



**SOUTHCOAST HOSPICE & PALLIATIVE CARE
2008 CAMP ANGEL WINGS
REGISTRATION FORM**

Today's date: _____

Child's Name: _____ Child's Birth date: _____

Child's Address: _____ City: _____ State: _____

Child's School and Grade: _____

Parent/Guardian's Name: _____

Parent/Guardian's Phone Numbers: Home: _____ Cell Phone: _____

Work: _____ Emergency: _____

Name of Person who died: _____ Relationship to Child: _____

Age of Person at time of death: _____ Date of death: _____

Cause of Death: _____

Did child live with the person who died? Yes No

Describe their relationship: _____

Specific concerns or helpful information such as aggressive behaviors or incidents, remarriage of surviving parent, relocation of child after death to another community, difficulty in school or in relationships with others, etc. Please explain.

Has the child been in any support groups or counseling? Yes No

If yes, please explain:

Any health problems, allergies, medications, or dietary restrictions? _____

How did you hear about the camp? _____

What do you hope your child will gain from attending the camp? _____

Child's T-shirt Size(check one):

Youth size: Small(6-8)
Medium(10-12)
Large(14-16)

Adult size: Small
Medium
Large

******* PLEASE READ AND SIGN *******

I hereby release and forever discharge Southcoast Hospice, Palliative Care, Homecare and Infusion, Southcoast Hospitals Group, Mattapoissett YMCA, their employees and others associated with this program for any damages whatsoever resulting or which may result from participation in the activities conducted at camp.

I give permission for Southcoast Hospice and Mattapoissett YMCA to:

- **Treat my child with emergency care and or first aid if necessary.**
- **Take and use photographs of my child for brochures, articles, etc.**

Parent or guardian's name: _____

Parent or guardian's signature: _____

The cost of the camp is free through the generosity of individuals and businesses that have donated to the camp fund in the past year.

Space is limited and registrations are processed in the order received. Register early to ensure availability.

For more info contact Catherine Wrobel, LSW, Southcoast Hospice Bereavement Coordinator at (508) 984-0202.

Or mail this form to her attention at:

**Southcoast Home Care Hospice and Palliative Care
200 Mill Road
Fairhaven, MA 02719**



SOUTHCOAST
HOSPITALS GROUP

Home Care, Hospice & Palliative Care
and Infusion Services