



*Student Grief Group Registration/Permission Form*

Date \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Phone #(s): \_\_\_\_\_

Sibling(s)	Name(s)	Age(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of person who died \_\_\_\_\_

Cause of death \_\_\_\_\_

Date of death \_\_\_\_\_

Relationship with student \_\_\_\_\_

Was student present at the time of death? \_\_\_\_\_

Death was:            \_\_\_Sudden       \_\_\_Peaceful       \_\_\_Expected       \_\_\_Unexpected

Ways in which student has expressed grief:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there other concerns for your child on which you wish to comment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child \_\_\_\_\_, has my permission to participate in the five-week school Grief Series which will be hosted and facilitated by HospiceCare of the Piedmont staff. I understand that my child may miss portions of his/her schoolwork as a result of attending this program. I also understand that my child will be responsible for making up any work missed.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_