***Annex B – Consent Forms***

**Kasama sa Kalusugan**

**Informed Consent Form for Participants**

I fully understand that…

I am invited to attend and participate in an activity entitled **“Kasama sa Kalusugan: Youth Health Influencers Workshop”**. This workshop will be conducted on [date, time] at [venue/location]. This activity will:

* Introduce the concept a Youth Health Influencer
* Equip the participants with the necessary skills to become effective Youth Health Influencers
* Introduce trusted and appropriate health resources and platforms.

All staff, volunteers and participants will follow the Child Safeguarding Protocol, a policy created by the DOH and CPD (formerly POPCOM), to ensure my safety from any form of violence and abuse.

If I experience any form of violence and abuse during the workshop activities, I will immediately report it to [name of child safeguarding coordinator/focal person of organization/agency], staff of [partner organization/agency]**.** I will also inform my parent/guardian.

**I understand that I am free to leave this activity at any time, especially if I feel unsafe.**

If I have any questions or concerns related to the activity, I will talk to [name of child safeguarding coordinator/focal person identified], of [implementing organization]at [contact number].

|  |
| --- |
| ***For participants below 18yo (no need to fill up if you are 18yo and above)***  I understand that to participate, I need the consent of my parent or guardian.  My [mother/father/guardian],(name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has given their consent.  I will tell my [parent/guardian] if i have any concerns before, during or after the workshop. |

***Photo & Recording Consent and Release***

By signing this form, I hereby grant to (name of implementing organization) the right to create, reproduce, display, and disseminate worldwide and in perpetuity, in any traditional or electronic media format including the Internet, such photographs, video, and voice recordings, and other images of my likeness taken at this event. Any photographs, videotapes, and voice recordings will be owned by (implementing organization).

Further, I grant (implementing organization) unconditional rights to use these images and voice recordings in whole or in part and to make them available for non-profit educational, editorial, or other non-commercial use, without requiring (implementing organization) to notify me, seek my permission or owe me any form of compensation. I also give (implementing organization) permission to use my name in captions or text that accompanies my image.

I understand that these images and voice recordings will be used in an appropriate and respectful manner. I confirm that these images and voice recordings were taken with my knowledge and consent.

I would like to participate in the activity called **“Kasama sa Kalusugan: Youth Health Influencers Workshop”** which will happen at [venue] on [date & time]. I agree to be on time and to engage fully.

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Kasama sa Kalusugan**

**Informed Consent Form for Parents/Guardians  
of Participants below 18 years old**

I fully understand that…

My child, [name of child participating] is invited to participate in the **“Kasama sa Kalusugan: Youth Health Influencers Workshop”**. This workshop will be conducted on [date, time] at [venue/location]. This activity will:

* Introduce the concept a Youth Health Influencer
* Equip the participants with the necessary skills to become effective Youth Health Influencers
* Introduce trusted and appropriate health resources and platforms.

All staff, volunteers and participants will follow the Child Safeguarding Protocol, a policy created by DOH and CPD (formally POPCOM) to ensure your child’s safety from any form of violence and abuse. If he/she/they experiences any form of violence and abuse during the workshop activities, he/she/they can immediately report to [name of child safeguarding coordinator/focal person of organization/agency], staff of [partner organization/agency]and to me.

If my child or I have any questions or concerns related to the activity, we can call [name of child safeguarding coordinator/focal person identified], of [implementing organization]at [contact number].

**I understand that my child is free to leave this activity at any time, especially if he/she/they feels unsafe.**

I am allowing my child, (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to attend and participate in the **“Kasama sa Kalusugan: Youth Health Influencers Workshop”** by [implementing organization] on [date & time].

***Photo & Recording Consent and Release***

By signing this form, I hereby grant to (name of implementing organization) the right to create, reproduce, display, and disseminate worldwide and in perpetuity, in any traditional or electronic media format including the Internet, any photographs, video, and voice recordings, and other images of my child’s likeness that are taken at the event. Any photographs, videotapes, and voice recordings will be owned by (implementing organization).

Further, I grant (implementing organization) unconditional rights to use these images and voice in whole or in part and to make them available for non-profit educational, editorial, or other non-commercial use, without requiring (implementing organization) to notify me, seek my permission or owe me any form of compensation. I also give (implementing organization) permission to use my child’s name in captions or text that accompanies the image.

I understand that these images and voice recordings will be used in an appropriate and respectful manner. I confirm that these images and voice recordings of my child will be taken with my knowledge and consent.

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Child’s Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_