

**Teen Survivors of Suicide Grief Support Group
Registration/Permission Release Form**



Participant Name: _____

Name of Parent/Legal Guardian: _____

Address: _____

Phone: _____ **Cell:** _____

Email: _____

Name of Deceased: _____ **Relationship:** _____

How long has it been since the loss? _____

Has the child been experiencing any behavioral changes since the death?

Yes **No**

Depression **Anger** **Crying Spells** **Isolation** **Trouble Sleeping**

Loss of Appetite **Other (Specify)** _____

What would you like us to know about your child?

Description of Services:

This is a *free* and *ongoing* grief support group designed for teens age 13-18' who have experienced a loss due to suicide. This group is designed for post-death support for grief (those who have lost a loved one to suicide) not suicide prevention/intervention. This group is facilitated by trained/certified bereavement volunteers and is meant for peer support. This group is NOT a therapy group. Therapy and Prevention resources are available at: didiirsch.org or suicidepreventionlifeline.org (1-800-273-8255).

****Parents are required to be on the premises during group session in case of an emergency. Parents are welcome to join the Adult SOS group meeting at the same time. Please be on time as coming in late can be a distraction for the group.***

Confidentiality:

I understand that in order to encourage children to actively participate, parents and outside observers are not permitted to attend. I understand that participation in the group is completely voluntary and confidentiality is addressed and respected, however, the group facilitator has the legal and ethical responsibility to report if an individual expresses intent to harm his/herself or others, abuse or neglect is suspected, or if illegal activity is reported notify.

I, _____, parent of minor child,
_____, hereby consent for my child
to participate in the Teen Survivor of Suicide Loss Support Group facilitated by VNA
Hospice of Southern California.

I have signed below that I have read, understand, and agree to the above:

Parent Signature

Parent Name (Print)

Date

By signing this permission slip, you are agreeing that you have the authority to enroll this child in the Teen SOS Grief Support Program.

Send this form to

VNA Hospice and Palliative Care of Southern California

Attn: Scott Ramsey, Bereavement Coordinator

412 East Vanderbilt Way, Suite 100

San Bernardino, CA 92408-3502

Or

Email: jramsey@vnasocal.org