



**THE SCHOOL DISTRICT OF
PALM BEACH COUNTY, FL**

SINGLE SCHOOL CULTURE © INITIATIVES
1790 NW SPANISH RIVER BOULEVARD
BOCA RATON, FL 33431

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September 16, 2013
Bulletin #MHP-768-CLS/SSCI


Contact:

Lee Keller, PX 42824

Lee.keller@palmbeachschools.org

**Action By:
Information Only**

TO: All Middle and High School Principals

FROM: Cheryl C. Alligood, Chief Academic Officer 

SUBJECT: STUDENTS WORKING AGAINST TOBACCO (SWAT) CLUBS

A collaborative effort between Florida Health Palm Beach County and Single School Culture © Initiatives will again allow the School District of Palm Beach County to operate the SWAT Program. Funds are available for 20 Clubs. The \$1,000 stipends for the SWAT Sponsors at your schools will be paid directly to them by Florida Health.

SWAT Clubs are a successful youth advocacy program from the Bureau of Tobacco Prevention Programs. With the support of the Florida Department of Education, the Bureau of Tobacco Free Florida has set a goal of having successful SWAT chapters in each county in the state. The SWAT Clubs will be coordinated by Janiece Davis, MPH, at Florida Health Palm Beach County. Please contact her at Janiece.Davis@doh.state.fl.us or Lee Keller for more information.

Research shows that students who use tobacco products receive lower grades than non-users. Tobacco use by our students interferes with their academic achievement (CDC, 2009) and is associated with mental health disorders and addiction to nicotine, as well as other drugs (CASA, 2007).

Attached you will find a Club Registration Form and a Memorandum from Florida Health Palm Beach County explaining how your school can establish or continue its SWAT club. We look forward to another successful year of SWAT.

EWG/CCA/KO/KCW:mb/gv
Attachments

Approved:


E. Wayne Gent, Superintendent

Club Registration Form



Please complete the following if you wish to maintain/establish a SWAT Chapter at your school.

Advisor Name: _____

School Name: _____

School Principal: _____

Email Address: _____

Telephone Number: _____

The advisor:

__ fully understands that the SWAT Program may require weekend activities a few times this school year.

__ fully understands that proper documentation must be submitted **by the deadlines** established by the Florida Department of Health Palm Beach County.

__ will contact the Program Coordinator immediately for any assistance that will enable him/her to successfully implement the SWAT Program at our school.

__ understands that SWAT is a peer-to-peer program and that the role of Advisor is to oversee and guide the youth, not do all of the work for them.

__ understands that payment of \$1000 will be issued via MyFlorida Marketplace only after **all** documentation from has been reviewed and audited by the State of Florida's Department of Financial Services.

__ agrees to inform FDOH PBC and their principal immediately if they can no longer fulfill their duties as SWAT Coordinator.

Principal Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____

Please return all forms to Janiece Davis via email at Janiece_Davis@doh.state.fl.us or via fax at 561-837-5200 by September 23, 2013.

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Rick Scott**

Governor

John H. Armstrong, MD, FACS

State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

September 3, 2013

Dear SWAT Advisor,

Welcome Back! I hope you are enjoying your school year thus far. This year marks the 16th anniversary of the Florida Tobacco Settlement Agreement signed by the late Governor Lawton Chiles who, as you are probably well aware, was a main support of the Students Working Against Tobacco (SWAT) Program.

Accountability for our actions in the form of documentation is crucial as it proves to the Florida Legislature that the SWAT Program is making a difference and our community and deserves continued funding. SWAT is about more than hanging posters; it's about mobilizing our youth to fight the tobacco industry by generating awareness of the deceptive marketing tactics used by the industry to gain youth smokers. This year we are really focusing on having high-quality SWAT clubs who can assist with our agency's policy efforts related to tobacco control.

This year, we are getting the SWAT Clubs back to where they belong: out in the community. We will be asking each SWAT Club to pick a policy area to work on, with the end goal of establishing a policy in their community. The Tobacco Prevention and Control Program staff at the Florida Department of Health Palm Beach County will provide hands-on assistance to the students and advisors with this process. We need your commitment and most importantly, your dedication to this Program and its purpose. You will provide various supplies such as markers, poster board, and SWAT manuals to each club, subject to availability.

Once you have signed up to be a club sponsor, you will receive a link to register through the MyFlorida Marketplace system to be issued payment.

Thank you for your continued support of our Program – none of this would be possible without you. I look forward to the upcoming school year.

Sincerely,

Janiece N. Davis, MPH
Health Educator Consultant

Enclosures: Club Registration Form; SWAT Youth Registration Form

Florida Department of Health

Palm Beach County • Division of Community and School Health
P.O. Box 29, 800 Clematis Street, West Palm Beach, FL 33402
PHONE: 561-671-4094 • FAX 561-837-5200

www.FloridasHealth.com

www.pbchd.com

TWITTER:HealthyFLA

FACEBOOK:FLDepartmentofHealth

YOUTUBE: fldoh

**Students Working Against Tobacco (SWAT)
Registration and Participation Form
Palm Beach County**

Name _____ Date _____
Address _____ City _____ Zip _____
Home Phone _____ School _____ Graduation Year _____
Date of Birth _____ Sex _____ Ethnicity _____

Parent/Guardian Permission:

I hereby grant permission for _____ to participate in the Students Working Against Tobacco (SWAT) program of **Palm Beach** County for the period of time between July 1, 2013 through June 30, 2014. This may include various education programs and field trips to sites around the state of Florida. I understand that we will be notified in advance of all field trips and be required to give permission for each individual event requiring transportation services. I understand that under present Florida law, if my child is riding in a private automobile which is involved in an accident, he/she will be primarily covered for bodily injury under my family automobile policy, and I agree to submit any medical bills incurred to my insurance company for payment. If my policy has been insured with a deductible clause relative to the personal injury protection, I understand that I have assumed that deductible amount when I purchased the policy.

I understand the following:

- My child or ward may be attending community events as a representative of Students Working Against Tobacco and the Division of Health Awareness and Tobacco.
- The activities/events are designed as a means to educate and update participating youth and community members on the latest techniques in tobacco prevention.
- My child or ward may be accompanied and transported by officials sponsoring these events or by their designated chaperone(s).
- I agree that no official or employee associated with the training will be held responsible for any injuries or damages occurring while my child is traveling to or from or participating in the training/meeting. I do hereby hold harmless the sponsoring agencies, their officials, divisions and agents against any and all liability, damage, loss, claims or demands which arise out of or are in any way connected with my child or ward's participation in the meeting.
- By signing this form I authorize my child to be transported to/from tobacco prevention and control activities within the county by tobacco staff personnel or a registered volunteer for the county tobacco program.

Medical Treatment

- I hereby authorize any official of SWAT events or designated chaperone to consent to emergency medical treatment as necessary for the health and safety of my child. I further agree that no official or volunteer will be held responsible for injuries or damages arising from the provision of any such emergency medical treatment.
- I do hereby agree to indemnify and hold harmless the sponsoring agencies, their officers, divisions and agents from any and all liability, damage, loss, claims, or demands and actions of any nature whatsoever, including attorney's fees, which arise out of or are in any way connected with the provision of such emergency medical services.

Evaluation

- My child, or ward, may participate in evaluation projects facilitated by the Department of Health and others working for it or on its behalf. I give unlimited right and permission to use, distribute, publish, and reproduce the data from such projects.

Media Consent

- For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby grant to the Florida Department of Health and others working for it or on its behalf, and their respective licensees, successors, and assigns (collectively, "Client"), the unlimited right and permission to use, distribute, publish, exhibit, digitize, broadcast, display, reproduce, and otherwise exploit my child's or ward's name, picture, likeness, voice and biographical information, or any material based thereon or derived there from, or to refrain from so doing, in any manner or media whatsoever (whether now known or hereafter devised) anywhere in the world for the purposes of advertising or trade in promoting and publicizing Client and its products and services.
- I shall have no right of approval, no claim to compensation, and no claim (including, without limitation, claims should be based upon invasion of privacy, defamation, or right of publicity) arising out of any use, alteration, blurring, distortion, faulty reproduction, illusionary effect or use in any composite form of my child's or ward's name, picture, likeness, voice and biographical information.
- I have the full right and authority to grant the rights granted hereunder and I agree that this Consent and Release does not in any way conflict with any existing commitment on my part. I have not heretofore authorized (which authority is still in effect), nor will I authorize or permit the use of my child's or ward's name, picture, likeness, voice and biographical information in connection with the advertising or promotion of any product or service competitive to or incapable with those of Client

Parent/Guardian Signature _____ Date _____
Parent/Guardian Work phone _____ Cell Phone _____
Other emergency number _____ Nam of contact _____