



Parent/Guardian Names:	Email:
Street Address:	Emergency Contact Person:
City/State/Zip:	Emergency Contact Relationship:
Phone Number & Cell Phone Number:	Emergency Contact Phone Number:

Children Attending:

Name	Age	Birthday	Medications	Allergies

What death did child(ren) or teen(s) experience?

Full Name:	Age:	Birthdate:	Date of Death:
The Person Died at: Home:_____ Hospital:_____ Other,_____ Please Explain:			

Please explain cause and circumstances of death:

Does each child know the details (age appropriate) of the death?

Is this their first exposure to death or if they have had other people die in their life, please explain:

Please explain overall how each child is currently coping. Include any changes in behavior, etc.

Is this your first grief support group experience? If not, how many groups have you attended and what was your experience?

Generally, how often do you and your family talk about the person who died?

How did you hear about A Haven? Any other way we can support your family?