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STUDENT GRIEF SUPPORT GROUP PARTICIPATION CONSENT

I give permission for my child, _____ to participate in the Calm Waters Support Group at _____ School. I understand that the Calm Waters 9-week program is designed to assist children and their families who have experienced the death of a loved one, divorce, deployment, incarceration, deportation, and/or foster care and adoption. During the support group sessions once a week, discussions and activities may include ways for children to take care of themselves, coping skills, and feelings associated with loss and change.

I understand this support group is **not a counseling group**, but is an optional-attendance program that provides emotional support while working through the natural grieving process. I am also aware that the group facilitators are trained volunteers and not professional counselors; I agree to hold harmless the trained grief support group facilitator (intern, contract facilitator, school counselor, or school staff) from liability and claims for damages.

I also understand that if my child is not ready to do group work, he or she may be asked to withdraw from the group sessions and participate at a later time.

Confidentiality: All services rendered and all information obtained are kept confidential by Calm Waters staff and volunteers. While I understand that Calm Waters respects the confidentiality of program participants, **I also understand that under the Limits of Confidentiality:**

A "Duty to Warn" and "Duty to Protect" requires Calm Waters to break confidentiality when the facilitator suspects danger exists to a child, their family, others, or property.

I understand that any person (over 18 years of age) having reason to believe that a child under 18 years of age is a victim of abuse or neglect are required per Section 1-2-101 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-2-101) to promptly report it to the Oklahoma Department of Human Services (DHS).

Lastly, Calm Waters/Calm Waters facilitators do not keep records of group except for attendance, and cannot provide feedback about individual students within the group. If you have questions about how your student is doing with group or performance/behavior at school, please contact your school's counselor.

I have read and understand the above information and consent to services for my child(ren).

Legal Parent or Guardian Signature

Date

Additional Legal Parent or Guardian Signature (if applicable)

Date

Reason for attending the Group:
(Please check all that apply)

Death ☐ Divorce ☐ Incarceration ☐

Deployment ☐ Deportation ☐ FC/Adoption ☐

