

Parental Consent Form

By signing this form, I understand that my child will be a part of the Psychoeducational Support Group for Intimate Partner Violence (IPV) Survivors. I understand that my child will be exposed to sensitive topics, such as IPV. I recognize that this group will also focus on mental health, empowerment, self-efficacy, and coping strategies. I acknowledge that I have read and understood the information presented and authorize my child to participate in the group.

This group is expected to meet for a day and a half. Your child will be a part of eight 50-minute sessions with 10-minute breaks and an hour lunch break (food will be provided).

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Group Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_