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 the group, I can contact Mrs. DeMercado (School Social Worker at Coloma Elementary), Ms. Nimtz (School Social Worker at Coloma Intermediate), 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_____ E-mail_____

Home Address_____

City/Zip_____ Grade _____

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)

_____

_____

Providing the following information is optional but is extremely helpful to Lory's Place for use in research and funding needs.

Ethnicity_____ Gender_____

Return completed form to Mrs. DeMercado or Ms Nimtz, School Social Workers