

I, \_\_\_\_\_ (*print full name*), the parent/legal guardian

of \_\_\_\_\_ (child's full name), agree to allow him/her to participate in the PPMD Sibs Connect Group. I understand that this group will communicate on non-HIPPA compliant platforms including, but not limited to, Zoom, Facebook and GroupMe and that information of a sensitive nature may be shared during the group meetings. Although the group interactions will be monitored, Parent Project Muscular Dystrophy (PPMD) is not responsible for content discussed or group member reactions to content. I understand that should I or my child become uncomfortable with the material being shared in the group I can withdraw him/her from the group by contacting PPMD at 201-250-8440 or [siblings@parentprojectmd.org](mailto:siblings@parentprojectmd.org).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed form to [siblings@parentprojectmd.org](mailto:siblings@parentprojectmd.org).