

Parent/Guardian Consent

Your child has been asked to participate in a grief sharing support group at Ross Elementary School. This group will last for 6 weeks. The children will meet with other students that have experienced a loss of someone they loved. During our group sessions, the children will have opportunities to participate in several memory activities to celebrate their special person.

Please do not hesitate to contact me to discuss details of the grief support group. I would happy to meet with you to share with you some activities past groups have completed.

Mcelhinneyd@nhsd.net

412-318-1546

Group Participation:

As the parent/guardian of _____ (*student name*), I give my consent for him/her to participate in the grief related peer support group at Ross Elementary School.

Parent/Guardian Signature

Date