



The Elizabeth Hospice

Appendix: B

AUTHORIZATION FOR GRIEF SUPPORT SERVICES

School: _____ Counselor: _____ Grade: _____

Student's Name: _____ Birth Date: _____ ☐ MALE ☐ FEMALE

Parent/Guardian Name: _____ Relationship to child: _____

Address: _____ City: _____ Zip: _____

Mobile: _____ Home: _____ Email: _____

Name of person who died: _____ Age of person who died: _____

Relationship to child: _____ Date of death: _____

How the person died: _____

Please share any specific behaviors, concerns, impact on home, school, social functioning since this death:

As lawful consideration for being permitted to participate in the bereavement group, I hereby release from all legal liability and agree not to pursue legal action against The Elizabeth Hospice, its owners, officers, directors, members and employees for any injuries or damages whatsoever to me or my property caused by or resulting from my participation in the bereavement group. I am aware that this contract is legally binding and that I am releasing legal rights by signing it.

I voluntarily consent to participation in this group. I understand that all participants will maintain confidentiality. Under California state law, healthcare professionals are mandated to breach confidentiality in situations where child and elder abuse is suspected. Professionals must also report situations that threaten self-harm or harm to another person. I understand the conditions under which confidentiality may be breached as mandated by California state law.

Signature of Participant

Date

Signature of Parent /Guardian of Participant (if child is a minor)

Date

Consent to Access Demographic Information: The Elizabeth Hospice and San Diego State University are collaborating in a research project which involves collecting data from the group sessions. Information from the data may be used for the purpose of education, and/or research in the interest of advancement of mental health training. Furthermore, no real client names shall be used for any purpose. Utilization of information under the terms of this signed consent shall not be subject to legal action. ☐ I AGREE ☐ I DO NOT AGREE

INFORMATION REQUESTED FOR STATISTICAL AND GRANT FUNDING OPPORTUNITIES (optional)

Marital Status:

☐ Single ☐ Married ☐ Divorced ☐ Widowed

Ethnic Background:

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Caucasian ☐ Hispanic or Latino
☐ Middle Eastern ☐ Native Hawaiian or other Pacific Islander ☐ Two or more races ☐ Other _____

Household Income:

☐ Less than \$25,000 ☐ \$25,001 - \$50,000 ☐ \$50,001 - \$75,000 ☐ \$75,001 - \$100,000 ☐ \$100,001 or more

Military Affiliation (select all that apply):

☐ Active Duty ☐ Veteran ☐ Army ☐ Navy ☐ Marine Corps ☐ Coast Guard ☐ National Guard