



Grief and Loss Group - Consent Form

This letter is to inform you that your son or daughter is invited to participate in our Grief and Loss group. The group meets weekly and is co-facilitated by professional counselors Lorri Opitz, MA of Joseph T. Quinlan Bereavement Center, and Suzanne Sarner, MA, LPC, ACS. Grief and Loss group is a time during which students can confidentially share personal experiences and work through and express grief that they may be experiencing surrounding the loss of a loved one.

This group meets monthly and provides a safe and therapeutic environment for the students to discuss topics that are relevant to their needs and concerns. Due to the therapeutic and supportive nature of the group, this consent, as well as counseling consent form, MUST be signed in order for your son or daughter to participate. If you have any questions/concerns, please contact Student Center Director Suzanne Sarner at 973-383-6700 x329 or ssarner@sussextech.org.

Please review the following with your child regarding their group participation before you sign this permission form.

- 1. Group will take place privately in the Student Center to ensure confidentiality, or virtually, as applicable.
2. All school rules apply while in group.
3. All discussions in group will remain confidential, unless a member discloses information indicating harm to themselves or others. We are obligated by law to report these incidents and, if appropriate, will notify you that we are doing so.

Violations of these rules may result in exclusion from further groups or other appropriate action.

I have read the above rules and reviewed them with my child, and I give permission for:

Student's Name (please print): _____ to attend the Grief and Loss group in the Student Center.

Parent's Name (please print): _____

Parent's Signature: _____ Date: _____
_____ (please initial) I have signed, where indicated, the "Parental Consent for Professional Counseling" form

OR: I am 16 and can consent for my own treatment.

Student's Name (please print): _____ DOB: _____

Student's Signature: _____ Date: _____
_____ (please initial) I have signed, where indicated, the "Self-Consent Form - 16 and Older"