



Consent for Group Therapy

- I, _____, give my child, _____, permission to participate in group therapy provided and hosted by Parent Child Success LLC.
- I understand that my child will be participating in a wide variety of therapeutic activities including but not limited to yoga, art, music, games, and group discussion.
- I do not hold Parent Child Success LLC responsible for physical injury that my child may incur due to participation in therapeutic group activities.
- I understand that the nature of group therapy allows participants to be vulnerable and share personal information. Parent Child Success LLC respects the autonomy of each participant and will gain the participant's permission prior to sharing personal information with their parent(s)/guardian(s) if necessary.
- I understand that Parent Child Success LLC therapist is obligated by law to disclose the following information shared by a group participant:
 - Threatening one's self or another that may result in physical harm
 - An act of physical or emotional abuse against a child or any person
 - Sexual abuse against a child where the child is living with the abuser
 - If summoned by court order to disclose information against a participant
 - Prior verbal and/or written consent to release records
- Parent(s)/Guardian(s) bringing the participant to group is required to stay within 1-2 minutes driving distance from the group's location while in session, should the participant require to be picked up for any reason.
- Participants are expected to respect the vulnerability and privacy of all group members. A participant may be asked to leave the group if any inappropriate behavior is observed. Inappropriate behavior will be determined by the Parent Child Success LLC therapist hosting the group.
- Parent Child Success LLC therapists hold the right to dismiss any participant from attending group therapy
- I understand that therapy of any kind cannot guarantee specific results and refunds will not be provided if desired results are not obtained.
- By signing below, I understand and agree to adhere to the policies and procedures listed above.

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Phone Number in case of emergency _____

Participant's Name _____