HERMOSA VALLEY SCHOOL

CONSENT FORM

Embrace Kids Group

In Joint Participation with the *Little Company of Mary Hospital and The Wellness Community*

(Under a Grant Funded by Little Company of Mary Foundation)

Date: _____

_____ _____ _____

Student Name Teacher Grade

Cancer touches the entire family. The Little Company of Mary (LCM) is providing support for children who have been touched by cancer/chronic illness of a family member or loved one. The *Embrace Kids Program* was created by a group of caring staff and professionals at LCMH, as means for children to express their feelings through art, music and movement. The group will meet weekly each Wednesday at lunch from 11:35 am - 12:20 pm in room 15 with The Wellness Community facilitators. To participate in the program children may be referred by school staff or parents may refer their child as well.

Under California law, there are certain rare situations under which licensed professionals, such as teachers and counselors, are legally bound to break confidentiality. We are required to break confidentiality when a person may be dangerous to him/herself or others, or who is involved in child or elder/dependent abuse. In these rare situations, we would need to notify the police, and/or other reporting agencies or individuals to whom we would release only the information pertinent to the reportable situation.

Your signature on this forms means that you give permission for your child to participate in LCMH's *Embrace Kids Program*. This permission is effective for the 2008-2009 school-year.

Please return this form to the Sylvia Gluck in the Hermosa Valley School Office.

If you would like more information in regards to this program, you may contact Kathy Calderon at LCMH 310- 937 - 1984

Complete the following:

( ) I give permission for my child, _____, to participate in the school Embrace Kids Group.

_____ _____

Printed Name of Parent/Guardian Printed Name of Parent/Guardian

_____ _____

Signature of Parent/Guardian Date Signature of Parent/Guardian Date

_____ _____

Daytime Phone Daytime Phone

_____ _____

Evening Phone Evening Phone