

Sample CoDAteen Permission Letter

Meeting Name: _____

Sponsoring CoDA Group: _____

Location: _____

1. Adult Host/Sponsor Name: _____ Phone #: ____ - ____ - ____

2. Adult Host/Sponsor Name: _____ Phone #: ____ - ____ - ____

CoDAteen Participant Name: _____ Phone #: ____ - ____ - ____

Dear Parent or Guardian,

CoDAteen, part of Co-Dependents Anonymous (CoDA), is a fellowship of young people whose common purpose is to develop healthy relationships. The only requirement for membership is a desire for healthy and loving relationships. We gather together to support and share with each other in a journey of self-discovery — learning to love the self. Living the program allows each of us to become increasingly honest with ourselves about our personal histories and our own codependent behaviors.

We rely upon the CoDA Twelve Steps and Twelve Traditions for knowledge and wisdom. These are the principles of our program and guides to developing honest and fulfilling relationships with ourselves and others. In CoDAteen, we each learn to build a bridge to a Higher Power of our own understanding, and we allow others the same privilege.

This renewal process is a gift of healing for us. By actively working the program of CoDAteen and Co-Dependents Anonymous, we can each realize a new joy, acceptance, and serenity in our lives.

CoDAteen is a Twelve Step Fellowship and peer support group. It aims to create a safe environment for those wishing to have recovery from codependency and want to have healthy and loving relationships, providing anonymity and freedom from judgment or feedback. In CoDAteen we share our own experience, strength, and hope. We do not give advice. Adult hosts/sponsors are there for support and to accompany the teens in their own self-discovery. They are not therapists and do not provide therapy. They are carefully vetted members of CoDA who work their own program of recovery and have a desire to work with teens. They are required to meet “CoDA’s Minimum Behavioral and Safety Requirements for CoDAteen” as well as any legal requirements in your local area to work with minors.

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Each sponsoring CoDA group will have printed guidelines for adult host/sponsor participation with CoDAteen that must include "CoDA's Minimum Behavioral and Safety Requirements for CoDAteen", as well as any other legal requirements in your area for adults to work with minors. The parent/guardian will be given two copies, one of which will be signed and returned to the group. Each group may have other special requirements to make known and be signed by the parent/guardian.

With this information, the CoDA/CoDAteen group makes known to the parents of teens, the nature of the meetings that their children will attend, and the safety and security provided for teens within CoDAteen meetings.

Therefore, by signing this document, I _____, in my capacity as Parent/Guardian of _____, acknowledge that I have read the above information and have read and received a copy of "CoDA's Minimum Behavioral and Safety Requirements for CoDAteen" as well as any additional CoDAteen behavioral and safety requirements included by this CoDA/CoDAteen group and I approve the attendance of my child to this CoDAteen meeting.

I understand that two adult hosts/sponsors will be in attendance. If two are not available there will be at least one responsible adult host/sponsor who is approved by CoDA groups. In any emergency situation the parent/guardian will be notified as soon as possible using the emergency contact information provided on this form. I accept that at times the named adult host/sponsor may not be available, and the sponsoring CoDA group may choose appropriate substitutes.

I _____ (parent/guardian's name) understand that in case of emergency, first aid will be administered, and the parents/guardians or other designated responsible individuals will be notified. No care beyond first aid (defined as immediate, temporary care given in case of accident or illness) can be given by adult hosts/sponsors. I give permission to the adult host/sponsor to obtain emergency medical treatment for my child. I understand the adult host/sponsor or CoDA is not responsible for the cost of emergency treatment or for medical care given by emergency medical personnel. I also understand that all expenses incurred are the responsibility of the parent/guardian.

Emergency Contact Info:

1. Name: _____ Phone # _____ - _____ - _____

2. Name: _____ Phone #: _____ - _____ - _____

Parent/Guardian Signature: _____ Date: ____/____/____

For more information about CoDAteen, see our CoDAteen page at <https://coda.org/codateen>, or email CoDAteen@coda.org.