYYY)	GRADE COMPLETED (as of June 2018)	HEALTH CARE NUMBER	
<b>Participant (the Child):</b>	LAST NAME	FIRST NAME	
BIRTH DATE (MM/DD/YYYY)	GRADE COMPLETED (as of June 2018)	HEALTH CARE NUMBER	
<b>Participant (the Child):</b>	LAST NAME	FIRST NAME	
BIRTH DATE (MM/DD/YYYY)	GRADE COMPLETED (as of June 2018)	HEALTH CARE NUMBER	
<b>Participant (the Child):</b>	LAST NAME	FIRST NAME	
BIRTH DATE (MM/DD/YYYY)	GRADE COMPLETED (as of June 2018)	HEALTH CARE NUMBER	
<b>Parent/Guardian(s):</b>	LAST NAME	FIRST NAME	PHONE NUMBER
<b>Emergency Contact:</b>	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? Does this medication 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:

**BLMS FORM #**

- 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.

**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.

Signed and dated this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

\_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_

Printed Name of Parent or Guardian

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 Alicia Hibbert, Research Project Lead at 780.248.1194

**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.**

AFTER COMPLETING THIS FORM, PLEASE RETURN TO **CAMP ADMINISTRATOR** WITH  
BUFFALO LAKE MÉTIS SETTLEMENT ADMINISTRATION