

# Camp Koala Bereavement Groups for grieving children

Please use a separate form for each person attending

Name of Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Best Phone # \_\_\_\_\_ Age \_\_\_\_\_  
Grade \_\_\_\_\_ School \_\_\_\_\_ County \_\_\_\_\_  
Guardian Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_

***This program was generously funded by grants and fundraisers. Please provide the following confidential information for grant writing report purposes so that we can continue to offer our programs for free. Thank you.***

# in Household \_\_\_\_\_ Ethnicity \_\_\_\_\_ Qualify for reduced \_\_\_ or free lunch? \_\_\_ Child of a veteran? \_\_\_\_\_

***Please provide the following information for group planning purposes:***

Relationship(s) of the deceased to applicant \_\_\_\_\_

Cause of death(s) \_\_\_\_\_

Date of death(s) \_\_\_\_\_ Age of deceased \_\_\_\_\_

Has the child received any counseling/support? \_\_\_\_\_ Currently? \_\_\_\_\_ If so, where/from whom? \_\_\_\_\_

Name of the deceased person(s) \_\_\_\_\_

Does your child have any allergies, or any medical, physical or emotional concerns we should be aware of? Please list.

Please list any other children in your family and their relation to you, who will be attending the groups: (no adults)

## **Details:**

All support groups begin promptly at 5:30pm, and end by 7:00pm. Dinner is provided at the start of each group. Activities are Art Therapy, Music Therapy and Play Therapy based. We rely on peer support and Therapeutic Arts as ways to express our feelings and share our losses in a fun and supportive environment. Our groups are fun!  
There is no cost to attend, thanks to our generous donors, Hospice of Evangelical and Bucknell University volunteers.

**Location:** Hospice of Evangelical, 235 Hospital Drive, Lewisburg PA. (Note, this is not at the hospital)

**Dates: Wednesdays, 2018, 5:30-7:00pm**

March 21

March 28

April 4

April 11

April 18

April 25



**Facilitator: Kay Holdren, MSW and Rebecca Phillips, M.Ed., assisted by Bucknell University Psychology students.**

**Hold Harmless Agreement:** I agree to indemnify and hold harmless Camp Koala, its Board of Directors, Executive Director, volunteers, donors and sponsors, Hospice of Evangelical staff, Evangelical Hospital and Hospice of Evangelical for any and all claims, demand, actions and judgments whatsoever of every name and nature, both in law and equity, which I or my child ever had or now has or may have against Camp Koala or Hospice of Evangelical for all personal injuries, either physical or emotional, known or unknown, and injury to property, real or person, sustained by myself or my child's person or property during mine, his or her attendance at all Camp Koala or Hospice of Evangelical events, including but not limited to, injury caused by or arising from Camp Koala's or Hospice of Evangelical's own negligence.

I, the undersigned, have read this release and understand all of its terms.

Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Please visit our website, at [www.campkoala.org/supportgroups](http://www.campkoala.org/supportgroups) for more information.