

Washtenaw Alive!

Parent/Guardian Consent & Waiver for participation in safeTALK training

I _____, parent/guardian of _____, give consent for my minor child to participate in safeTALK, a suicide prevention skills training.

safeTALK is a training that lasts about three hours and at the end of this time your teen will be prepared to help people with thoughts of suicide get connected to helpers who can provide first aid interventions.

Suicide alert helpers are part of a suicide-safer community.

This training will take place on **Monday, March 14th**, from **4:00 to 7:00 p.m.** and will take place at **Washtenaw County Children's Services Building** (the Juvenile Detention Center) at 4125 Washtenaw Ave., Ann Arbor, MI, 48108.

After this training your teen will also have the opportunity to join a youth advisory committee for the Washtenaw County Suicide Prevention Plan.

If I need to reach my child or the staff trainers during the training I can contact Karyn Boyce from Ozone House at (734) 846-0700.

Parent/Guardian Signature

Date

Phone number where I can be reached