

Marshfield Area Parent Network Agreement

Marshfield Area Parent Network (MAPN) is a network of parents, guardians, educators and community members that will provide a safe and healthy environment free from bullying, drugs and alcohol, and other risk factors for youth in the community. Members who join MAPN believe in the power of modeling positive behaviors for young people.

MAPN, a part of Marshfield Area Coalition for Youth supported by Marshfield Clinic Health System - Center for Community Health Advancement, 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 or mail to Marshfield Clinic Health System.

Once 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.

MAPN benefits:

- Attend free events with dinner and child care provided
- Gain access to the MAPN member directory
- Network with other parents
- Attend trainings to keep children healthy and safe
- Hear the latest information about youth data, trends and other emerging issues
- Receive information about community resources and other information

Members commit to:

- Actively supervise youth gatherings
- Encourage healthy relationships
- Prohibit the possession or misuse of alcohol, tobacco or other drugs (including over-the-counter and prescription drugs)
- Secure, monitor or dispose of prescription drugs
- Be open to communication with other members
- Set age-appropriate family guidelines
- Secure weapons in the home
- Encourage responsible driving habits (wear seat belts, never drive impaired and prohibit cell phone use)
- Monitor use of internet, phone and television

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Return to your school guidance office or mail to:

Marshfield Clinic Health System - Center for Community Health Advancement
Attention: MAPN; 1000 North Oak Avenue (F1C); Marshfield, WI 54449

I, as a responsible parent, guardian, educator or community member, give permission for my name, my child's name, phone number(s) and email address to be listed in the MAPN member directory of those who support this agreement. Other information collected below will not be shared outside of Marshfield Clinic Health System - Center for Community Health Advancement. By signing below, I am agreeing to provide a safe environment for youth and welcome communication with other members.

Name(s) (print) _____ (signature) _____

(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 like to be a part of the network.

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

