

## PARENT / GUARDIAN / CARETAKER CONSENT FORM

Please complete the following and sign for each child under age 18.

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/ Guardian / Caretaker

\_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Tel (day) \_\_\_\_\_ Tel (evening) \_\_\_\_\_

Mobile \_\_\_\_\_ E-mail \_\_\_\_\_

**CONSENT** (please read carefully)

I agree to my son/daughter taking part in the Strength & Resiliency Workshop presented by Behavioral Health Associates of Broward, Counseling Centers of Goodman JFS. I understand that the primary focus of the seminar will be on themes of strength and resiliency, but that trauma will also be discussed, which may cause an emotional response. I am also aware that professionally trained staff will be onsite for support, if necessary.

Signed \_\_\_\_\_ (Parent / Guardian / Caretaker)

Date \_\_\_\_\_

*You may elect to return this form via email to: [PCTI-RSVP@jfsbroward.org](mailto:PCTI-RSVP@jfsbroward.org).*