

Informed Consent Form-18+

Student Name: _____ ID# _____

Grade: 9 10 11 12 Cell Phone: _____

Parent Name: _____ Parent Phone Number: _____

Informed Consent:

I agree to participate in a virtual support group during school closure, and/or to communicate electronically or by phone with a member of the student support team (social worker, student interventionist, etc) in order to receive social-emotional support.

I understand that given the circumstances that caused schools to be closed, these services must be performed electronically (i.e. via video chat) or by phone.

Support groups and/or one-on-one check-ins are an opportunity for me to share things safely and confidentially. The only exceptions to confidentiality are if I disclose abuse or harm to self or others.

Student Print Name _____ DOB _____

Student Signature _____ Date _____