

# **MOST KIDS DON'T TELL US WHY YOU DON'T USE ALCOHOL OR OTHER DRUGS!**

Kent County Behavioral Health Prevention Office is doing an exciting, student-focused prevention initiative.

We know most of our youth make good choices every day, and we want to support and encourage them, particularly now as we all navigate this pandemic.

***This project asks students to tell us why they don't drink or use other drugs.***

We'd like to feature the responses (photo is optional), in our efforts at getting out the message across Kent County across various media platforms, including social media.

**EMAIL US FOR DETAILS:  
MOSTKIDSDONT@GMAIL.COM**

**KENT COUNTY BEHAVIORAL HEALTH PREVENTION PROGRAM**  
**PARENTAL/GUARDIAN PERMISSION FORM**

Dear Parent/Guardian,

**Kent County Behavioral Health Prevention Office** is doing an exciting, student-focused prevention initiative that highlights the important message that “*Most Teens Don’t*” use alcohol or other drugs. We know most of our youth make good choices every day, and we want to support and encourage them, particularly now as we all navigate this pandemic.

This project asks students to *tell us why they don’t drink or use other drugs*. We’d like to feature the responses, along with a photo, in our efforts at getting out the message across Kent County across various media platforms, including social media.

If you are interested in your child participating, please fill out this form and return to Annette Duckery, Alcohol and Other Drugs Prevention Coordinator, at [mostkidsdont@gmail.com](mailto:mostkidsdont@gmail.com).

Please include a photo of your child along with the responses. Please note that we need separate release forms for anyone in the photo, including the background.

For questions, email or call Duckery at 410-778-7918. Submissions are accepted on a rolling basis throughout the year.

**Student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**School:** \_\_\_\_\_

I give permission for my child (named above) to participate in the KCBH prevention program.

I also give permission for KCBH to use photos and projects on social media, website, and other channels.

I give to **Kent County Behavioral Health Prevention Office** and its assigners, and assigns, unlimited permission to copyright and use photographs that may the child named above in presentations. I hereby waive any right that I (and Minor) may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied.

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

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

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