

**The Adolescent Leadership Council (TALC)
Consent Form**

I/my child would like to participate in The Adolescent Leadership Council (TALC). I/my child understand that TALC is a social group and does not constitute medical treatment. I/my child agree to follow any rules set forth by the group during my involvement.

I authorize TALC to have, use, publish and reproduce photographs, slides, moving pictures or videotapes of me/my child for its records or publication efforts.

I authorize my child to use reasonable means of transport during TALC events (walking between rooms, taking buses to off-site locations, etc.), understanding that TALC Staff will be supervising the group.

In the event of serious illness or injury, the TALC staff will use all reasonable means to contact the persons listed as emergency contacts. Although medical staff will be present, they will not be responsible for onsite medical treatment. The TALC staff will facilitate transfer of the participant so appropriate treatment can be received.

I/my child understand that participation in TALC is voluntary. At any point in time I/my child can decide to withdraw from the group. If I/my child decide to withdraw, a reasonable effort will be made to inform the TALC Staff.

If there are any questions the TALC Program Coordinator, Erin Scott, LCSW, can be contacted at (401) 444-7563 or at erin.scott@lifespan.org

Parent/guardian signature

Date

Adolescent signature

Date

Parent Contact: _____

Phone: _____

Emergency Contact: _____

Phone: _____

Relationship: _____