



Share Your Story
TeenzTalk.org

TeenzTalk “Share Your Story” Online Form
Parent/Guardian Consent

Consent Form for “Share Your Story” Submissions by youth 13-17 years old.
www.teenztalk.org/share

I, (please print your name) _____, give permission for my child (please print child’s name) _____ to share their story via TeenzTalk’s “Share Your Story” Online Form. I understand that their story may be published publicly online on TeenzTalk’s website and shared on TeenzTalk’s social media. I understand that their story may be shared in a form of their choosing: video, written piece, art, poem, or other.

TeenzTalk respects your child’s privacy and aims to serve as a **safe space** for participants to converse and learn freely about youth mental health and wellbeing. We keep this in mind when posting and/or editing “Share Your Story” submissions. We follow American Foundation for Suicide Prevention (AFSP) [guidelines](#) when posting and/or editing submissions about suicide.

We are in compliance with requirements of the Children's Online Privacy Protection Act (COPPA): teenztalk.org/privacy-policy. We respect your privacy; all contact information remains private. We only publish first names of youth, along with their submission.

Parent/Guardian Signature _____ **Date** _____
Phone (_____) _____ **Email** _____

Please email a picture/scan of this completed Consent Form to contact@teenztalk.org, or attach it to the “Share Your Story” Online Form.

Any questions can be sent to contact@teenztalk.org. TeenzTalk is a 501(c)(3) nonprofit organization driven by youth globally: www.teenztalk.org