



Group Loop Online Support Group Parent/Guardian Confirmation Form

We recognize that those receiving much-needed support via the Internet want to be confident that everyone in the Online Support Group (OSG) is a parent/guardian of a teen who has cancer. Therefore, in order to start your OSG, we require that participants sign this "Parent/Guardian Confirmation Form" indicating that you are a parent/guardian of a teen with cancer and give TWC National permission to contact your physician or oncologist. This step provides the added security and reassurance you may need. In completing the form, be sure to include the name and contact information of the physician and return it to us at the following address:

The Wellness Community, Attn: Erika Maslan, 3276 McNutt Ave., Walnut Creek, CA 94596 or fax to 925-933-0249

Caregiver Information

Parent/Guardian Name (Please Print): _____

Address: _____

City, State, Zip: _____

Phone: _____ E-mail: _____

Social Security #: _____ Date of Birth: _____
(Optional)

Patient Name: _____ Cancer Type: _____

Relationship to Patient: _____

In connection with the Group Loop Support Group in which I am participating, I understand that this group is intended only for the benefit of parents/guardians of teens with cancer. I hereby authorize The Wellness Community to contact my physician to confirm that I am a parent/guardian of a teen with cancer. I further understand that The Wellness Community may contact my physician on occasion concerning my participation in Group Loop programs. The Wellness Community Online Support Groups are educational and informational support programs.

X

Parent/Guardian Signature Date

Physician Information

Physician Name (Please Print): _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Fax: _____

E-mail: _____

I, _____, verify that _____ is a parent/guardian to a teen
(Physician Name) (Parent/Guardian Name)
with cancer.

X

Physician Signature Date