

Erika's Lighthouse Club Permission Slip

Purpose: The Erika's Lighthouse Empowerment Club is a student-led organization dedicated to promoting mental wellness and reducing the stigma of mental illness. Through club meetings and school-wide initiatives, students will learn and share positive coping strategies, raise awareness, and foster a supportive community.

Student Information

Student Name: _____

Grade: _____

Student ID: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Email Address: _____

Phone Number: _____

Consent

I, the undersigned parent or guardian, give my permission for my child to participate in the Erika's Lighthouse Club. I understand the purpose of the club and that participation is voluntary.

I acknowledge that the club's purpose is to promote mental health awareness and education, and is not a substitute for professional mental health services. If my child needs professional support, I understand that I am responsible for seeking that care.

Parent/Guardian Signature: _____

Date: _____