

Parental Consent Letter

Dear Parent/Guardian:

The Lifestyles Recovery Center is happy to be offering several groups this year. One group will be for anger management and violence prevention.

In the group, we will discuss violence prevention and anger management, and we will teach students problem-solving skills they can use in anger situations. We will also address the stresses and issues for students from violent families. We will show students how to use coping strategies to deal with common stresses, how to set personal goals, and how to develop a support system.

The group will begin on Tuesday, May 7, 2013 4:00PM at the Lifestyles facility, located at 715 24th Street, Ste B. The class will be held one day a week for ten weeks. As a teaching technique, we like the students to present what they have learned in Session 10 to an audience. We think this group will be very beneficial in helping students cope with their stresses, and we are happy to be able to offer it.

We would like your permission for your child, to participate in this group. If you do give permission, please sign the permission form below and return it to us along with \$60.00 to cover fees.

Sincerely,

**Karolyn L. London
Anger Management Specialist**

I give permission for my child, _____, to participate in the Anger Management and Violence Prevention group to be held at The Lifestyles Recovery Center.

Parent/ Guardian Signature

Date