**Find the Light Group Consent Form**

The purpose of this group is for members to find the light in their lives and assist them through periods of sadness. Through counselor guided lessons and group member interaction and support, members will be able to understand and acknowledge signs of depression and learn techniques to improve their mood.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that in order to participate in the Find the Light Group I agree to the following:

* I agree to be respectful of group members experiences and opinions
* I agree to be supportive of all group members
* I agree to not share anything mentioned in group outside of group

Throughout the school year, many tough subjects or memories may arise. It is crucial that group members understand the importance of keeping what is said in group amongst group members. This provides members with a safe and trusting place to share their experiences and grow together. Confidentiality may be broken under the following circumstances: harm to self, harm to others, or abuse.

In signing this consent form, I indicate that I have carefully read and understand the Informed Consent Form and that I agree to its terms and conditions.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_