



**Online Teen Chat Program
Parent/Guardian Permission Form**

The Online Teen Chat Program is an online community connecting adolescents who have experienced loss and offers them a place to communicate about their experiences. In order for your teen to participate in the Online Teen Chat Program, 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 *The Online Teen Chat Program*, an online support group.
2. I understand that *The Online Teen Chat Program* allows teens to communicate with each another. While the facilitator encourages participants to share their thoughts and ideas, my teen may be exposed to language and content that could be upsetting or confusing. I recognize that FOS 11 has provided a safe and secure online environment. And the facilitator, as much as possible, reserves the right to facilitate conversations that assure the safety and comfort of all participants.
3. I understand that the *Online Teen Chat Program* sessions 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: _____ Email: _____

Submit form by mail to:
Families of September 11
1560 Broadway, Suite 305
New York, NY 10036

or fax to:
212-575-1877