



PALS for grieving children is a program of:



Dear Caregiver of a Grieving Child or Teen,

- 💡 Have you, your child or teen experienced the death of a special person?
- 💡 Would you like to learn ways to help support your family as they grieve?
- 💡 Would you like to complete activities to honor the memory of your special person?

**FairHoPe Hospice and Palliative Care, Inc. provides the FREE
FAMILY GRIEF CAMP**

May 6, 2017

from 12:30 to 3:30 pm

The Anita M. Turner Center located on the grounds of The Pickering House

Grief CAMP participants will...

- 💡 Come together as children to honor a loved one through art and trust building
- 💡 Come together as caregivers to support each other in the journey traveled
- 💡 Come together as family to share emotions through a drum circle
- 💡 Come together as family to play with a parachute
- 💡 Come together as children, caregivers and family to celebrate life
- 💡 Be invited to a pizza party and monthly activities

Please complete the attached registration form. **The registration form must be received prior to the day of the scheduled CAMP. You will receive written confirmation of your registration.** You may contact, Tracey Miller, Family Grief Support Coordinator at 740.785.6546 pals@fairhopehospice.org





PALS for grieving children

FREE GRIEF SUPPORT REFERRAL/REGISTRATION FORM

Please complete all sections and submit to:

FairHoPe Hospice and Palliative Care, Inc.

**Tracey Miller
282 Sells Road
Lancaster OH 43130**

Direct Line: 740-785-6546
Fax: 740-475-0626

SECTION 1: CHILD'S BACKGROUND INFORMATION

Office use: Date Rc'd _____ Hospice Community

Child's Last Name:	Child's First Name:	Referral Source:
Date of Birth:	Age:	Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
School Name:	School District:	Grade:
Home Address:	City:	Zip:
Parent/Caregiver's Last Name:	Parent/Caregiver's First Name:	Relationship to Child:
Home Phone:	Cell Phone:	Work Phone:
Parent/Caregiver's Email Address:	Sibling(s):	

SECTION 2: DESIRED GRIEF SUPPORT PROGRAM (s)

PALS for grieving children provides a range of free grief support. Please indicate your desired program(s).

<input type="checkbox"/> Family Grief CAMP 11/5/16 name of caregiver(s) attending:
<input type="checkbox"/> Family Grief CAMP 2/4/17 name of caregiver(s) attending
<input type="checkbox"/> Family Grief CAMP 5/6/17 name of caregiver(s) attending

Office use: Patient's Last/First Name:	Office use: <input type="checkbox"/> Hospice <input type="checkbox"/> Community
Child's Last/First Name:	Caregiver's Last/First Name

SECTION 3: BEREAVEMENT INFORMATION

Last Name of the Deceased:	First Name of the Deceased:	Relationship of the Deceased to the Child: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____
Date of Death:	Child's Age When One Loved Died:	Activities Child Enjoyed Doing with Loved One:
Cause of Death: <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Stroke <input type="checkbox"/> Heart Disease <input type="checkbox"/> Motor Vehicle Collision <input type="checkbox"/> Drug Overdose <input type="checkbox"/> Natural Causes <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____		
Explain what the child has been told about the circumstances of the death.		
The loved one's remains were... <input type="checkbox"/> Cremated <input type="checkbox"/> Buried <input type="checkbox"/> Donated		Was there a funeral/memorial service? <input type="checkbox"/> Yes <input type="checkbox"/> No
Emotional State displayed: check all that apply <input type="checkbox"/> anger <input type="checkbox"/> nervousness <input type="checkbox"/> confusion <input type="checkbox"/> fear <input type="checkbox"/> apprehension <input type="checkbox"/> sadness <input type="checkbox"/> relief <input type="checkbox"/> calmness <input type="checkbox"/> happiness <input type="checkbox"/> acceptance		
Grief Reaction(s) displayed: check all that apply <input type="checkbox"/> withdrawn <input type="checkbox"/> change in eating pattern <input type="checkbox"/> verbally aggressive <input type="checkbox"/> does not want to talk about the deceased <input type="checkbox"/> crying <input type="checkbox"/> difficulty concentrating <input type="checkbox"/> increased anger <input type="checkbox"/> physically aggressive/fighting <input type="checkbox"/> sleep issues <input type="checkbox"/> bad dreams <input type="checkbox"/> difficulty in school <input type="checkbox"/> wants to talk about the deceased <input type="checkbox"/> other _____		

SECTION 4: DESIRED FREQUENCY OF SUPPORTIVE CONTACTS

We provide follow-up supportive contacts via phone, email, mailings and/or visits. The frequency of these contacts will depend upon the needs of your child. Please indicate your preferred way (s) to be contacted.

- ____ Please call me at my home phone. May we leave a voicemail message at this number? (circle) yes no
- ____ Please call me at my cell phone. May we leave a voicemail message at this number (circle) yes no
- ____ Please email me at _____
- ____ Please send mailings only

Office use: Patient's Last/First Name:	Office use: <input type="checkbox"/> Hospice <input type="checkbox"/> Community
Child's Last/First Name:	Caregiver's Last/First Name :

SECTION 5: RELEASES

1. Parent/Caregiver Permission Statement

I certify that I am the parent/caregiver of the above named child. The history provided in this referral/registration form is complete and accurate to the best of my knowledge. I give permission to the *PALS for grieving children* staff to share information contained in this document with the volunteer(s) working with the child. Services designated for family members and others include individual counseling, group support sessions, help with practical matters and social events. For children/adolescents, I give permission to participate in grief services. This means there will be no liability to PALS for grieving children, a program of FairHoPe Hospice & Palliative Care, Inc.

2. Liability Release

I hereby release FairHoPe Hospice & Palliative Care, Inc. its employees, associates, Board of Trustee members, and consultants from any legal responsibility and/or liability arising out of accident or illnesses which occur during the child's or caregiver's participation.

3. Withdrawal/Discharge

I accept the conditions of FairHoPe Hospice & Palliative Care, Inc., as described, understanding that I may choose not to have the above named child remain in the program and that the child may be discharged from the program if care is no longer appropriate. This means there will be no further liability to me or FairHoPe Hospice & Palliative Care, Inc. I understand, however, that I may request to have the above named child readmitted at a later date.

4. Publicity Permission

I hereby irrevocably consent to the above named child and caregiver being photographed or being recorded by video or audio means by FairHoPe Hospice and Palliative Care, Inc. or a designated representative of the organization. These photographs and/or recordings can be used without compensation to me or the above named child, in any public display publication or media, website, or in any manner or form, and at any time by FairHoPe Hospice & Palliative Care, Inc. in promotion of the mission to increase awareness about the services of the organization. I hereby release FairHoPe Hospice & Palliative Care, Inc. its employees, associates, Board of Trustee members, and consultants from any liability in connection with the aforesaid materials.

5. Art Release

I give consent that all art (visual, written, and performance) produced through the *PALS for grieving children* program can be used/and or photographed for documentation of therapeutic programs, presentations, and/or publications; exhibit or display. I understand that confidentiality will be protected at all times and that identifying data will be altered to preserve the identity of the above named child.

Signature of Responsible Party: X _____ Date: _____

Signature of FairHoPe Representative: X _____ Date: _____

Title of FairHoPe Representative: _____