



HENRY KENDALL HIGH SCHOOL

Principal – Andrew Backhouse

Dear Parents/Caregiver

21 October 2020

Henry Kendall High School will be running Healthy Young Men, an education program' facilitated by Silas Pollard, for Year 8 boys. Silas has extensive experience in working within the Central Coast Area Health Service, specialising in primary prevention education and mental health. This program will take place on Thursdays, for one period per week, over six weeks. The first session will be on Thursday 29th October.

Over the course of the program, your son will complete workshops on mental health including:

- The Basics: eating well, exercising, sleeping well, self-care.
- Self-care strategies: family/friends/your trusted people, school and community supports available.
- Emotional brain -vs- logical brain
- How can we tell we are experiencing anxiety or depression? What does it look like in us and in others around us?
- Anxiety: unpacking its effects and how to manage it.

Outcomes of this program are:

- Improved self-confidence and self-esteem.
- Able to employ positive decision-making skills in anti-social situations.
- Increased knowledge and skills to address mental health.
- Improved communication skills among peers
- Participants demonstrate positive role-modelling and in turn become a positive influence among their peer groups.

If you wish for your child to participate in this program, please complete this consent form and return it to the school by Monday 26 October 2020.

Yours faithfully

Mrs Donna James
Principal (Relieving)

Mrs Tracy Smith
Program Coordinator

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Please return this note to Student Services (bottom of library) by Monday 26 October 2020

I hereby consent to _____ (*student's name*) in Year ____ participating in the Healthy Young Men six week mental health program, commencing Term 4, 2020.

I give permission for photographs to be taken and published in the school's newsletter and/or school website YES NO

Parent/caregiver name (*please print*)

Parent/caregiver signature

Date

Is your child Anaphylactic? No Yes - allergic to _____

Where will the EpiPen be located on this excursion? _____

Special needs of my child of which you should be aware (e.g., allergies, medication – please provide full details):

Parent/caregiver contact no/s: _____ (on date of this excursion)

Student's mobile phone no: _____