



## **Parent/Guardian Letter** to accompany consent form

Dear Parent/Guardian,

P.A.R.T.Y. is the acronym for Prevent Alcohol and Risk-Related Trauma in Youth. It is an injury prevention program targeted at high school students between the ages of 15 to 18 to educate them about the outcomes of making poor choices. P.A.R.T.Y. seeks to give the students a snapshot of the possible traumatic and often preventable consequence of risk-related behaviour that can lead to injury

The program is a full day offered at The Ottawa Hospital Civic campus or General campus. During the P.A.R.T.Y. Program day the students hear from a variety of speakers which may include nursing, social work, rehab, medicine, neuropsychology, police and injury survivors and together we bring the students face to face with the reality of poor choices.

We recommend that you visit the P.A.R.T.Y. Program website – <http://www.ottawahospital.on.ca/en/clinical-services/deptpgmcs/programs/p-a-r-t-y-prevent-alcohol-and-risk-related-trauma-in-youth/> in order to familiarize yourself with our program and to open a discussion with your teenager regarding injury prevention. We also offer several links that help parents stay informed about various issues that the adolescents in our modern society face today.

Kind regards,

P.A.R.T.Y. Program Coordinator  
The Ottawa Hospital, Civic Campus  
Trauma Services CPC-1 R-164  
1053 Carling Ave  
Ottawa, ON, K1Y 4E9  
Phone: 613-798-5555 ext. 19602  
E-mail: [P.A.R.T.Y@toh.on.ca](mailto:P.A.R.T.Y@toh.on.ca)  
Trauma Services



## Parent/Guardian Consent Form

I hereby give permission for my son/daughter to be included in the P.A.R.T.Y. Program day session

I HEREBY CONSENT to the use, publication, reproduction, televising, sale, distribution and display of motion and/or still pictures photographed on my school's P.A.R.T.Y. Program day, and any part thereof, and any photographic reproduction in which my son/daughter/I may appear.

I FURTHER CONSENT to the use of my son/daughter/my voice or such sound and sounds as may be necessary in connection with any motion and/or still pictures, and any part thereof, and any photographic reproduction in which my son/daughter/I may appear to produce any effect and result.

AND I CONSENT to all original and copy material as being the property of The Ottawa Hospital to use at its discretion including but not limited to The Ottawa Hospital website, press, radio, television, web casting, websites or social media accounts and/or for any educational evaluation for studies while participating in the PARTY Program at The Ottawa Hospital. I realize that The Ottawa Hospital cannot be held responsible for final copy and photographs used by the news media.

Furthermore, my son/daughter/I as the student also agrees not to disclose or discuss any personal information outside the PARTY Program that I acquire during my attendance.

Date of field trip:	
Name of Student:	

## Signatures

Parent or Guardian, If student is under 18 yrs old:	
Student:	
Date:	



Our sponsors:

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