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w: <http://excaliburadhd.org>

Name*: _____ *=required



Address*: _____

Phone*: _____ * Your Remote ID _____

E-mail: _____ * Support Group _____

Support group: Adults, Parents of Children, or Teachers

(Fill in if you wish to receive emails from us. These emails include topics for meetings, other programs we offer and fundraising items. Please, indicate which group you want to receive information from: Adult, Parents of Children or Teachers.

You can unsubscribe anytime by sending a request to: ex.info@excaliburadhd.org. Please, add, "Remove from "Remote-group"" in the Subject. Thank you.

I understand that anyone, who wishes to join/observe these meetings, must register before attending a meeting.

During my membership in an Excalibur Remote Support Meeting for Persons with ADHD (parents of) I may learn personal and confidential information about individuals who participate or are involved with this Group.

Whether information is available to me through the Group or accidentally, I agree to maintain confidentiality and not reveal information to any person in the Group or outside the Group while a Member of the Group or at any time in the future when I may no longer be a Member of the Group.

I understand that breaking of this agreement could result in the termination of my membership with the Excalibur Remote Support Group for persons with ADHD.

I understand that medicine and mental health care are ever-changing sciences. As new research and clinical experience broadens our knowledge, changes in treatment and/or drug therapy are required. Excalibur Remote Support Group for persons with ADHD has checked with sources believed to be reliable in their efforts to provide information that is complete and generally in accord with the standards accepted at the time of posting. However, in view of the possibility of human error or changes in medical sciences, neither Excalibur ADHD Association, the Supervisor for Support Groups or the Support Group Facilitator nor any other party who has been involved in the preparation or on-going functioning of this group warrants that the information communicated is accurate or complete, and they are not responsible for any errors or omissions or for the results obtained from the use of such information. Any information pertaining to my health should be reviewed with my physician.

Nothing provided herein should be construed as a substitute for professional advice or treatment by a mental healthcare professional.

Although good faith efforts have been taken to preserve participant confidentiality, Excalibur Remote Support Group for persons with ADHD makes no guarantees in this regard nor to information communicated by and between participants in this forum.

Signature of Member*: _____ Date*: _____

Signature of Facilitator: _____ Date: _____

[Type here]

