

Support Group Participation Registration Form

Participant Name: _____

Name of Parent/Legal Guardian: _____

Address: _____

Phone: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

I'd like more information about NAMI.

I'd like more information about individual/family counseling with Jemma Coleman, LMHC

Please call Jemma Coleman, LMHC prior to sending your child to participate in the groups to confirm your consent via this form and to have any questions answered.

561.376.2167

Thank you and I look forward to serving your family.

Support Group Participation Consent Form

I, _____, parent of minor child(ren)
_____, hereby
consent for my child(ren) to participate in the NAMI Support Groups by Jemma Coleman, LMHC
for teens with mental health difficulties.

Description of Services: The purpose of the program is to offer education and support to help children who are dealing with mental health difficulties. I understand that this workshop does not provide counseling, but is an educational and support program designed to teach skills, facilitate self-awareness and confidence, promote new behaviors, and demonstrate how to effectively deal with some of the issues 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 despite the fact that the group facilitators may be professional counselors, this group will not provide group counseling.

Confidentiality: I understand that in order to encourage children to participate actively, parents and outside observers will not be allowed to attend. I understand that participation in the group 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 NAMI and/or Jemma Coleman, LMHC to use artwork, images or quotations made by my child in support group brochures, literature, or other public relations activities. My child will not be identified by his or her real name.

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

_____ Parent's Signature	_____ Parent's Name (Print)	_____ Date
_____ Participant's Signature	_____ Participant's Name (Print)	_____ Date

This form must be received prior to the date your child attends the group.

Forms can be emailed to counseling@colemanpractice.com

Or mailed to:
Jemma Coleman, LMHC
50 South US Hwy 1
Suite 309
Jupiter, FL 33477