



## Children's Bereavement Services - Registration Form

Child Name: \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Please circle appropriate T-shirt Size. Youth size: SM Med Lg XL Adult Size: XSM SM Med Lg XL XXL

### EMERGENCY CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### MEDICAL HISTORY:

Please provide information about your child's medical conditions, mental health conditions or diet restrictions that would affect participation: \_\_\_\_\_

**Consent Plan:** If emergency medical aid/treatment is required due to illness or injury all receiving Children's Bereavement services, I authorize Hospice & HomeCare of Reno County and its staff to:

1. Secure and retain, at my expense, medical treatment and transportation for my child, if needed.
2. Release my child's records upon request to authorized individual/agency for medical emergency treatment. This includes X-rays, surgery, hospitalization, medication and any treatment procedures the physician deems "life saving". This provision will only be invoked if the person(s) above is not reached.

**Consent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Medication:** If my child requires scheduled medication, all reasonable efforts will be made to maintain the child on the prescribed medications. The parent/guardian will provide a copy of a written schedule of the medication to be taken, including times and dosages. Hospice & HomeCare of Reno County Staff will remind my child to take medication but they **will not** be responsible for administering medication to the child.

**Consent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**LIABILITY RELEASE:** I agree, (on behalf of myself, my spouse, the child, and our assigns, executors and heirs), to release, indemnify and hold harmless Hospice & HomeCare of Reno County and its directors, officers, agents, employees and volunteers from any and all liability, loss, damage, or claims of any nature arising out of or in any way related to my child's participation in the program, except claims or losses caused by the sole gross negligence of Hospice & HomeCare of Reno County's employees, officers or directors.

**Consent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Child Name: \_\_\_\_\_ Date of Birth : \_\_\_\_\_

**PHOTO RELEASE:** By initialing below, you agree to Hospice and Homecare of Reno County's use of photographs, and video of my child (including his/her comments) in print, electronic publication, newsletters, website, Facebook, advertisements and other public materials and outlets for the purpose of promoting or sharing information about the services provided by this agency. Therefore, we ask your child's name, image and comments for publicity purposes.

**Please initial if you agree to this Release:** \_\_\_\_\_

## Bereavement History

Name of person who died: \_\_\_\_\_ Age of deceased: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date of death \_\_\_\_\_

Name the child called the person who died: \_\_\_\_\_

Cause of death: \_\_\_\_\_

Where did this person die:  Home  Hospital  Other \_\_\_\_\_

Was the child present at the time of death:  Yes  No

Did the child attend the funeral/memorial service:  Yes  No

Did the child live with the person who died:  Yes  No

Briefly describe the relationship between the child and the one who died: \_\_\_\_\_

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Has the child received any professional support:  Yes  No

Have there been multiple losses experienced by this child?  Yes  No If "yes", please explain. (Include the relationship of significant persons to the child in your comment): \_\_\_\_\_

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Note any other changes/stresses in this child's life. (Include if there has been a divorce, prolonged illness, relocation, loss of significant possession(s), loss of home, etc.): \_\_\_\_\_

**Parent/Child Closing Session will be held on the day of camp at 1PM to help you support your child through the grieving process.**

How did you hear about Kids Kamp:  Church  School  Cosmosphere  Hospice Bereavement  
 Funeral Home  Publicity/Advertisement  Other \_\_\_\_\_

Please return this form via Mail, Fax or Email. We look forward to serving your child through our Children's Bereavement Programs.