



Teen to Teen Group - Consent Form

Dear Parent or Guardian,

Your child has either expressed an interest in or has been referred to our group, Teen-to-Teen or T2T. T2T is a support group that addresses the relationship concerns of teens as they move through adolescence.

This group will meet, on average, twice a month with allowances for periodic school scheduling conflicts such as holidays and snow days. Students will be missing approximately two classes per month with the possibility of rotating the schedule to ensure students do not miss the same period each time.

Parents are encouraged to call with any questions prior to signing this consent. However, consent can always be revoked in writing if you no longer wish your child to participate. The Student Center reserves the right to remove a student from the group if it is determined that it is no longer appropriate for the student or for any other clinical indication. You will be notified if your student is not attending. Please be advised that students aged 16 and older may consent for their own mental health treatment and support without parental consent.

Sincerely,
Suzanne Sarner, MA, LPC, ACS

Please give your consent to participate by signing where indicated below.

I, _____, give permission for my child, _____, to participate in the Teen-to-Teen therapeutic group. I have read the above and understand the topics of this group and that my child will be missing class time in order to attend.

_____ (please initial) I have signed, where indicated, the "Parental Consent for Professional Counseling" form

Parent's Name (please print): _____

Parent's signature: _____ Date: _____

Student's signature: _____ Date: _____

OR: I am 16 and can consent for my own treatment.

Student's Name: _____ DOB: _____

Student's Signature: _____ Date: _____

_____ (please initial) I have signed, where indicated, the "Self-Consent Form - 16 and Older"