



Lory's Place School Outreach Services Permission Slip

I consent to my child/teen's participation in a school-based grief support group. The group will meet for one class period, one day a month for the school year on school grounds. The education and grief support group will be facilitated by trained bereavement staff from Lory's Place, a Grief Healing and Education Center for Children and Families in St. Joseph. Lory's Place serves to educate and enhance society's understanding of the needs of children, teens and adults in grief. The school based support group does not offer assessments, diagnosis, evaluations, private therapy or counseling, but rather, provides a peer group designed to support participants for however long they choose to continue in the group.

I understand that my child/teen is responsible for all class work missed as a result of participation in the group. If I have questions or concerns regarding group, I can contact the school guidance counselor, Keri Haskins at 466-0225 or a Lory's Place staff member, at 269-983-2707.

Signature of Student _____ Date _____

Signature of Parent/Guardian _____ Date _____

Student Information

First Name _____

Last Name _____

Birthdate _____ Ethnicity _____

Home Address _____

City/Zip _____

Phone _____

Name and Relationship of the person who died _____

Cause of death _____

Date of death _____

Briefly describe why you think your child/teen is in need of the peer grief support services of Lory's Place (you may use the back if needed)

Return completed form to **Guidance Office/Counseling**