



MMMB Adolescent & Teen Wellness Group Consent Form

I hereby give my child, _____ permission to participate in the MMMB Adolescent & Teen Wellness Group sponsored by the Mother Emanuel Empowerment Center.

The MMMB Adolescent & Teen Wellness group will be a safe and supportive place for adolescents and teens to openly discuss and share their feelings, thoughts and behaviors about important issues that impact them and their development. They will be given the opportunity to feel empowered, gain self-awareness, develop coping strategies, improve problem-solving skills, understand that they are not alone, and learn to make healthy decisions.

Specifically, as part of the program, my child will discuss topics such as:

- Difficult Emotions
- Stress Management
- Trauma
- Friendships & Relationships
- Self-Esteem
- Academic Success
- Body Image Issues
- Grief/Loss
- Reaching Out
- Problem Solving

All information shared during the support group will be confidential unless there is a report of abuse/neglect; suicidal/homicidal ideations/plans or any other situation where your child is in imminent danger. If he or she chooses, my child can stop participating in the discussion or activities at any time. It is not anticipated that my child will experience distress from participating in the group. Should my child wish to talk with someone following the group, the group facilitator will be available.

I understand that I am encouraged to contact the staff at Mother Emanuel Empowerment Center (**MEEC**), should I have any questions or concerns about my child's participation. I can reach the group facilitator by phone at **803-665-3100** or by email at **Shamiquia.McPherson@scdmh.org**

Having read all of the information provided above, I give my permission for my son or daughter to participate in the MMMB Adolescent & Teen Wellness group.

Parent/Guardian Name (PLEASE PRINT): _____

Parent/Guardian Signature _____ Date: ___/___/___

Address: _____

Phone Number: _____ Email Address: _____