

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.

Will any other children in your family be attending? (children only, 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: Evangelical Hospital, 1 Hospital Drive, Lewisburg PA. Apple Rooms A&B

<https://www.evanhospital.com/for-patients/hospital-maps>

Dates: Wednesdays, 2019, 5:30-7:00pm

March 20 March 27 April 3 April 10 April 17 April 24

Facilitator: Cindy Moyer, LSW, CDP of Hospice Evangelical and Rebecca Phillips, M.Ed., former School Counselor; assisted by Bucknell University Psychology students and Hospice of Evangelical MSW Intern.

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 for more information.

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