



Gratitude & Mindfulness Experience Program for Kids

Created and led by Debbie Lyn Toomey RN, CIPP, Mindfulness Teacher

Name of child:

Age:

Name of parent/guardian:

Emergency number:

Email:

Disclaimer: *Gratitude & Mindfulness Experience Program for Kids is not a mental/emotional therapy program. It is not meant to replace any existing medication or psychological program that is in place for the child. Always seek the advice of your child's medical doctor or therapist for any changes in your child's treatment.*

**THANK
YOU! ☺**

healthandhappinesspecialist@gmail.com

617 433-8814

www.healthandhappinesspecialist.com



Permission Form for Photo/Video

Gratitude & Mindfulness Experience Program for Kids will be taking photos/videos of your child and his or her project. Copies of these photos/videos will be provided to the parents via email to show their child's work and to use as positive reminder of the practices learned in the program. Pictures/videos taken will also be used in the www.healthandhappinessspecialist.com website as well as social media marketing to help promote this program.

Please put an "X" next to your response below. If you are granting permission for Debbie Lyn Toomey to take photos/video of your child during the program please put an "X" next to the appropriate statement. Thank you.

I (parent/guardian's name) _____

_____ give permission for my child (name of child) to be photographed/videotaped during the program.

_____ do not give permission for my child (name of child) to be photographed/videotaped during the program.

Parent/guardian's signature: _____

Please print this form with your signature and give it to Debbie on Thursday, August 6th.

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