

## **Kindred Hearts Support Group**

Dear Parent,

The Community Bereavement Department of Heartland Home Health Care & Hospice is working with the Davison Community Schools to offer a grief support program to children and young adults who have experienced a loss due to the death of a loved one.



## **Kindred Hearts Group Goals:**

- To provide a safe environment where feelings are validated and accepted.
- To understand that no one's grief is identical but there are many similiarities.
- To learn that there is no time limit on grief.
- To discover that grief is a normal and a natural process which needs to be experienced in order for healing to take place.
- To help students find constructive ways to deal with their intense feelings of grief and loss.

Our support groups will be conducted uring school hours at no charge to the students. Sessions are usually one hour and will run for six consecutive weeks, or as needed. We require your written permission for your child to attend. Please fill out the permission form below which will also serve as your child's registration for the group.

If you believe that your child might benefit from this program, please return the permission slip to the school counselor as soon as possible.

Respectfully - Lynette Wood, Bereavement Coordinator

Mrs. Vannest, Siple/Thomson Counselor: (810) 591-5105, 591-0907 <a href="mailto:rvannest@davisonschools.org">rvannest@davisonschools.org</a>

Mrs. Wambaugh, Central/Thomson Counselor: (810) 591-0820, 591-0907 bwambaugh@davisonschools.org

If your child would like to participate in a *Kindred Hearts Group*, please fill out the form below and return it to Mrs. Vannest (PM) or Mrs. Wambaugh (AM) as soon as possible.



## WKINDRED HEARTS GROUP PERMISSION SLIP

NAME OF CHILD
PARENT/GUARDIAN SIGNATURE
RELATIONSHIP OF DECEASED TO CHILD
DATE OF DEATH

\*Please return to your counselor - Mrs. Vannest (PM) Mrs. Wambaugh (AM)

Saved as: Kindred Hearts Group Letter (Thomson).docx