NMASBHC Youth Advisory Group

Fall 2026 – Spring 2027

Dear Parents,

We are excited that your student is interested in participating in the New Mexico Alliance for School-Based Health Care's (NMASBHC) Youth Health Advisory Group. NMASBHC represents school-based health centers (SBHCs) in New Mexico and collaborates with other partners to promote, facilitate, and advocate for comprehensive, integrated, and culturally competent health care, and health education in schools.

The Youth Health Advisory Group supports youth to advance health care access for their peers, share expertise on health-related topics and give important youth voice to the field of school-based health care. Participants will engage in activities and projects that can provide critical input to the development and delivery of services, and advocate for SBHC services across the state.

- Participation is the program is ***completely voluntary***.
- Participation in the group will involve attending two (2) meetings per month (in-person and/or virtually through Zoom), awareness events and/or community engagement events.
- Youth will have an opportunity to receive gift cards for participation.
- Participation of youth under the age of 18 requires a Parent or Legal Guardian review and consent to participate.
- NMASBHC requests a one-year commitment from selected students, with the opportunity to reapply in future years.

PERMISSION TO PARTICIPATE

I hereby give permission for _____, age _____ to participate in in the NMASBHC Youth Health Advisory Group. I understand that the information discussed is intended to give a better understanding of comprehensive youth health care. I agree to let the group facilitators know if there are any topics that might be of concern.

MEDIA RELEASE

Participants in the NMASBHC Youth Health Advisory Group may be photographed or videotaped for use in promotional, educational and advocacy purposes. Such audio, video, film and/or print images may be edited, duplicated, reproduced, broadcast and/or reformatted in any manner without payment of fees. *I authorize for the use of the participants image to be used in any, and all media for lawful purposes.*

Print Youth Name: _____ DOB: _____

Print Parent/Guardian Name: _____

Print Parent/Guardian Name: _____ DOB: _____

Parent Contact Email & Phone: _____