

**HOSPICE OF KNOX COUNTY
ADULT AND CHILDREN
BEREAVEMENT PARTICIPATION FORM**

Each participant must complete this form. Minors must have the form completed and signed by parent(s)/ guardian(s).

Name of Participant _____ Date _____ Age _____ DOB _____

Address _____ City _____ State _____ Zip _____

Gender: Female Male Home/Cell Phone _____ Parent/Guardian Phone _____

Who did you lose? _____ How long ago? _____

If this loss caused any specific effects, such as nightmares, depression, etc., please list _____

Hospice of Knox County offers many diverse bereavement programs for Hospice of Knox County families and community members. Please check the program(s) in which you are interested in participating. Programs include, but are not limited to:

CHILDREN'S PROGRAMS:

- Grief Works Support Group Camp Hope Angel Talk Social Group School Visits
 Individual Counseling Family Counseling

ADULT'S PROGRAMS:

- Passage Support Group Expressions Support Group Healing Hearts Social Group
 Hopeful Hearts Social Support Group Bereavement Visit Individual Counseling
 Family Counseling Adult Orphan Workshop Parents Who Have Lost a Child Workshop
 Caregiving Isn't For Cowards Workshop

OTHER PROGRAMS:

- Memorial Service Memorial Service at _____
 Presentation at _____ Other _____

IN CASE OF EMERGENCY, CONTACT:

Parent/Guardian _____ Phone (H) _____ Phone (W) _____

Cell Phone _____ Other Person (relationship) _____ Phone _____

Family Physician _____ Phone _____ Address _____

Dentist _____ Phone _____ Adress _____

CHECK IF PARTICIPANT IS ALLERGIC TO:

- Foods (specify) _____
 Medications prescriptions and/or non-prescriptions (specify) _____
 Serious ivy, oak or sumac poisoning Bee or insect stings

Prescribed treatment _____

List all present medical and allergic conditions (contact lenses, braces, diabetes, etc.) which require medication, treatment, or special restrictions or considerations in participation.

Condition(s) _____

Medication(s) _____

Specify any restrictions in activities: _____

STATEMENT OF UNDERSTANDING

I have been informed about and understand that I and/or my child(ren) have the opportunity to participate in any of the bereavement programs specified above and have checked those services in which I would be interested.

RELEASE OF LIABILITY

I understand and agree that Hospice of Knox County, its Board of Directors, officers, employees, and volunteers and camp sponsors are released from any legal responsibility and/or liability for negligence arising out of any accident or illnesses that occur while my child (name of camper on form) or myself attends any/ all programs provided.

PHOTO/VIDEO RELEASE

I give permission to Hospice of Knox County to use photographs, voice and video images of the participant named above, and photographs, voice and video images of any activities in which participant is involved in any and all public awareness programs of Hospice of Knox County. **Please check if you do not agree.**

Your signature below serves as signature for Statement of Understanding, Release of Liability, and Photo/Video release (if not checked in box). (Parent or legal guardian must sign for all persons under 18 years of age)

Signature of Parent/Guardian/Participant **Relationship** **Date**

Witness **Date**

PARENT(S)/GUARDIAN(S)/ MEDICAL RELEASE

My child _____ has my permission to participate in Children's Bereavement Groups (with the exception of those restricted activities listed). I understand that the participants will be supervised. I understand that employees and volunteers of Hospice of Knox County are not responsible in the event of accidental injury or illness, nor for the compounded injury or illness to the participant's present medical conditions listed. I further understand in case of serious injury or illness, I will be notified. I give my permission for my child to be transported to the nearest hospital facility. If I cannot be contacted, I give my permission to the family physician or to the emergency room physician to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for the participant as named above.

Signature of Parent/Guardian **Date** **Witness** **Date**

I assume full responsibility for the participant (including minor children), for bodily injury, death, loss of personal property, and expenses thereof, as a result of my negligence or the negligence of the participant.

Hospice of Knox County charges no fee to the individual for counseling services, however, a donation to Hospice of Knox County is welcome, but not required.

For Office Use Only: (any other services requested)