



**SCHOOL GRIEF SUPPORT GROUP
PERMISSION & RELEASE FORM**

Fernside offers peer support groups. Fernside does not provide therapy or counseling. Participants have the opportunity to share experiences of loss, interact with others, and gain and give support.

Information shared in the group is confidential with the exception that Ohio State law requires Fernside to report any suspected child abuse or neglect, or potential physical harm to self or others.

I give permission for my child, _____, to participate in the School Grief Support Group provided by Fernside.

Parent/Legal Guardian (signature)

Date

**CONSENT FOR PROFESSIONAL AND EDUCATIONAL USE OF
PHOTOGRAPHS AND ARTWORK**

I give consent to Fernside: A Center for Grieving Children and TriHealth, Inc. to utilize any artwork created by my child and any photographs and videotapes taken of my child and family while participating in the Fernside Grief Support Group.

I understand that any photographs, videotapes, artwork or other reproductions may be used for educational or publicity purposes. This may include development of articles, workshops, presentations or additional forms of educational models as well as brochures, newspapers, journals, magazines, television or any other advertising medium.

I acknowledge that publicity and educational uses may occur at unspecified times or series of times after the date of this release, and I agree that under such circumstances this consent may be relied upon unless I have notified Fernside: A Center for Grieving Children and TriHealth, Inc. of my intent to revoke it.

Parent/Guardian Signature

Date