

Teen Networking Group Application



The Teen Networking Group is a 6 month commitment, meeting once monthly on Sundays from 6-8 PM. If eligible to participate, facilitators will notify you of the start date of group. If a group is in progress, no new members may be added, but will be notified of the next group start date. We appreciate your interest! Any questions- please direct them to: R-Teen-Networking-Group@Orlandohealth.com

Name _____ **Age** _____

Mailing Address _____

Email Address _____

Phone number _____

School/Grade _____

Parent/Guardian _____

Mailing Address _____

Email Address _____

Emergency Contact:

Name _____

Phone Number _____

Relationship to teen _____

*Please return completed application to R-Teen-Networking-Group@Orlandohealth.com or by mail to Child Life Department, ATTN: TLC, 92 W. Miller St. MP 309, Orlando FL, 32806. Consideration will be given to age appropriateness and psychosocial diagnoses for group dynamics during the enrollment process. Due to the self-expressive nature of this group, adolescents who are currently receiving mental health services may not be eligible to participate.

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Relevant Diagnosis Information _____

Physician (s) _____

Why do you want to participate in the Teen Networking Group?

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