

The Drug Free Communities  
Program Presents:

Healthy Lifestyles  
Education

Designed to raise awareness,  
teach skills and provide  
opportunity to discuss  
important topics:

If you've ever asked  
yourself these questions,  
then this group is for you!

- |  |   |  |
|--|---|--|
| ? Alcohol/Drug<br>Prevention<br>Education            | ? | "I know drugs and alcohol<br>are bad for me, but why<br>should that stop me?"                            |
| ? Anger<br>Management                                | ? | "What upsets me and how do<br>I react in difficult situations?"  |
| ? Peer Influences                                    | ? | "Does what my friends<br>think of me matter more<br>than ever?"  |
| ? Enhancing Self-Esteem                              | ? | "What have I come to think/<br>feel/believe about myself, and<br>how can I feel better about<br>myself?" |
| ? Promoting Self-Direction                           | ? | "What do I really want<br>out of life?"  |
| ? Strategies for<br>Managing Your<br>Personal Energy | ? | "How do I get more<br>good days and less bad<br>ones?"   |

Designed for groups of 8 to 10 students, and meeting over a period of 6 weeks. The purpose of this group is to give students an opportunity to come together in a safe environment, and to engage in discussion and education about life's choices. For further information contact Robin Kincaid at the Safe Schools Office at 282-0005, Extension 16.

Led by Credentialed Alcohol  
and Substance Abuse Counselor,  
Jim Larmondra, and Certified Social  
Worker, Becky Lloyd-Lester.

**Healthy Lifestyles Education Group**  
will meet every Thursday beginning  
October 16, and ending November 20, 2003

Light refreshments will be served.

This is a free service  
Provided by the  
Safe Schools/Healthy  
Students Partnership.

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**I give my child permission to participate  
In the "Healthy Lifestyles Education" group**

**\_\_\_ 6:00 - 7:00pm, at the Safe Schools Office  
144 Genesee St., take elevator to  
Lower Level, 2<sup>nd</sup> door on right.**

**Student's Name**\_\_\_\_\_

**Home phone** \_\_\_\_\_ **Work Number**\_\_\_\_\_

**Parent's Name (please print)**

\_\_\_\_\_

**Parent's signature**\_\_\_\_\_

**Date**\_\_\_\_\_

