



CHILD'S NAME

HEALING KIDS' HEARTS RETREAT APPLICATION  
Sternberg Museum  
Hays, KS  
Saturday, March 30, 2019  
9:45 AM to 4:00 PM

CHILD'S INFORMATION

Last	First	Middle	"Nickname"	
Street	Apt #	City	State	Zip
Age	Gender			

LEGAL GUARDIAN INFORMATION

Last	First	Relationship to Child
Address (if different than above)		
Home Phone	Cell Phone	Email

**Return This Application By March 8<sup>th</sup> in order to be guaranteed a Tee-shirt.**

To:  
Center for Life Experience  
Attn: Ann Leiker  
205 E. 7<sup>th</sup> St., Suite 251  
Hays, KS 67601

OR

Ann Leiker  
cfl1@eaglecom.net



\_\_\_\_\_  
**CHILD'S NAME**

Please list any medication that will need to be administered along with your authorization:

Name of Medication	Dosage/Frequency	Additional Information

Please list any food and/or environment allergies \_\_\_\_\_

ALL MEDICATIONS are to be presented in the original prescription container from the pharmacy. Vitamins and over-the-counter medications must also be in original containers. ALL MEDICATIONS must be in a zip lock bag with the child's name written on it and given to the RETREAT NURSE at drop off/registration. Unlabeled or mislabeled medications cannot be given at the retreat. You must provide the appropriate medications for the entire duration of the retreat.

By signing this, I agree to allow the Healing Kids' Hearts Retreat to administer the above prescribed medications and any necessary over-the-counter medications to this child. I also give permission for the staff to call 911 in case of emergency. I also give my permission to the doctors and the hospital to treat my child as necessary, in the event of an emergency.

EMERGENCY CONTACT INFORMATION (other than legal guardian previously listed)

Last	First	Relationship to Child	Phone Number



Signature of Legal Guardian	Printed Name	Date

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\_\_\_\_\_  
**CHILD'S NAME**

**BEREAVEMENT HISTORY**

It is important that you include as many details as possible when answering the following questions. We understand some of these questions might be difficult; however, we want to be able to provide the best possible care for your child. Attach extra pages as necessary.

- 1. Name of Deceased \_\_\_\_\_
- 2. Child's Relationship to Deceased \_\_\_\_\_
- 3. Cause of Death (please mark all that apply)  
 unexpected     long term illness     accident     other \_\_\_\_\_
- 4. Deceased date of death and their age \_\_\_\_\_
- 5. Was the child present at the time of death?    Yes    No
- 6. Child's age at time of death \_\_\_\_\_    7. Did the child live with the Deceased?    Yes    No
- 8. What was the child's relationship like with the deceased?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**CHILD'S NAME**

9. Did the child attend the memorial/funeral service?    Yes    No    Comments

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10. Please describe how the child is coping with the loss.

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11. Please describe how the family is coping with their loss.

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12. Has your child received or are they receiving professional support?    Yes    No

13. Please describe other changes in the child's life since the time of the loss (i.e. illness, relocation, divorce, remarriage, finances, and other losses)?

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14. Is there anything else that we should know to help your child?

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15. What interests did the child and the deceased share?

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\_\_\_\_\_  
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**CONSENTS**

1. I give permission for the child to attend the Healing Kids' Hearts Retreat. It is my understanding that it is the goal of the Retreat to help facilitate the bereavement process for the child and to provide support in expressing feelings of grief.
2. I give my permission for the child to be photographed and/or videotaped during the Retreat. I understand that the photographs and/or videotapes will remain the property of the Healing Kids' Hearts Retreat through the Center for Life Experiences and may be used for the publicity of the Retreat, including, but not limited to future Retreat brochures.
3. I understand that the child will be supervised by trained staff and volunteers throughout the duration of the Retreat. However, I recognize that children at the Retreat can injure themselves without fault on part of the staff, volunteers, or partners. I release Healing Kids' Hearts Retreat from responsibility for injury to the child.
4. If the emergency contact cannot be reached in the event of an emergency, I hereby give consent for the staff/volunteers of the Retreat to access treatment through EMS or the Hays Medical Center emergency room physician to treat the child.
5. I understand that the information provided about the child will be shared on a "need to know basis" with the Retreat's staff and child's assigned volunteer and that information will be kept in the strictest confidence.
6. I understand that if the child becomes disruptive at any time during the Retreat that the child may be asked to leave, and will be expected to be transported from the Retreat by any of the following people listed (must be 18 or older):

**Names**

**Contact Information**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
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**CONSENTS CONTINUED**

7. I expressly assume any and all risks of injury or death arising from or relating to the child's activities at the Retreat and waive and release any and all actions, claims, suits, or demands of any kind or nature whatsoever against the Healing Kids' Hearts Retreat, its corporate affiliates, contractors, vendors, officers, agents, sponsors, volunteers or representatives of any kind (collectively "Releases") arising from or relating in any way to the child's voluntary participation in these activities. I understand that this Waiver, Release, and Indemnification agreement means, among other things, that if the child is injured or dies as a result of participation in these activities, I, and/or my family or heirs cannot under any circumstances sue Releases' or any of them for damages relating to or caused by injuries or death.
8. I agree to indemnify Releases' or any of them, their subrogees, if any, in the event of any loss, damage, or claim arising from or relating in any way to the child's participation in any Healing Kids' Hearts Retreat activities.

When my child is released from the Retreat, he/she may be released only to the legal guardian or other person specified here:

\_\_\_\_\_  
 Name Phone contact

I have read, understand, and acknowledge the above application and wish for the Child to participate in the Healing Kids' Hearts Retreat.

\* \_\_\_\_\_  
 Signature of Legal Guardian Printed Name Relationship to Child Date

Select the size your Child wears: (Please circle size)

\* Child's (Youth) tee-shirt size: XS S M L

\* Adult tee-shirt size: S M L XL 2x 3x

\* Please be sure to sign on page 2 and above. Both signatures are required for this application to be considered.

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