HOSPICE & HOMECARE OF RENO COUNTY

Children's Bereavement Services - Registration Form

Child Name: _____ **Date of Birth :**_____

Address: _____ **City/State/Zip:** _____

Phone Number: _____ **Parent/Guardian Name:** _____

Preferred Name:_____**G**ender:_____Age: ____ **Grade Completed:**_____

Check Race: ◯**Caucasian Non-Hispanic** ◯**Caucasian Hispanic** ◯**African American** ◯**Oriental** ◯**Aboriginal** ◯**Other**

Check Ethnicity: ◯**Caucasian** ◯**Hispanic** ◯**African American** ◯**Vietnamese** ◯**Asian/Pacific Islander** ◯**Chinese** ◯**Indian** ◯**Native American** ◯**Other**

Check 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: _____

_____

_____

_____

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):_____

_____

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 200PM 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.

1100 North Plum St.
Hutchinson, Kansas
67501-1499

COSMOSPHERE
INTERNATIONAL SciEx CENTER
SPACE MUSEUM

620.662.2305
www.cosmo.org

Last Name: _____ First Name: _____

HOLD HARMLESS AND RELEASE

1. I am aware of all the inherent damages and risks involved in this Cosmosphere program including: bodily injury, sprains, fractures, dislocations, lacerations, concussions, skin disease, eye, head, neck or back injuries, or death. I give the participant the permission to participate in all activities of this program.

2. I understand that the Cosmosphere does not provide any Accident or Medical Insurance and that I am required to provide any medical insurance for the participant. I agree to be financially responsible for all medical expenses whatsoever.

3. I agree, on behalf of myself, the participant, my assigns, executors and heirs, to release, indemnify and hold harmless the Cosmosphere, Inc. and its directors, officers, agents and employees from any and all liability, damage, or claim of any nature arising out of or in any way related to the participant's participation in this program, except claims or losses caused by the sole gross negligence of the Kansas Cosmosphere and Space Center, Inc.

4. I understand this Agreement to be a Release of all claims and causes of action for participant's injury or death or damage to participant's property that occurs while participating in the described activity and it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by the participant's negligent or intentional act or omission.

_____

Signature/(Parent's Signature if under 18) **Date**