



Date _____

Dear Parent/Guardian:

Mourning Hope, a non-profit grief support network for grieving children, teens, young adults and their caregivers, will be offering a peer-based support group for students at _____ who have experienced the death of a loved one. The group will meet on _____.

***If you would like your child to participate in this program,
please read and sign the agreement below.***

I give permission for my child _____ (print your child's first and last name) to attend Mourning Hope's 8-week grief support program at _____ during the _____ school semester.

I understand that Mourning Hope will provide peer grief support group services facilitated by a trained Mourning Hope staff member and the school counselor/social worker or trained school personnel and is NOT a professional counseling service.

I understand that Mourning Hope's staff and volunteers will respect student/family confidentiality except in the cases of suspected child abuse/neglect or expressed suicidal/homicidal intent.

Printed Parent/Guardian Name

Signature of Parent/Guardian

Date

Special Authorization for Artwork & Video/Audio Taping

To assist in communicating Mourning Hope's mission and message we often utilize quotations, stories, artwork, or other artistic expressions for display boards, brochures, newsletters, lectures, or for training purposes. We also may use photographs taken of group participants. The last name and detailed information about your child will not be used.

- ☐ Yes, I give permission to the above uses of artwork, stories, quotations, and photographs.
- ☐ No, I do not give permission to any of the above.
- ☐ Yes, I give permission but with these exceptions (please list below):

Child's First and Last Name: _____

Printed Parent/Guardian Name

Signature of Parent/Guardian

Date