

Bridge Club

Student Consent to Participate

I, _____ provide consent for my child _____, to participate in Bridge Club Support Program being held at Somerdale Park 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 Club 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.

Bridge Club will meet Thursdays in room D-6 from 3:15 – 4:15 pm.

October – 11, 18, 25 November – 1, 15, 29 December – 6, 13, 20

January – 3, 10, 17, 24, 31 February – 7, 14, 21, 28 March – 7, 14, 21, 28

April – 4, 11 May – 2, 9, 16, 23

***I have read the attached letter regarding the attendance of siblings that are not approved participants of the Bridge Club*

Student signature: _____

Date: _____

Parent signature: _____

Date: _____

Emergency contact name: _____

Emergency contact phone number: _____