



Parent/Guardian: Please complete one for each child

Journeys: Child Assessment

Child's Name: _____ Age: _____ DOB: _____

Name of Deceased: _____ Relationship to Child: _____

Date of Death: _____ Age: _____ Calvert Hospice Patient? Yes _____ No _____

Circumstances of the death: _____

Who informed your child of the death? How were they informed?: _____

Child's response to the death: _____

Child's prior experience with death/loss: _____

Did the child participate in funeral services? If so, how?: _____

Have there been any additional losses? (I.e. – Moving, changing schools, parental separation): _____

Are teachers/guidance counselors aware of the death?: Yes _____ No _____

Are there any issues at school? If so, please describe: _____

Please list any medical needs the facilitator should be aware of: _____

Please list any special needs or learning disabilities the facilitator should be aware of: _____

Please complete both columns about your child's behavior according to the following list:

N=Not a problem

S=Slight problem (occasionally)

M=Moderate Problem (sometimes)

E=Excessive (always)

	Behavior present before death	Behavior new after death
Sleeping too much or too little (circle one)		
Appetite increase or decrease (circle one)		
Weight increase or decrease (circle one)		
Nightmares		
Headaches		
Fatigue/Lack of energy		
Stomach aches		
Anxiety		
Denial about death		
Anger problems		
Guilt		
Rebellious		
Difficulty concentrating		
Changes in grades increase or decrease (circle one)		
Being very loud/noisy		
Temper outbursts		
Fighting		
Defiant		
Clinging to parent/adult		
Desire to sleep with parent/sibling		
Desire to have constant attention		
Insecure		
Not getting along with friends/family		
Concerns about alcohol/drug use**		
Known alcohol/drug use**		
Concerns about smoking**		
Known smoking**		
Self-Injurious behavior (I.e. – cutting, burning, bulimia)**		
Other (add here or on separate sheet)		

** If you indicated that any of these behaviors are occurring, please add additional information:

Signature: _____ Date: _____

Parent/Guardian



Journeys Program

Informed Consent, Release, and Indemnification Agreement

I, _____, hereby give permission for my child, _____, to attend the Journeys Program beginning Wednesday, September 18, 2019 and ending on Wednesday, November 6, 2019, from 6:00 pm to 7:30 pm every Wednesday evening for 8 weeks.

I agree and will commit to attending all eight (8) sessions of the Journeys Program.

1. I understand the goal of Journeys is to help facilitate my child's bereavement process and provide support for him or her in expressing feelings of grief.
2. AUTHORIZATION: is hereby granted to release and obtain from appropriate agencies, school personnel, health and mental health providers, such information as may assist Calvert Hospice's Journeys Program personnel in the furtherance of support for my child.
3. RELEASE: I give my permission for my child to be photographed during Journeys. I agree that these photographs are and remain the property of Calvert Hospice and that these images may now or in the future be used by Calvert Hospice for promotional and/or educational purposes in any medium, including but not limited to, print materials, in digital or electronic form, and/or on the Calvert Hospice website.
4. In consideration of the above-named child being granted permission by Calvert Hospice to attend the Journeys Program, I, for myself and on behalf of my child, release and discharge Calvert Hospice, its agents, employees, volunteers, officers, and directors from all claims, demands, actions and judgments which I or my child has had, now has, or may in the future have against Calvert Hospice for any personal injury, physical or emotional, known or unknown, and any injury to property during my child's attendance at Journeys, whether the injury is caused by negligence or any other fault.
5. INDEMNIFICATION AGREEMENT: In consideration of the above-named child being granted permission by Calvert Hospice to attend the Journeys Program, I agree to indemnify and hold harmless Calvert Hospice for any and all claims, demands, actions and judgments whatsoever in law and equity, which my child has had, now has or may in the future have against Calvert Hospice for all Hospice for any personal injury, physical or emotional, known or unknown, and any injury to property during my child's attendance at the Journeys Program, including, but not limited to injury caused by or arising out of negligent conduct by Calvert Hospice agents, employees, volunteers, officers and directors.

I, the undersigned, have read this release and understand all of its terms.

Signature: _____ Date: _____

Parent/Guardian



Parent/Guardian: Please complete this page based on YOUR experiences

Journeys: Parent Assessment

Name: _____ Age: _____ DOB: _____
Address: _____
Phone Number: (H) _____ (C) _____ (W) _____

Name of Deceased: _____ Relationship: _____
Date of Death: _____ Age: _____ Calvert Hospice Patient? Yes _____ No _____

Circumstances of the death: _____

Prior experience with death/loss: _____

Grief Response: (Please check all that apply)

	Slight Problem	Moderate Problem	Severe Problem
Sleep pattern	_____	_____	_____
Appetite	_____	_____	_____
Health problems	_____	_____	_____
Weight gain/loss	_____	_____	_____
Concentration	_____	_____	_____
Interpersonal relationship issues	_____	_____	_____
Anxiety	_____	_____	_____
Anger	_____	_____	_____
Guilt	_____	_____	_____

Emotional Response: (Please check all that apply)

____ Angry ____ Anxious ____ Denial ____ Depressed ____ Helpless ____ Guilt ____ Lonely
____ Numb ____ Sad ____ Relieved ____ Restless ____ Tearful ____ Withdrawn
____ Other (Please describe) _____

What helps you cope best?: _____

Any current or prior counseling? If so, where?: _____

Signature: _____ Date: _____



Journeys: Group Participation Contract

- Everything said in the group is CONFIDENTIAL
- The group will meet once a week for eight (8) sessions from 6:00pm to 7:30pm. The group ends and begins on time.
- I commit to bringing my children and attending the adult group each Journeys session.
- **If there is an emergency and we cannot attend, I will contact the Journeys program facilitator, Jess Foster, by phone or email before the meeting.**

Jess Foster, MS, CCLS
Child and Teen Bereavement Coordinator
Email: jfoster@calverthospice.org Phone: 410-535-0892 ext. 2206

Signature: _____ Date: _____
Parent/Guardian