



## **Thera-Play, PLLC PEERS® Program**

\_\_\_\_\_ is currently attending the Thera-Play, PLLC PEERS® Program to enhance appropriate peer social behavior. An integral aspect of this program is the communication with other teenagers outside of the clinic setting.

I hereby give permission for my son/daughter to exchange our phone number with other group participants so they may contact each other during the week as directed by the group leader.

I understand that the group participants are involved in a learning process and may inappropriately use the telephone.

I agree on behalf of myself and my son/daughter to hold harmless the Regents of Thera-Play, PLLC, its employees, and agents from any injury or damage that arises or is alleged to arise from the disclosure of our telephone number.

\_\_\_\_\_  
**Print: Parent/Guardian**

\_\_\_\_\_  
**Signature: Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Phone Number**