Marshfield Clinic
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MARSHFIELD AREA COALITION FOR YOUTH
www.marshfield4youth.org

Marshfield Area Parent Network Agreement

The Marshfield Area Parent Network (MAPN) is a network of parents and community members that want to provide youth with a safe and friendly environment that is free from the influence of alcohol, tobacco and other illegal substances. Members who join MAPN believe in the power of modeling positive behaviors for young people and in providing a safe environment.

MAPN, a part of Marshfield Area Coalition for Youth, is committed to making Marshfield the best place to raise a family. **Please join us!** Visit www.marshfield4youth.org for more information.

To join MAPN, sign and return this agreement to your school guidance office. You will become a member of MAPN. Your contact information will be listed in the MAPN member directory and you will receive an electronic directory of other parents who are a part of MAPN. Guardians, extended family members and community members are also welcome to join.

Benefits of MAPN:

- Dinners provided for free with child care
- Access to MAPN member directory
- Opportunity to network with other parents
- Training to keep children healthy and safe
- Information about trends and issues facing youth
- Access to community resources and other information

Members Agree to:

- Actively supervise youth gatherings
- Prohibit the possession or misuse of alcohol, tobacco or other drugs (including OTC and Rx drugs)
- Communicate with other parents
- Set age-appropriate family guidelines
- Secure weapons in the home
- Encourage responsible driving habits
- Monitor use of internet, phone and television

---------- (cut here and return to guidance office) ----------(cut here and return to guidance office) ----------

I, as a responsible parent, give permission for my name, address, phone number(s) and email address to be listed in the MAPN member directory of those who support this agreement. By signing below, I am agreeing to provide a safe home and to welcome communication with other parents.

PARENT NAME *(print)*_____ *(signature)*_____

and/or

PARENT NAME *(print)*_____ *(signature)*_____

ADDRESS *(home)*_____

EMAIL_____

PHONE *(home)*_____ *(cell)*_____

CHILD'S NAME	**SCHOOL**	**GRADE**
1.		
2.		
3.		

□ I do not have a school age child but would still like to be a part of the network.

□ My child is in grade 7 - 12 and is interested in learning more about the *Marshfield Area Youth Initiatives*.

Preferred method of communication: □ Email □ Phone □ Standard Mail

Marshfield Area Parent Network membership is continuous throughout the child's school career.
You may opt out of the network early via email or phone.