

Children's Bereavement Workshop
Sponsored By
VNA/Hospice of Monroe County
502 Independence Drive
East Stroudsburg, PA 18301
570-421-5390

DATE: _____

CHILD'S NAME: _____

ADDRESS: _____

PHONE: _____

PARENTS/GUARDIANS: _____

ADDRESS (if other than above): _____

CHILD'S D.O.B.: _____ AGE: _____ GRADE: _____

Nature of Child's loss: (name & relationship, date of death, unusual circumstances):

Please describe Child's reaction to and coping with love one's death:

Contact person who will be available during workshop hours.

Name: _____

Relationship: _____ Phone: _____

I hereby grant my permission for _____ to attend the Children's Bereavement Workshop. I waive any liability on the part of VNA/Hospice in the event of injury to my child. Only the children with completed applications and written parental permission will be admitted to the workshops.

Name: _____ Date: _____

(Please Print)

Signature: _____

Relationship: _____ Phone: _____