

PARENT CONSENT

I agree to give _____ (Student Name) permission to participate in *The Landing*, a program designed for teenagers to deal with their hurts, hang-ups, and habits. I understand that those leading *The Landing* are not professional counselors or therapists, however, the leaders are there to help and encourage my teenager throughout this journey to a freer and healthier life.

I understand that any information my teenager shares in *The Landing* is confidential with the exception of self-harm, harm to others, or others' harm to your teenager. In addition, if my teenager shares about being in an abusive relationship, proper authorities will be contacted as mandated by the state.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Name (Printed): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____