

YOUTH BEREAVEMENT SUPPORT GROUP FORMING

Dear Parent(s):

Pioneer Memorial Hospice is offering a **Youth Bereavement Support Group** at RimRock Health Alliance, 236 N. Main Prineville, Oregon 97754. The group will be offered every week on Wednesday for 60 minutes. The group will start at 3:30 pm. Hospice social worker, Patrick McCullough LCSW and a volunteer will facilitate the support group. If your child has experienced a death related loss recently, or in the past, he or she may greatly benefit from this program. If you would like your child to participate, please sign the attached registration forms and return them to Pioneer Memorial Hospice, 1201 NE Elm, Prineville OR 97754. If you have any questions, please contact Patrick McCullough, LCSW at Pioneer Memorial Hospice (447-2510). Thank you.

Name of Student: _____

Name of Parent/Legal Guardian: _____

Address: _____

Phone: _____

Signature of Parent/Legal Guardian

Date

PIONEER MEMORIAL HOSPICE
Children/Youth Bereavement Support Group Registration

Today's date: _____

Parent/Guardian Name(s): _____

Phone: _____ **(home)** _____ **(work)** _____ **(cell)**

Address: _____

Family Information:

Children's Names	Age	School Attending	Allergies/Medical Concerns

Death Related Losses:

Deceased's Name	Relationship to Child	Date of Death	Cause of Death	Did your child have prior knowledge of the impending death? Y/N

4. Please describe the type of support available to the child (e.g. family, friends, coaches, extracurricular activities etc.):

5. As parent/guardian, are you willing to discuss your child's family situation with a Pioneer Memorial Hospice Representative? Yes No

Name of Person Completing Form:_____

Relationship to Child:_____