

**GIRLS INCORPORATED OF OMAHA**  
**MEMBERSHIP REGISTRATION FORM**  
*Membership fees are not refundable.*

Today's Date: \_\_\_\_\_

KATHERINE FLETCHER CENTER \_\_\_\_\_ EMMA LOZIER CENTER \_\_\_\_\_

**MEMBER INFORMATION:**

Girl's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Special medical conditions, illness, diseases, or allergies:

☐

Yes

☐

No

If yes, please explain (include list of medications currently being taken and/or taken on a regular basis, and whether an inhaler is used):

\_\_\_\_\_  
\_\_\_\_\_

**PARENT / GUARDIAN INFORMATION:**

**I am:** ☐ Her Mother ☐ Her Foster Parent  
☐ Her Father ☐ Her: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

My Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Total Number Living in Household: \_\_\_\_\_

Cell/Home Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date: \_\_\_\_\_

**2nd Parent/Guardian Information:**

This person is her: ☐ Her Mother ☐ Her Foster Parent  
☐ Her Father ☐ Her: \_\_\_\_\_

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**IN CASE OF EMERGENCY\*:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

\* Use the back of this sheet to list additional individuals for Emergency Contacts.

**THESE PEOPLE HAVE PERMISSION TO PICK UP MY DAUGHTER\* (MUST BE 18 OR OLDER):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

\* At least two non-parental individuals are required for Pick-Up. Use the back of this sheet to list additional individuals for Pick-Up or Emergency Contact.

**FOR OFFICE USE ONLY:**

Staff - App Review 1	Age Group	Transport?	Evaluation?	Medical Treatment	Asthma?	Media?	General Field Trip?	Sex Ed?	Names on Back?
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# GIRLS INCORPORATED OF OMAHA MEMBERSHIP REGISTRATION FORM

## IN CASE OF EMERGENCY:

Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____

## THESE PEOPLE HAVE PERMISSION TO PICK UP MY DAUGHTER (MUST BE 18 OR OLDER):

Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____

## FOR OFFICE USE ONLY:

	A	D	I		A	D	I
<input type="checkbox"/> <b>Paid In Full</b>	_____	_____	_____	<input type="checkbox"/> <b>Payment Plan</b>	_____	_____	_____
<input type="checkbox"/> <b>Scholarship</b>	_____	_____	_____		_____	_____	_____
<input type="checkbox"/> <b>Title XX</b>	_____	_____	_____		_____	_____	_____
<input type="checkbox"/> <b>Other</b>	_____	_____	_____		_____	_____	_____

**GIRLS INCORPORATED OF OMAHA**  
**MEMBERSHIP REGISTRATION FORM**

**PARENT / GUARDIAN PERMISSION FOR COPIES OF SCHOOL RECORDS\***

_____ <i>Name of Girl</i>	_____ <i>Date of Birth</i>	_____ <i>Age</i>
_____ <i>Name of School</i>	_____ <i>Grade</i>	

**A. PERMANENT STUDENT RECORDS**

When Girls Inc. has access to grades and other school information, we are better able to help your daughter succeed in school. We may also be able to help her access special opportunities or scholarships.

- ☐ Yes, I \_\_\_\_\_ consent to Girls Inc. using my child's official permanent records  
*Parent/Guardian Signature* (parent's name, student's name, birthdates, grade level, academic  
or level of achievement, test scores – standardized achievement and  
aptitude tests, attendance data, etc.).
- ☐ No, I \_\_\_\_\_ do not consent to Girls Inc. using my child's official permanent  
*Parent/Guardian Signature* records.

**B. IMMUNIZATION RECORDS CONSENT**

**\*\* Consent to obtain immunization records is required for Girls Inc. membership. \*\***

- ☐ Yes, \_\_\_\_\_ give my consent for Girls Inc. to obtain my child's immunization  
*Parent/Guardian Signature* records from her school.  
or
- ☐ No, I \_\_\_\_\_ do not give my consent for Girls Inc. to obtain my child's  
*Parent/Guardian Signature* immunization records from her school. Instead, I will provide a copy  
for Girls Inc.'s files.

\_\_\_\_\_  
*Date Records Provided to Girls Inc. / Staff Initials*

\* The information on this page will be shared with your child's school.

**GIRLS INCORPORATED OF OMAHA**  
**MEMBERSHIP REGISTRATION FORM**

**PLEASE CHECK ALL BOXES THAT APPLY:**

- My child: ☐ Wears contact lenses  
☐ Is colorblind  
☐ **Knows how to swim in the deep end**

*The following information is confidential and used only for statistical purposes:*

- Race: ☐ American Indian/Native American  
☐ Black/African American  
☐ Hispanic/Latino  
☐ White/European Descent  
☐ African  
☐ Multiracial  
☐ Other: \_\_\_\_\_

NATIONALITY (Where were you born) \_\_\_\_\_

- My child lives with: ☐ 2 Parents  
☐ Mother Only  
☐ Father Only  
☐ Foster Parent  
☐ 1 Parent at a Time (Joint Custody)  
☐ Other: \_\_\_\_\_

- Income: ☐ Under \$10,000    ☐ \$20,000 - \$25,000    ☐ \$35,000 - \$40,000    ☐ \$50,000 - \$60,000  
☐ \$10,000 - \$15,000    ☐ \$25,000 - \$30,000    ☐ \$40,000 - \$50,000    ☐ Over \$60,000  
☐ \$15,000 - \$20,000    ☐ \$30,000 - \$35,000

Please indicate if your child receives Free, Reduced, or Paid Lunch at school. \_\_\_\_\_

Does parent/guardian live in public housing or receive Section 8 benefits: ☐ No    ☐ Yes

Number of people in household: \_\_\_\_\_

Do you have an immediate family member serving in the military: ☐ No    ☐ Yes, Relationship: \_\_\_\_\_

If yes, initial service date: \_\_\_\_\_

Main Language Spoken At Home: ☐ English    ☐ Spanish    ☐ Other \_\_\_\_\_

**DIVERSITY**

Girls Inc. of Omaha has (and celebrates!) a very diverse group of members. If there any cultural or religious beliefs that may impact your daughter's diet, activity participation or choices at Girls Inc., please let us know so we can provide alternates (or let you know if we are unable to do so):

\_\_\_\_\_

**GIRLS INCORPORATED OF OMAHA**  
**MEMBERSHIP REGISTRATION FORM**

**EMERGENCY/MEDICAL TREATMENT**

Girls Inc. does not have licensed medical professionals on staff.

I, \_\_\_\_\_ (Parent/Guardian) have determined that Girls Inc. staff is competent to give or apply medication to my child(ren) \_\_\_\_\_. I understand that Director of Operations or the Center Director have the responsibility to assess the ability of staff to give or apply medications safely and may give or apply medication to my child(ren).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A. GENERAL**

In the event emergency medical aid or treatment is required for my child due to illness or injury during Girls Inc. activities, I authorize Girls Inc. to:

1. Secure and retain medical treatment and transportation if needed
2. Release my child's records upon request to the authorized individual or agency involved in the medical emergency treatment
3. Implement emergency response to life-threatening asthma or systemic allergic reactions as described in section B.

This authorization includes, but is not limited to, x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician.

☐ Yes, I \_\_\_\_\_ give my consent for emergency medical aid as described above.  
*Parent/Guardian Signature*

Primary Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

**B. TREATMENT OF SYSTEMIC ALLERGIC REACTION OR ASTHMA**

☐ Yes, this girl is at risk of an asthma attack. Parents are required to annually submit a copy of the Asthma Action Plan submitted to her school. This plan must be submitted within 30 days of her enrollment/re-enrollment. Talk to the Director of Operations or the Center Director if you have questions or need more information.

☐ Yes, this girl is at risk for an allergic reaction such as: *(mark any reactions she has had in the past)*

- |                                   |                                    |                                     |
|-----------------------------------|------------------------------------|-------------------------------------|
| <input type="radio"/> Hives       | <input type="radio"/> Swelling     | <input type="radio"/> Asthma attack |
| <input type="radio"/> Anaphylaxis | <input type="radio"/> Other: _____ |                                     |

She has a history of an allergic reaction to  
Foods: *(mark any that apply)*

- |                              |                            |                                    |                           |                             |
|------------------------------|----------------------------|------------------------------------|---------------------------|-----------------------------|
| <input type="radio"/> Peanut | <input type="radio"/> Nut  | <input type="radio"/> Egg          | <input type="radio"/> Soy | <input type="radio"/> Wheat |
| <input type="radio"/> Fruits | <input type="radio"/> Milk | <input type="radio"/> Other: _____ |                           |                             |

And/Or: *(mark any that apply)*

- |                               |                                     |                                |                                    |
|-------------------------------|-------------------------------------|--------------------------------|------------------------------------|
| <input type="radio"/> Animals | <input type="radio"/> Insect stings | <input type="radio"/> Outdoors | <input type="radio"/> Other: _____ |
|-------------------------------|-------------------------------------|--------------------------------|------------------------------------|

**GIRLS INCORPORATED OF OMAHA**  
**MEMBERSHIP REGISTRATION FORM**

**DINNER**

During the school year, once dinner begins we will not page girls to the front desk until dinner is over. You may choose to place your daughter on the **No Dinner** list in which case she may be picked up any time after the power hour of programming.

- ☐ I \_\_\_\_\_ want my daughter to eat dinner regularly. I will call if there is an exception.  
or  
☐ I \_\_\_\_\_ want my daughter on the no dinner list.  
*Parent/Guardian Signature*

**PARENT / GUARDIAN CONSENT**

**A. RELEASE & AGREEMENT**

My child is joining Girls Inc. with my consent. I hereby release Girls Inc., its Board of Directors, agents, contractors, and employees from any and all claims, causes of action, liability, suits, or demands for compensation for injuries or property damage resulting from a) my child taking part in and/or assisting with any Girls Inc. activities, or b) designated Girls Inc. personnel administering emergency medical treatment as authorized in Section A and B above.

- ☐ Yes, I \_\_\_\_\_ have read and understand the Release & Agreement information.  
*Parent/Guardian Signature*

**B. TRANSPORTATION CONSENT**

Girls Inc. provides transportation from area schools to the Center &/or for field trips. After school pick-ups are provided via a partnership between Girls Inc. and NorthStar. Transportation may be staffed by adults from either organization and may be co-ed.

- ☐ Yes, I \_\_\_\_\_ consent to my child riding on Girls Inc. &/or NorthStar transportation.  
*Parent/Guardian Signature*
- ☐ Yes, I \_\_\_\_\_ understand that my child must have her ID badge to board transportation.  
*Parent/Guardian Signature*

**C. EVALUATION CONSENT**

I give permission for my daughter to participate in evaluation activities at Girls Inc. These activities may include taking surveys, testing for skill development and/or knowledge, discussion groups, recorded observations of classroom participation, and other formal and informal activities designed to evaluate the effectiveness of the Girls Inc. experience.

- ☐ Yes, I \_\_\_\_\_ consent to my child participating in evaluation activities.  
or  
☐ No, I \_\_\_\_\_ do not consent to my child participating in evaluation activities.  
*Parent/Guardian Signature*

**GIRLS INCORPORATED OF OMAHA**  
**MEMBERSHIP REGISTRATION FORM**

**Member's Name:** \_\_\_\_\_

**D. MEDIA / NAME CONSENT**

- ☐ Yes, I \_\_\_\_\_ consent to Girls Inc. utilizing photographs/video of my child and/or  
or *Parent/Guardian Signature* her name in promotional materials (website, articles in The Omaha  
STAR, Omaha World-Herald, on Facebook, on YouTube, etc....).
- ☐ No, I \_\_\_\_\_ do not consent to Girls Inc. utilizing photographs/video of my child  
*Parent/Guardian Signature* and/or her name in promotional materials.

**E. PARTICIPATION IN GIRLS INC. PROGRAMS CONSENT**

I understand that in order to preserve the programming hour during the school year, Girls Inc. will not regularly page girls to the front desk for pick up during the power hour of programming. I will make prior arrangements by telephone or written note in order to pick her up during the program hour.

- ☐ Yes, I \_\_\_\_\_ have read and understand the Participation in Girls Inc. Programs  
*Parent/Guardian Signature* information in the Membership Handbook.

**F. PARTICIPATION IN FIELD TRIPS CONSENT**

From time to time, Girls Inc. receives last minute tickets or admissions to local museums or events and we would like to take every advantage of these great opportunities. If you sign below, you give permission for your daughter to attend these field trips without a specific permission slip and on a given day if your daughter should not attend an unscheduled field trip due to a doctor's appointment or other conflict, it will be your responsibility to call us and let us know.

- ☐ Yes, I \_\_\_\_\_ give my consent for my daughter to participate in last minute field  
or *Parent/Guardian Signature* trips and activities.
- ☐ No, I \_\_\_\_\_ do not give my consent for my daughter to participate in last minute  
*Parent/Guardian Signature* field trips and activities.

**G. RULES & REGULATIONS FOR MEMBERS**

- ☐ Yes, I \_\_\_\_\_ agree that Girls Inc.'s rules for members are important. I will review  
*Parent/Guardian Signature* the Membership Handbook's basic rules for the Center,  
Transportation, the Computer Labs, and the Science Lab with my  
daughter.

**GIRLS INCORPORATED OF OMAHA**  
**MEMBERSHIP REGISTRATION FORM**

**H. PARTICIPATION IN REPRODUCTIVE HEALTH PROGRAMS CONSENT**

I want my daughter to have access to medically accurate information about reproductive health and sexuality. I give permission for her to participate in age-appropriate health programs at Girls Inc. delivered by trained professionals on the Girls Inc. staff as well as from community partners such as UNMC, Planned Parenthood, Nebraska AIDs Project, and Douglas County Health.

☐ Yes: \_\_\_\_\_  
*Parent/Guardian Signature*

☐ No: \_\_\_\_\_  
*Parent/Guardian Initial*

I want to be invited to parent/daughter programs about reproductive health and sexuality.

☐ Yes: \_\_\_\_\_  
*Parent/Guardian Signature*

☐ No: \_\_\_\_\_  
*Parent/Guardian Initial*

I want my daughter to have access to **local health clinics for reproductive health services** (which may include STD testing, prescriptions for contraception, preventative health checkups and PAP smears). I give permission for Girls Inc. staff to transport my daughter to local clinics (Charles Drew, One World, or Planned Parenthood). I understand that Girls Inc. will not inform me if my daughter chooses to request Girls Inc. transportation to a local clinic.

☐ Yes: \_\_\_\_\_  
*Parent/Guardian Signature*

☐ No: \_\_\_\_\_  
*Parent/Guardian Initial*

If my daughter chooses to be sexually active despite my counsel (and that of Girls Inc.) to delay sexual activity, I want my daughter to have **access to contraception** at Girls Inc. I give Girls Inc. staff permission to distribute condoms to my daughter. I understand that Girls Inc. will not inform me if my daughter chooses to request condoms at Girls Inc.

☐ Yes: \_\_\_\_\_  
*Parent/Guardian Signature*

☐ No: \_\_\_\_\_  
*Parent/Guardian Initial*

I understand that I can change my response to any or all of the above items by submitting my request in writing to Girls Inc. staff with a current date and my signature.

My Daughter's Name: \_\_\_\_\_

My Name: \_\_\_\_\_

My Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**GIRLS INCORPORATED OF OMAHA  
MEMBERSHIP REGISTRATION FORM**

**WEATHER / EMERGENCY CANCELLATION PROCEDURE**

*The information on this page will be shared with your child's school.*

_____ <i>Name of Girl</i>	_____ <i>Date of Birth</i>	_____ <i>Age</i>
_____ <i>Name of School</i>	_____ <i>Grade</i>	

In cases of extreme weather conditions or other emergencies, Girls Inc. may deem it necessary to close early or not provide transportation to or from our sites. Girls Inc. follows the Omaha Public School guidelines; if OPS is closed due to extreme weather, Girls Inc. will be closed.

If Girls Inc. deems it necessary to close after the school day has begun, Girls Inc. will call the schools to inform the girls. **Be sure your girl(s) know what to do in this situation.**

**IMPORTANT: This information is required.**

**Please be specific and list more than one option:**

If Girls Inc. calls the school to inform my girl(s) that Girls Inc. is closed, my girl(s) knows she should:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian  
Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Parent/Guardian  
Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Other Emergency Contacts:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

There may be other times when Girls Inc. must close even though schools are open. These situations may include but are not limited to: a burst pipe, no heat, no electricity in the building, etc. In this event, the weather/emergency protocol listed above will be in effect.

**United Way of the Midlands - Girls, Inc.**  
Consent to Release Student Records  
Omaha Public Schools

**2019-2020**

The Omaha Public Schools (OPS) seeks to support students and families and to remove barriers to success in school. OPS works with Omaha area community organizations to provide district identified needs and student and family support programs. Organizations working with OPS are required to monitor and report student progress toward program goals.

Program staff views student information stored by the United Way of the Midlands and by OPS. End of year data is provided and the program uses the information to monitor and evaluate their services. OPS must approve any research to study the impact of participation in this community program using the student information.

The consent of a parent or a legal guardian of the student is required for OPS to release the requested student information from your child's education records. Eligible students age 18 or older may consent to the release of their own student records.

**By signing this form, I give consent to the Omaha Public Schools to release all of the student information in the categories/examples listed below. I give consent to the Omaha Public Schools to release any additional student information approved by OPS in the future to the program and the United Way of the Midlands. (Signature and date required below).**

**Student Demographic Information**

District, State ID Numbers  
Student Name, Date of Birth, Addresses  
Gender, Race, Ethnicity  
Home/Correspondence Language, ELL, LEP  
Enrollment, School, Grade

**Attendance**

Absences, Dates, Reasons

**Schedule / Grades / GPA**

Class Schedule, Grades, GPAs  
Transcripts/Credits

**Parent / Guardian Demographic Information**

Name, Relationship to Student, Address, Telephone Numbers

**District, State, and National Test Scores**

Not to include scores for internal OPS use only

**Emergency Contact Information**

Name, Relationship to Student, Telephone Numbers

**School and Program Staff Communication**

Eligibility of student to participate  
Progress toward program goals

This Consent to Release Student Records expires upon any of the following events, whichever comes first:

- When my child no longer participates in the program, or (agency to inform OPS-SIS)
- When my child transfers from OPS, enrolls from an elementary school to a middle school, or
- When OPS releases end of year data after one of the preceding events, or
- When a parent/guardian requests OPS Student Information Services to revoke the consent.

Student Last Name (legal):	Student Number:
Student First Name (legal):	School: Grade:
Student Middle Name (full):	Program: <b>Girls, Inc.</b>
Home Address:	Birth Date: mm / dd / yy
City: Zip:	Gender: M / F
Are you the legal guardian of this student? Do we have the documents of guardianship in our files? Yes / No If No, do not sign. The records will not be released without the signature of the parents/guardians of record in OPS. If you need to establish legal guardianship, contact the student's school.	
Parent Last Name (legal):	Relationship to Student:
Parent First Name (legal):	Home Phone:
Parent Middle Name (full):	Cell Phone:
Parent/Guardian Signature:	Date: mm / dd / yy

**2019 - 2020**

Office Use Only

☐ Verified

☐ Flags

☐ Initials

**STRONG, SMART & BOLD OUTCOMES SURVEY CONSENT FORM**  
**Youth, ages 9-12**



As part of a larger initiative, Girls Inc. of Click here to enter text. is taking part in the **Strong, Smart & Bold Outcomes Survey**. The survey will take place in Girls Inc. organizations across the United States and Canada, and asks girls questions about topics such as nutrition and physical activity, school engagement and grades, leadership and relationship skills, risky behaviors like alcohol, tobacco, and drug use, and her experience at Girls Inc.

The survey takes 20-30 minutes to complete.

The survey has been designed to be taken on-line, and will cause little or no risk to your daughter. The only potential risk is that some girls may find certain questions sensitive, like questions about cigarettes, alcohol or drugs. Girls will not put their names on the survey, and no one at Girls Inc. of Omaha will see girls' individual answers. A code will be used instead of girls' names. Your daughter's survey answers will be added to those from other girls' surveys so that we can better understand what Girls Inc. is like for her and for other girls across the U.S. and Canada. Further, no individual girl or organization will ever be mentioned by name in a report of the results. All information from the survey is being used to assess the wellbeing of Girls Inc. members and will be kept completely confidential. Girls Inc. and its evaluators, the Department of Health and Human Services, and Advarra IRB may have access to the survey data, but never in a way that can identify your daughter.

Your daughter will get no direct benefit right away from taking part in the survey. The results of the survey will help your daughter and other Girls Inc. girls in the future by assisting the national Girls Inc. organization to develop programming and activities that best meet girls' needs.

We would like all selected girls to take part in the survey, but the survey is completely voluntary, and no one is required to participate. Girls may answer some, none, or all of the questions. Girls may also stop taking the survey at any point. There will be no loss of benefits to you or your daughter if you/she decide not to take part or to stop taking the survey.

Your daughter will not be paid for taking part in the survey, and there is no cost to you.

For more information, you may contact Emily Mwaja at 402 467 4676

If you would like to see the survey, a review copy is available at \_\_\_\_

Please complete the section below and return it by Click here to enter a date.

If you have additional questions or concerns about the survey, please contact Dr. Cristin Rollins, National Director of Research & Evaluation at Girls Inc., at [crollins@girlsinc.org](mailto:crollins@girlsinc.org) or [317] 634-7546 X130.

This study has been reviewed by an Institutional Review Board (IRB) to help ensure that your or your daughter's rights and welfare are protected and that this study is carried out in an ethical manner. For questions about your or your daughter's rights as a research subject, contact Advarra IRB at [adviser@advarra.com](mailto:adviser@advarra.com) or [877] 992-4724 (toll free).

Girl's Name: \_\_\_\_\_ Girl's Age: \_\_\_\_\_

I have read this form and know what the survey is about.

PLEASE CHECK ONE OF THE BELOW:

- ☐ Yes, my daughter may participate in the survey.  
☐ No, my daughter may NOT participate in the survey.

Parent/Guardian name: \_\_\_\_\_ Parent/Guardian signature: \_\_\_\_\_  
PRINT SIGN

Date: \_\_\_\_\_

## STRONG, SMART & BOLD OUTCOMES SURVEY CONSENT FORM

### Teen, ages 13-18



As part of a larger initiative, Girls Inc. of Omaha is taking part in the **Strong, Smart & Bold Outcomes Survey**. The survey will take place in Girls Inc. organizations across the United States and Canada and asks girls questions about topics such as nutrition, mental and physical health, school engagement and grades, leadership and relationship skills, risky behaviors like alcohol, tobacco, and drug use, sexual activity, and her experience at Girls Inc.

The survey takes 35-40 minutes to complete.

The survey has been designed to be taken on-line, and will cause little or no risk to your daughter. The only potential risk is that some girls may find certain questions sensitive, like questions about alcohol, drugs or sexual behaviors. Girls will not put their names on the survey, and no one at Girls Inc. of Omaha will see girls' individual answers. A code will be used instead of girls' names. Your daughter's survey answers will be added to those from other girls' surveys so that we can better understand what Girls Inc. is like for her and for other girls across the U.S. and Canada. Further, no individual girl or organization will ever be mentioned by name in a report of the results. All information from the survey is being used to assess the wellbeing of Girls Inc. members and will be kept completely confidential. Girls Inc. and its evaluators, the Department of Health and Human Services, and Advarra IRB may have access to the survey data, but never in a way that can identify your daughter.

Your daughter will get no direct benefit right away from taking part in the survey. The results of the survey will help you or your daughter and other Girls Inc. girls in the future by assisting the national Girls Inc. organization to develop programming and activities that best meet girls' needs.

We would like all selected girls to take part in the survey, but the survey is completely voluntary, and no one is required to participate. Girls may answer some, none, or all of the questions. Girls may also stop taking the survey at any point. There will be no loss of benefits to you or your daughter if you/she decide not to take part or to stop taking the survey.

There is no payment or cost for taking part in the survey.

For more information, you may contact Emily Mwaja at 402 457 4676

If you would like to see the survey, a review copy is available at

Please complete the section below and return it by [Click here to enter a date](#).

If you have additional questions or concerns about the survey, please contact Dr. Cristin Rollins, National Director of Research & Evaluation at Girls Inc., at [crollins@girlsinc.org](mailto:crollins@girlsinc.org) or [317] 634-7546 X130.

This study has been reviewed by an Institutional Review Board (IRB) to help ensure that your or your daughter's rights and welfare are protected and that this study is carried out in an ethical manner. For questions about your or your daughter's rights as a research subject, contact Advarra IRB at [adviser@advarra.com](mailto:adviser@advarra.com) or [877] 992-4724 (toll free).

Girl's Name: \_\_\_\_\_ Girl's Age: \_\_\_\_\_

SIGN if age 18: \_\_\_\_\_ Date: \_\_\_\_\_

I have read this form and know what the survey is about.

PLEASE CHECK ONE OF THE BELOW:

- ☐ Yes, my daughter may participate in the survey.  
☐ No, my daughter may NOT participate in the survey.

Parent/Guardian name: \_\_\_\_\_ Parent/Guardian signature: \_\_\_\_\_  
PRINT SIGN

Date: \_\_\_\_\_