**MEMBER INFORMATION:**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Girl's Name</td>
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<tr>
<td>Home Phone</td>
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<tr>
<td>Age</td>
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<td>Birthdate: Month</td>
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<td>Day</td>
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<td>Year</td>
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<td>Home Address</td>
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<td>School</td>
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<tr>
<td>Grade</td>
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<tr>
<td>Special medical conditions, illness, diseases, or allergies:</td>
<td>If yes, please explain (include list of medications currently being taken and/or taken on a regular basis, and whether an inhaler is used):</td>
</tr>
<tr>
<td>Yes</td>
<td></td>
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<tr>
<td>No</td>
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<tr>
<td><strong>PARENT / GUARDIAN INFORMATION:</strong></td>
<td></td>
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<tr>
<td>I am</td>
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<tr>
<td>Her Mother</td>
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<tr>
<td>Her Foster Parent</td>
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<td>Her Father</td>
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<td>Her:</td>
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<tr>
<td>Place of Employment</td>
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<tr>
<td>My Name</td>
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<tr>
<td>Work Phone</td>
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<td>Ext</td>
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<tr>
<td>Total Number Living in Household</td>
<td></td>
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<tr>
<td>Cell/Home Phone</td>
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<tr>
<td>Signature</td>
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<tr>
<td>E-Mail Address</td>
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<td>Date</td>
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<tr>
<td><strong>2nd Parent/Guardian Information:</strong></td>
<td></td>
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<tr>
<td>This person is her</td>
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<tr>
<td>Her Mother</td>
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<td>Her Foster Parent</td>
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<td>Name</td>
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<td>Work Phone</td>
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<td><strong>IN CASE OF EMERGENCY</strong>*:</td>
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<tr>
<td>Name</td>
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<td>Phone</td>
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<td>Relationship</td>
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<tr>
<td>* Use the back of this sheet to list additional individuals for Emergency Contacts.</td>
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<tr>
<td><strong>THESE PEOPLE HAVE PERMISSION TO PICK UP MY DAUGHTER</strong>* (MUST BE 18 OR OLDER):</td>
<td></td>
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<td>Name</td>
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<td>Relationship</td>
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<td>* 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.</td>
<td></td>
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<tr>
<td><strong>FOR OFFICE USE ONLY:</strong></td>
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<tr>
<td>Staff - App Review 1</td>
<td></td>
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<tr>
<td>Age Group</td>
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<td>Transport?</td>
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<td>Evaluation?</td>
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<td>Medical Treatment</td>
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<td>Asthma?</td>
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<td>Media?</td>
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<td>General Field Trip?</td>
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<td>Sex Ed?</td>
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<tr>
<td>Names on Back?</td>
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IN CASE OF EMERGENCY:

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<th>Name</th>
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<tbody>
<tr>
<td>Paid In Full</td>
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<td>Payment Plan</td>
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<td>Other</td>
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Girls Incorporated of Omaha
Membership Registration Form

Parent/Guardian Permission for Copies of School Records* 

Name of Girl ____________________________ Date of Birth ______ Age ______

Name of School ____________________________ Grade ______

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 ____________________________ Parent/Guardian Signature
or

☐ No, I ____________________________ Parent/Guardian Signature

B. Immunization Records Consent
** Consent to obtain immunization records is required for Girls Inc. membership. **

☐ Yes, ____________________________ Parent/Guardian Signature
give my consent for Girls Inc. to obtain my child’s immunization records from her school.

☐ No, I ____________________________ Parent/Guardian Signature
do not give my consent for Girls Inc. to obtain my child’s 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.
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
         ○ $10,000 - $15,000
         ○ $15,000 - $20,000
         ○ $20,000 - $25,000
         ○ $25,000 - $30,000
         ○ $30,000 - $35,000
         ○ $35,000 - $40,000
         ○ $40,000 - $50,000
         ○ Over $50,000

Please indicate if your child receives Free, Reduced, of 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):
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.

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)

☐ Hives  ☐ Swelling  ☐ Asthma attack
☐ Anaphylaxis  ☐ Other: ___________________________

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

☐ Peanut  ☐ Nut  ☐ Egg  ☐ Soy  ☐ Wheat
☐ Fruits  ☐ Milk  ☐ Other: ___________________________

And/Or: (mark any that apply)

☐ Animals  ☐ Insect stings  ☐ Outdoors  ☐ Other: ___________________________
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.

☐ I ______________ want my daughter on the no dinner list.

Parent/Guardian Signature

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.

☐ Yes, I ______________ understand that my child must have her ID badge to board transportation.

Parent/Guardian Signature

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.

☐ No, I ______________ do not consent to my child participating in evaluation activities.

Parent/Guardian Signature

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 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 and/or her name in promotional materials.

Parent/Guardian Signature

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 information in the Membership Handbook.

Parent/Guardian Signature

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 trips and activities.

or

☐ No, I ____________________________ do not give my consent for my daughter to participate in last minute field trips and activities.

Parent/Guardian Signature

G. RULES & REGULATIONS FOR MEMBERS

☐ Yes, I ____________________________ agree that Girls Inc.'s rules for members are important. I will review the Membership Handbook's basic rules for the Center, Transportation, the Computer Labs, and the Science Lab with my daughter.

Parent/Guardian Signature
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: ___________________________  ☐ No: ___________________________

                                            Parent/Guardian Signature

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

☐ Yes: ___________________________  ☐ No: ___________________________

                                            Parent/Guardian Signature

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: ___________________________  ☐ No: ___________________________

                                            Parent/Guardian Signature

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: ___________________________  ☐ No: ___________________________

                                            Parent/Guardian Signature

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: ___________________________
WEATHER/EMERGENCY CANCELLATION PROCEDURE

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

Name of Girl  Date of Birth  Age

Name of School  Grade

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

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

**Parent / Guardian Demographic Information**
Name, Relationship to Student, Address, Telephone Numbers

**Emergency Contact Information**
Name, Relationship to Student, Telephone Numbers

**Attendance**
Absences, Dates, Reasons

**Schedule / Grades / GPA**
Class Schedule, Grades, GPAs  
Transcripts/Credits

**District, State, and National Test Scores**
Not to include scores for internal OPS use only

**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.

<table>
<thead>
<tr>
<th>Student Last Name (legal):</th>
<th>Student Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student First Name (legal):</td>
<td>School: Grade:</td>
</tr>
<tr>
<td>Student Middle Name (full):</td>
<td>Program: Girls, Inc.</td>
</tr>
<tr>
<td>Home Address:</td>
<td>Birth Date: mm / dd / yy</td>
</tr>
<tr>
<td>City: Zip:</td>
<td>Gender: M / F</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Parent Last Name (legal):</th>
<th>Relationship to Student:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent First Name (legal):</td>
<td>Home Phone:</td>
</tr>
<tr>
<td>Parent Middle Name (full):</td>
<td>Cell Phone:</td>
</tr>
<tr>
<td>Parent/Guardian Signature:</td>
<td>Date: mm / dd / yy</td>
</tr>
</tbody>
</table>

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, Girl's Inc. of Click here to enter text. is taking part in the Strong, Smart & Bold Outcomes Survey. The survey will take place in Girl's 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 Girl's 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 Girl's 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 Girl's Inc. is like for her and for other girls across the U.S. and Canada. Further, no individual girl or organization will ever be named by name in a report of the results. All information from the survey is being used to assess the wellbeing of Girl's Inc. members and will be kept completely confidential. Girl's 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 Girl's Inc. girls in the future by assisting the national Girl's 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 Mwaia 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 Girl's Inc., at crollins@girl'sinc.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 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: __________________

Cristin Rollins, Ph.D. Advarra IRB Approved Version 13 Jul 2018
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@girlisinc.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 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: ___________________________

Date: ___________________________

Cristin Rollins, Ph.D.  Advarra IRB Approved Version 13 Jul 2018