

Support Group Participant Consent Form

I, _____ parent of minor child(ren)

Hereby consent for my child(ren) to participate in Heartland Equality Support Groups.

Description of Services: The purpose of the program is to offer education and support to help youth who are dealing with a wide range of difficulties. I understand that these support groups do not provide counseling but is an educational and support program designed to teach skill, facilitate self-awareness and confidence, promote new behaviors, and demonstrate how to effectively deal with some of the issue's life presents. The group facilitators have found that when working in groups, children gain support from others who are experiencing similar situations or who have adjusted well after experiencing a similar situation in the past. I am also aware that even though the group facilitator may be professionals, this group will not provide group counseling.

Confidentiality: I understand that in order to encourage the youth to participate actively, parents and outside observers will not be able to attend (unless they are volunteers to the program). I understand that participation in the group(s) is completely voluntary and confidentiality is addressed and respected. I understand the exception to this is the group facilitator's legal and ethical responsibility to take appropriate action in the case of an individual intending to do harm to self or others, if abuse or neglect is suspected, or If illegal activity is reported.

I understand that the program may be described in written publications but that no information will be provided that could identify any individual participants in the program. I give my consent for Heartland Equality to use artwork, images, or quotations made by my child in support group or center brochures, literature, or any other public relations activities. My child will not be identified by their real name.

I have Signed below that I have read, understand and agree to the above:

Parent's Signature	Parents Name (Print)	Date
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Representative Signature	Heartland Equality Representative Name (print)	Date
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This form must be received prior to the date your child attends the group

Forms can be emailed to eduarte@heartlandequality.org

Or mailed to:
Heartland Equality
Attn: Administration
413 Broadway Street
Paducah, KY 42001

Support Group Participation Registration Form

Heartland Equality

413 Broadway Street, Paducah KY 42001

WWW.HEARTLANDEQUALITY.ORG

(270) 408 – LGBT

Participant Name: _____

Name of Parent / Legal Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

- I would like more information about Heartland Equality
- I would like more information about the Rhythm of the Heartland Program

Please call Elizabeth Riley at Heartland Equality, prior to sending your child to participate in the groups to confirm your consent via this form and to have any questions answered. 270-408-5428

Thank you and we look forward to seeing each of you.