

Jordan-Matthews High School

910 E. Cardinal Street

Siler City, NC 27344

(919) 742-2916

Chatham County Public Health Department

Health Promotion and Policy Division

80 East Street Pittsboro, NC 27312

Phone: 919-545-8445 • FAX: 919-542-5521•

September 14th, 2021

Dear Parents or Guardians,

Your student has shown interest in the Peer Education Program of Siler City (PEPSC) at Jordan- Matthews High School with the Chatham County Public Health Department. The overall purpose of the program is for members to build their health promotion and advocacy leadership skills. This program provides adolescents with accurate information and resources on a variety of adolescent health concerns. Topics can include mental health; substance use, including tobacco, alcohol, and drugs; sexual and reproductive health; and diversity and inclusion for all students. It is also our goal to increase students’ self-confidence and encourage family communication while offering a rewarding learning experience.

Research indicates that adolescents receive most of their information from their peers. Much of the information shared is inaccurate and can contribute to unhealthy behaviors, inadequate health care and decreased academic success, emotional health, and physical health. Research has also shown that peer education programs can increase communication between families and their children. Adolescents who confide in or talk freely with their parents about important health topics tend to practice healthy behaviors, such as delaying sexual intercourse or abstaining from tobacco use.

Through the program, coordinated by the Chatham County Public Health Department and Jordan-Matthews High School, students are trained to work with their peers as well as advocate for health in their school and communities. This program is set up with weekly after school meetings on Tuesdays from 3:30-4:30 pm and occasional weekend or evening trainings. Meetings will include training, discussion, and engagement activities to build skills and knowledge about important health topics. Activities may also involve presenting to peers in the classroom, being available as information and referral sources to fellow students on an informal basis or becoming involved in school and community events.

Students will be supervised during meetings by Youth Health Initiatives Lead, Ms. Anna Stormzand, from the Chatham County Public Health Department. She will handle trainings, group meetings and potential field trips. Along with this letter is two separate forms, travel and medical and a media release, that also need to be signed by the parents or guardians. **For your student to participate, please fill out and sign the following forms and have your child return all documents to Ms. Stormzand.**

Parents should contact Ms. Anna Stormzand by phone (919-545-8445) or e-mail (anna.stormzand@chathamnc.org) with any questions on the Peer Education Program.

Sincerely,

Ms. Anna Stormzand, MPH, CHES, NCTTP

CHATHAM COUNTY PUBLIC HEALTH DEPARTMENT

www.chathamnc.org/publichealth

**Please fill in the lines below:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Print Parent/Guardian Name*)

give my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Print Child’s Name)* permission to

participate in the Jordan-Matthew’s Peer Education Program.

**The best phone number to contact me *(Parent/Guardian)* at is**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

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

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**Chatham County Public Health Department**

**Peer Education Program**

**Travel and Medical Permission Form**

**Travel:**

I, (*Print Parent/Guardian Name*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give my child,

*(Print Child’s Name)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to ride in a vehicle or personal car operated by Chatham County Public Health Department with a Chatham County Public Health Department employee to and from meetings, field trips, and other organized events.

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

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

**Medical:**

I agree that the Chatham County Public Health Department may authorize the physician of their choice to provide emergency care in the event that neither my family physician nor I can be contacted immediately. I assume full financial responsibility for any medical costs that may be incurred as a result of any accident or injury sustained during participation. Neither the Chatham County Public Health Department nor Jordan-Matthews High School will assume financial responsibility for medical costs.

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

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

**Thank you,**

**Anna Stormzand, MPH, CHES, NCTTP**

**Health Promotion Coordinator**

**Health Promotion and Policy Division**

**Chatham County Public Health Department**