



Depression and Bipolar
Support Alliance

Parent/Guardian Permission and Teen Acknowledgement Teen Support Group Participation

Teen's Name: _____

Teen's Email: _____

Parent/Guardian Contact Information

First Name: _____

Last Name: _____

Email Address: _____

Mailing Address: _____

Primary Phone: _____

Secondary Phone: _____

Emergency Contact #1

Relationship to Teen: _____

First Name: _____

Last Name: _____

Email Address: _____

Primary Phone: _____

Secondary Phone: _____

Emergency Contact #2

Relationship to Teen: _____

First Name: _____

Last Name: _____

Email Address: _____

Primary Phone: _____

Secondary Phone: _____

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Important Note: We cannot accept signatures in font. Please insert an image of your written signature or print the form to sign it before sending it back. We cannot accept consent forms with invalid signatures.

Parent/Guardian Permission

As this minor's parent/guardian I hereby consent to their participation in the DBSA Online Teen Support Groups for those aged 14 – 18. My consent includes permission for communication to the minor by electronic communication, including e-mail and text, and permission for the minor to appear visually in virtual meetings.

- I agree and consent to my teen's participation
- I do not agree to my teen's participation.

Parent/Guardian Signature _____

_____ **Date**

Teen Acknowledgement

I wish to participate in the DBSA Online Teen Support Groups. I understand that participants are asked to keep conversations that occur in group confidential unless I pose a threat to myself or another person or another reportable situation comes up in group. I grant permission to communicate with me by electronic means, including email and text.

- I have read and agree to DBSA's Teen Acknowledgement for participation in DBSA's Teen Groups.
- I have read and do not agree to DBSA's Teen Acknowledgement for participation in DBSA's Teen Groups.

Teen Signature _____

_____ **Date**

Please send completed form to community@dbsalliance.org.