

HEALING KIDS' HEARTS RETREAT
ENROLLMENT FORM



Sternberg Museum – Hays, Kansas | Saturday, March 28, 2020- 9:30 AM to 4 PM

Must be completed and returned by March 18, 2020

CHILD'S INFORMATION

Last	First	Middle	“Nickname”
Age		Gender	

LEGAL GUARDIAN INFORMATION

Last	First	Relationship to Child
Home Phone	Cell Phone	Email

- ALL MEDICATIONS are to be presented in the original prescription container from the pharmacy and presented to the RN on duty at the time of registration.
- 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.
- Unlabeled or mislabeled medications will be returned to the parent or guardian.
- By signing below, I agree to allow the Healing Kids' Hearts Retreat RN on duty to administer the above prescribed medications and any necessary over-the-counter medications listed above to this child. I also give permission for the staff to call 911 in case of emergency I give my permission to the doctors and the hospital to treat my child as necessary, in the event of an emergency.

<u>Name of Medication</u>	<u>Dosage/Frequency</u>	<u>Additional Information</u>

Signature of Parent or Legal Guardian

Date

BEREAVEMENT HISTORY

_____ **Childs Name**

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. Please provide as much or little information as you are comfortable sharing. Use the back of page for additional space as needed.

1. **Cause of Death:** _____
2. **Did the child attend the memorial service/funeral?** Y N _____
3. **Was the child present at the time of death?** Yes No _____
4. **Is the child currently receiving professional support related to loss or bereavement issues?** Y N
5. **Please describe what the child's relationship was like with the deceased.**

6. **Please describe any behavior changes in the child you have seen since the time of the loved one's death.**

7. **Please describe any notable changes in the family since the loss of the loved one.**

8. **Please share any other information that would be helpful in caring for your child during the Retreat.**

