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# CHEYENNE PUBLIC SCHOOLS

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CHEYENNE, OKLAHOMA 73628-0650

Mrs. Cassie Romberg      580-497-3371 Ext. 229  
PK-12<sup>th</sup> School Counselor      Fax 580-497-3373  
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**COUNTRY**

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## Parent/Guardian Consent Form

Cheyenne High School is partnering with MCYS to offer grief group counseling sessions to any student interested in participating. The attached letter gives further details.

**If you feel participation in this grief group would benefit your child and you would like to grant permission for your student to attend, please complete the following and return to Mrs. Romberg by Sept 11<sup>th</sup>.**

I, \_\_\_\_\_ (parent name), give permission for  
\_\_\_\_\_ (student name) to attend the group counseling sessions beginning on  
Sept 14<sup>th</sup>. I understand that I can withdraw my permission at any time by contacting Mrs. Romberg or  
the high school office.

As the parent, always feel free to contact me to discuss your child and his or her growth in the group. However, because all counseling is based on a trusting relationship between the counselor and the students, the leader will keep the information shared by the members confidential unless district policy and/or ethical responsibilities require disclosure. These circumstances are if a child reveals information about harming themselves or others, or if a child reveals information about child abuse. In these rare cases only relevant information will be shared following district policy.

By signing this form, I give my consent for my child to participate in group grief counseling sessions this school year (2020-2021).

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_