KAWEAH HEALTH HOSPICE PRESENTS

Good Grief CAMP

October 11 • 2025
8:30 AM – 1:00 PM
Visalia Nazarene Church

3333 W. Caldwell Ave., Visalia, CA 93277

- **FREE** for children who have experienced a significant change due to the death of a loved one.
- Parent/Guardian required to attend with the child.
- Pre-registration required. Fill out reverse side or visit: KaweahHealth.org/GoodGrief
- Please bring a picture of the child's loved one, for a memorial craft project.

If requested, a Spanish interpreter will be provided. (Si es necesario, se proporcionará un intérprete de español - Preinscripción requerida.)

Check-In begins at 8:30 a.m.

Kaweah Health Hospice

Program sponsored by the Kaweah Health Hospice Foundation

SCAN ME

For more information, please call (559) 733-0642

2025 Good Grief Camp registration form

For more information, please call Kaweah Health Hospice at (559) 733-0642

Please return the completed form to Kaweah Health Hospice by October 3rd to ensure your t-shirt
Fax: (559)733-0658 or email jsusee@kaweahhealth.org
In Person: 402 W. Acequia Ave. Visalia, CA 93291 (Hospice Office/Campus)

Child's Name_____

Address _____

City / State / ZIP _____ Select T-Shirt Size: CS CM CL CXL AS AM AL AXL

Phone / Email: _____ / _____

Age: _____ Grade/School: _____

Primary Language spoken at home: _____

Parent /Guardian Name: _____

Relationship to child: _____

Please note: Student(s) must be accompanied by an adult.

So that we can help your child as much as possible, how long ago did the person die, and what was their relationship to the child?

How long ago did they die? _____ Relationship to child: _____

Does the student have any medical conditions we should be aware of? _____

_____

Does the student have any food or other allergies we should be aware of?

I, _____ grant permission to Kaweah Health Hospice for the use of the photograph(s) or electronic media images from the The Good Grief Camp in any presentation of any and all kind whatsoever. I understand that I can revoke this authorization at any time by notifying Kaweah Health Hospice in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and after that time destroyed or archived.

I, _____ grant permission for _____ to attend the Good Grief Camp sponsored by Kaweah Health Hospice. I understand that all reasonable safety precautions will be taken at all times by Kaweah Health Hospice. I authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Kaweah Health Care District liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian PRINTED Name: _____

Signature: _____Date:_____