



National Alliance on Mental Illness

NAMI Gainesville

(352) 320-0457 peerservices@namigainesville.org

www.namigainesville.org

NAMI Gainesville Youth Peer Mentoring Program

As the legal guardian of minor named _____ I hereby give permission for my child to receive Youth Peer Mentoring offered by representatives of NAMI Gainesville.

This includes in person visits at a location mutually agreed upon, outings (bowling/skating/restaurants, etc), telephone conversations, and/or online conversations (zoom, skype, etc). This does not include transportation of minor by NAMI representative.

Discussions between mentor and mentee are considered confidential. The case notes will be kept electronically and/or in paper files to be shared only with other Youth Peer Mentors and Supervisors for the purpose of improving services to the child and their family.

Confidentiality will be broken only in the case of information shared revealing a serious risk of self-harm or suicide or abuse or harm to others. Youth Peer Mentors are required to report these concerns to appropriate authorities including Abuse Hotline, law enforcement, and/or parents.

The Youth Peer Mentor will schedule meetings in coordination with the youth and guardians. If scheduling changes are required, I agree to give at least 24 hours notice whenever possible.

Parent print and sign name

Youth print and sign name

Today's Date