



Adirondack Sprouts Children's Grief Support Zoom/Google Meet Consent Form



Adirondack Sprouts Children's Grief Support through High Peaks Hospice provides virtual counseling through Zoom/Google Meet to better serve our children. Meeting invitations will be sent to parents/guardians, not to child participants. This limits the use, collection, and distribution of youth personally identifiable information (PII). The practitioner you are working with will be in communication about which platform you will be using for your sessions.

What is Zoom/Google Meet?

Zoom video / Google Meet conferencing are platforms to provide safe video-based meetings on computers, tablets, and smartphones.

How does Zoom/Google Meet work?

Adirondack Sprouts Children's Grief Support Program Facilitators will hold one-on-one counseling sessions through their video conferencing accounts and can invite participants, only through their parent/guardian, to join the meeting.

Neither children nor parents/guardians need Zoom accounts. Still, you will need access to the internet and a computer, smartphone, or tablet capable of video conferencing in order to download and use Zoom/Google Meet. It is recommended that you download the appropriate app prior to your first meeting.

As we work to create virtual experiences, there are some keys to ensuring a successful and safe environment.

These include:

- **Disabling participant recording.** This eliminates the possibility that content from the meeting can be downloaded and shared externally by participants.
- **Disabling screen sharing by participants.** This eliminates the possibility that participants can inadvertently, or intentionally, share content on their screens with others.
- **Disabling participant-to-participant private chat.** This eliminates the possibility that participants and/or staff may engage in inappropriate private chats with each other during the meeting.

Please complete the following:

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Child's Name: _____

I give permission for my child to participate in virtual counseling provided by Adirondack Sprouts Children's Grief Support Program through the Zoom and Google Meet platforms.

Parent/Guardian

Signature: _____ **Date:** _____

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