



**Group Loop Online Support Group
Parent/Guardian Permission Form**

Group Loop is an online community connecting adolescents with cancer so they can communicate about their experiences. In order for your teen to participate in an Online Support Group, you will need to read and agree to this Permission Form. By signing this Permission Form, you are acknowledging and agreeing to the following:

1. I am the parent or legal guardian of the teen named below, and I hereby grant my teen permission to participate in a Group Loop Online Support Group.
2. I understand that Group Loop Online Support Groups allow teens to communicate with one another, and that these communications are not always censored or monitored. While I recognize the value in this type of activity, I also acknowledge that my teen may be exposed to language and content that would be upsetting or confusing. I recognize that Group Loop and The Wellness Community cannot completely control access to its network or other teens' behavior on the network.
3. I understand that the Group Loop Online Support Groups are meant as educational and informational support programs and are not psychological therapy.

Signature: _____ Date: _____

Parent or Guardian Name: _____

Address: _____

Phone: _____ Email: _____

Teen's Name: _____ Diagnosis: _____

Submit form by mail to The Wellness Community/Group Loop,
Attn: Erika Maslan, 3276 McNutt Avenue, Walnut Creek, CA 94596
or fax to: 925-933-0249