

Teen Online Support Group Permission Slip

Teen Name: _____
 Birthdate: _____

Address: _____ City: _____ Zip Code: _____
 Teen Phone: _____ Teen Email: _____

Parent/Guardian Name: _____
 Parent/Guardian Phone: _____ Parent/Guardian Email: _____

Type of loss: ___ Parent ___ Sibling ___ Grandparent ___ Family/Friend
 ___ Other loved one and relationship _____

Name of loved one who passed away: _____

Was it a sudden loss? Yes No Date loved one Passed Away: _____

List any other significant losses your family has had in the past 5 years:

Parent/Guardian Emergency contact: Name _____ Phone _____
 2nd Emergency contact: Name _____ Phone _____

I have voluntarily provided the above information which is true and correct to the best of my knowledge. I understand that:

- A) The services provided by the staff of New Hope Center for Grief Support are strictly support services and not professional counseling.
- B) Online and In Person groups will be led by 2 adult Facilitators. Facilitators are not licensed counselors.
- C) All topics discussed are confidential and kept within the group. We ask that the teenager enter the online group in a private area due to the confidential nature of the conversations.
- D) If the teen or parent/legal guardian is interested, we are happy to provide the names of outside licensed counselors. We are not endorsing any particular counselor.
- E) We are a mandated reporting agency and as such are required to disclose to the parent or legal guardian if any teenager indicates that they are considering harm to oneself or to any other person.
- F) Online groups are conducted via common video conferencing platforms. We do not guarantee that they are private or HIPA compliant.
- G) New Hope does not record any of the online sessions and will maintain confidentiality among members. I as a participant agree not to record or screen shot any portion of any group session.
- H) I agree to hold harmless the hosting partner of this event, New Hope Center for Grief Support, their employees, volunteers, officers, and directors from any claim or action I may have arising from my teen's participation in the event or involvement in any capacity. Further the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless New Hope Center for Grief Support for any injury arising directly or indirectly out of the described Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

I have read and agree to all of the above and grant my permission for my teen to join a support group through New Hope Center for Grief Support.

Teenager Signature _____ Date: _____

Parent's/Guardian Signature: _____ Date: _____

