

Counseling Group Permission Form - GVMS

Please check the groups in which you would like to be involved.

___ Stress Management

___ Friendship

___ Concerned Persons

(for students who have people close to them experiencing substance abuse problems)

___ Grief and Loss

(for students who have lost a loved one in the recent past)

___ Anger Management

(for students interested in exploring ways to deal positively with their anger)

___ Families in Transition

(divorce, blended families, or separation)

I would like to be a member of the group selected above. I am available on days _____ during period 8.

My child _____ (name), has my permission to participate in the groups indicated above.

Grade Level: _____

Parent Signature

Date