

**BRIDGE**  
**STUDENT CONSENT TO PARTICIPATE**

I, \_\_\_\_\_, provide consent for my  
child, (Parent Print Name)

\_\_\_\_\_, to participate in the Bridge  
Peer (Print Student Name)

Support Program being held at Somerdale Park Elementary School. I understand that my student will be participating in this activity which will be held after school. I have read the information provided about the Bridge Program and have had my questions answered. I understand that this support program is run by students and overseen by trained certified clinicians and that this program is NOT therapy or meant to take the place of therapy. I understand that the sessions are confidential. I understand that it is my responsibility to provide transportation from all sessions.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Emergency Phone Number \_\_\_\_\_