Parent/Guardian Information and Consent Form

“Natural Highs – Healthy Alternatives to Drugs & Alcohol”

Natural Highs provides educational formats to learn about the negative impact of drugs and alcohol on body, mind, and emotions. The program includes interactive lectures, exercises for stress management, and experiential practices using creative arts and healthy habits. Natural Highs invites discussion and creative participation, so students learn how to create a positive, healthy peer culture. As healthy alternatives to drugs & alcohol, the program also offers NADA ear acupuncture and the use of healthy, non-addictive herbs. Participation in the various aspects of the class is always optional.

It is important to us that you as parents/guardians are informed about the content of our program and that you feel free to contact the program facilitator when you have questions. We also will send you information on Natural Highs parent & community events to help you in supporting your teen with healthy lifestyle choices. There is the option of becoming a peer mentor/leader when a teen is ready to commit to a healthy, sober lifestyle and some schools offer credit for participating in our Natural Highs peer mentor/leadership program.

Please initial each paragraph to show that you are informed about and consent to each of the following details of the class:

\_\_\_\_\_\_\_\_ The class provides an educational experience on the topic of drugs, alcohol, and a healthy life-style and does not intend to provide substance abuse assessment or treatment. The class does not substitute for substance abuse treatment when necessary. Please consult a substance abuse counselor when you have concerns about your child.

\_\_\_\_\_\_\_\_\_The program includes information on herbs that support health and are non-addictive, such as Yerba Mate, Passionflower, Skullcap, Angelica Root, Oat Straw, Reishi, Damiana, Schizandra, Tulsi, etc. and that are used in this program to develop healthy habits as alternatives for unhealthy addictive behaviors. All participants always have a choice whether to participate or not after receiving information.

\_\_\_\_\_\_\_\_The program occasionally offers NADA ear acupuncture that has been shown to reduce cravings, anxiety, stress and improves sleep. The NADA 5 point ear AcuDetox protocol is done by placing 5 sterile, single-use acupuncture needles in each ear for 10-30 minutes by a Certified Acupuncture Detoxification Specialist (ADS) or by an Acupuncture Detoxification Specialist in training under supervision of a Certified Acupuncture Detoxification Specialist. There are always options for non-needle treatment such as magnets, ear seeds or beads. For more information and research on the effectiveness of AcuDetox for addiction and mental health issues and wellness, please visit: <https://acudetox.com>

The risk of AcuDetox include: slight discomfort, potential for minimal bleeding, possible light-headedness and possible sedation. The benefits of AcuDetox include: possible general feeling of well-being, possible improved sleep, sense of relaxation, decreased cravings for addictive substances, possible improved pain management. With repeated sessions, these benefits may be enhanced. Participation is always a choice and is always voluntary and consent can be withdrawn at any point. I have read and understand the potential risks of this procedure.

Knowing these risks, I wish for me/my child to receive the NADA ear acupuncture treatment if the child is interested in receiving the treatment. I release Natural Highs, BVSD, and the National Acupuncture Detoxification Association and all employees/members of each of these entities, from any liability for injury to me/my child from the NADA Ear Acupuncture protocol.

**\_\_\_\_\_\_\_\_** In order to support our community education outreach and grant writing efforts we occasionally document our classes through video or photography. I hereby grant permission to the Natural Highs program to use my/my child’s photograph/video for educational or grant writing purposes. Please contact the facilitator if you have questions around this issue.

\_\_\_\_\_\_\_\_The workshop includes creative arts assignments that might be used in exhibits in the school or the community.

Avani G. Dilger, MEd, MA, LPC, BC-DMT, CAS, ADS-RT, is a Licensed Professional Counselor, Certified Addiction Specialist, Somatic Psychotherapist, Motivational Interviewing Trainer (MINT) and Acupuncture Detoxification Specialist and Registered Trainer, who has specialized in substance abuse prevention and treatment with adults, teens, and their families. She is the founder and director of the “Natural Highs- Healthy Alternatives to Drugs &Alcohol” Program that is currently offered at several Boulder high schools and at Naropa University. She has done extensive research, training, and clinical practice in traditional and alternative approaches to substance abuse prevention and treatment. She works as a substance abuse counselor in private practice with teens, families, and adults. Feel free to contact Avani: avani@naropa.edu or (303) 859-5778 if you have questions or if you would like to receive more information on the program.

More information on Natural Highs and to make a DONATION in support of Natural Highs to keep offering FREE programs & sober events: [www.naturalhighs.org](http://www.naturalhighs.org)

For updates on current events: Facebook: “Natural Highs Community” -> Like!

I have read the above information and understand the information provided.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 1/Guardian email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 2/Guardian email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (Name & Number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_