

PLL Group Permission Slip

Dear Parent / Caregiver,

Your child _____ is invited to attend a FREE skills-based wellness group designed to teach students character education, ways to manage his/her self-esteem, gain effective coping skills and strategies that can help reduce stress, obesity, and anxiety and depressive symptoms, such as social isolation, worried thoughts, poor sleep, decreased energy, and avoidance behaviors. This group is being offered during the 2023-2024 school year and will cover evidence-based skills for coping with, and managing, difficult emotions. This group is based on a curriculum developed by Purpose Learning Lab, Inc & The Empress Haven, a Mental Health & Wellness Program. To review The Empress Haven materials that may be covered in group, or to learn more about The Empress Haven In-Class Wellness Workshops such as: The Empress Haven Mentorship, Hope, Heal, & Design Arts Class, Empress Self-Esteem Luncheons, Yoga, Meditation, Group Wellness & Recreation Seminars (Basketball, Tennis, Cheer & Dance) and/or Staff Education/Mental Health Luncheons in the workplace, please visit www.theempresshaven.com

The wellness/coping skills group will meet for 1-2 sessions once each week for about 60-90 minutes at W.D. Hill Recreation Center (Every Friday and/or Wednesday @4pm), Durham Bottling Company (every Friday @ 4pm), Purpose Learning Lab, Inc and/or Local Elementary Schools (Various Days). For sessions that occur during school time, your student's teacher will excuse missed class time, but the student should check in with their teacher about assignments and work needing to be completed. Participation is optional, and your child may stop attending at any time.

During the groups, we may ask students to complete questionnaires and/or guided activities about their moods, level of esteem, and coping strategies. Any information we collect will be kept completely confidential. While we will share group outcomes with The Empress Haven, Our Sponsors, and school administrators, your child's name will not be shared. The only exception to this rule will be if any information provided suggests a risk of harm to anyone. This includes the risk of self-harm, concerns about abuse or neglect, or risk of harm to others. Information suggesting serious risk will be shared with appropriate individuals who can help promote safety, and may include parents/caregivers, school staff and administrators, Child Protective Services, and local safety officials.

If you would like your child to participate in this skills-based group, please sign and return this form by ___/___/____. Please also share your preferred method of communication and preferred email address or phone number.

Student Printed Name: _____ DOB: _____ Age: ____

Parent/Caregiver Printed Name: _____ Phone Number: _____

Parent/Caregiver Signature: _____ Date: _____

www.theempresshaven.org

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Medical/ Behavioral Concerns: _____ Food Allergies: _____

I _____ give my child (ren) _____

permission to be transported From Purpose Learning Lab, Inc to W.D. HILL/ Durham Bottling Company to receive In-Class Wellness Workshops & services listed above. Travel Dates Valid 1/1/2023 – 1/1/2024