

## VISITING NURSES ASSOCIATION OF VENANGO COUNTY



491 Allegheny Boulevard  
Franklin, Pennsylvania 16323  
Phone (814) 432-6555  
Fax (814) 432-6588

October 1, 2013

Dear Parent / Guardian:

As an extension of "Camp Good Grief", the VNA is offering a **Hope for the Holidays** seminar for children and teens. The seminar will be held on Sat., Nov. 09, 2013 from 9:00 a.m. to 1:00 p.m. at the Victory Heights United Brethren Church at 5978 US RT 322 Franklin, Pa 16323.

The joyful seasons of Thanksgiving and Christmas are times for family reunions and children's excitement. But, if you have experienced the death of a loved one, the holidays only intensify the pain you are feeling. How can you rejoice when your heart is breaking?

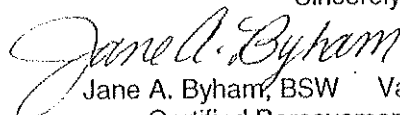
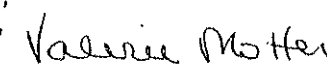
**Hope for the Holidays** will provide a therapeutic, fun setting where children/teens can talk openly and share their feelings with others who have had similar experiences. At the same time, they will benefit from professional expertise in the child/adolescent grief process. Activities will focus on ways to cope with the upcoming holidays with workshops on grief, holiday crafts, and a candle lighting memorial service.

Each child/teen will be assigned an adult counselor who will provide support and supervision throughout the day. Because we have found that children and teens have sometimes been inhibited by the presence of adult family members, we are requesting that parents/guardians not attend.

Space for the session is limited. If you would like to have your child/teen attend, please complete the enclosed application, and return it in the enclosed envelope **no later than Friday November 1st**. Registration fee is \$5.00. Checks may be made payable to: Venango VNA Foundation and attached to the application. Financial assistance is available if needed.

Please do not hesitate to call us at (814) 437-0334 or 437-0358 if you have any questions or require additional information. We know you will find **Hope for the Holidays** a special benefit to the families that you work with. Enclosed you will find several letters and applications, please feel free to make additional copies as needed.

Sincerely,

   
Jane A. Byham, BSW Valerie Motter, BSW  
Certified Bereavement Counselors

enclosure

Kathy Cochran, MSN, RN, BC  
Senior Manager of Clinical  
Operations

Compassionate, professional home health services since 1917

HOPE FOR THE HOLIDAY APPLICATION

I, \_\_\_\_\_, hereby give permission for my child/teen to attend HOPE THRU THE HOLIDAY SEMINAR which is sponsored by the VNA of Venango County. The seminar will be held on Sat., Nov.09, 2013, 9:00 a.m. to 1:00 p.m. at the Victory Heights United Brethren Church at 5978 US RT 322 Franklin, Pa 16323. I understand that I am responsible for transportation to and from the site. REMINDER: Registration begins at 8:30 am and the seminar is from 9:00 a.m. to 1:00 p.m. No parents should be attending.

SIGNATURE OF RESPONSIBLE PARTY

DATE

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SEMINAR INFORMATION:

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address(Street) \_\_\_\_\_ Birthday \_\_\_\_\_

Address (City) \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ School \_\_\_\_\_

Attended \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening \_\_\_\_\_

Phone \_\_\_\_\_

Alternate Emergency Contact Person \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Others authorized to pick up camper \_\_\_\_\_  
\*\*\*\*\*

MEDICAL INFORMATION:

Seminar Participant's Doctor \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Please list all allergies (food, drug, insect, pollen) \_\_\_\_\_

Please list all prescription and over-the-counter medications:

DRUG NAME \_\_\_\_\_ DOSAGE \_\_\_\_\_ TIMES TAKEN \_\_\_\_\_

**NOTE: Upon arrival at HOPE THRU THE HOLIDAY SEASON Seminar, a nurse will check in all prescription and non-prescription medications that your child brings. Please leave in original containers. Participants are not to have medications in their possession unless special arrangements are made with the nurse at check-in time.**

Is there a need for any special diet? If yes, explain \_\_\_\_\_

Please check participant's past medical history:

- |                                      |                                  |
|--------------------------------------|----------------------------------|
| _____ Allergy Reaction               | _____ Kidney Problems            |
| _____ Asthma/Bronchitis              | _____ Liver Disease              |
| _____ Bleeding Disorders/Nose Bleeds | _____ Seizure Disorders/Epilepsy |
| _____ Heart Conditions               | _____ Stomach Disorders          |

Please list any other pertinent medical information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OVER

Please list any behavioral problems your child has been diagnosed with or you have experienced with your child:

\_\_\_\_\_

Does your child have TSS or TSA yes no Agency Name \_\_\_\_\_ phone \_\_\_\_\_

Will they be at camp with your child yes no How long \_\_\_\_\_

Special Interests/Activities \_\_\_\_\_

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INFORMATION ABOUT WHY YOUR CHILD/TEEN IS PARTICIPATING

Who died in your family? (Name) \_\_\_\_\_ Age \_\_\_\_\_

Relationship to participant \_\_\_\_\_ When did he/she die? \_\_\_\_\_

How did he/she die? \_\_\_\_\_

Has there been any other death of a close family member, friend, or pet within the last three (3) years? If yes, please tell us about the death(s) and when it occurred? \_\_\_\_\_

What other big changes have happened in the participant's life? (EXAMPLE: moving to a new home or school, divorce or separation of parents, new baby, marriage of a parent, somebody special moved away)? \_\_\_\_\_

Upon occasion, videotaping and photography may occur during various seminar activities, and this material may be used by GOOD GRIEF in future publicity. In addition, the news media may wish to photograph, videotape and/or interview children/teens for news coverage. If you are agreeable to having your child/teen videotaped, photographed and/or interviewed, please sign below.

*I hereby give my permission for \_\_\_\_\_ to appear in publicity or news coverage in relationship to HOPE THRU THE HOLIDAY SEMINAR as described above.*

*I hereby give my permission for agencies working with my child permission to speak with staff/counselors at Hope for the Holidays*

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

I, \_\_\_\_\_, hereby give my permission for my child/teen \_\_\_\_\_ to participate in all day activities. I understand that VNA is not responsible for any liabilities incurred.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE