

PRETEEN

THRIVE REGISTRATION FORM

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

Date of Birth: _____ Grade: _____ Male/Female: _____

School: _____ School Contact: _____ Phone: _____

Youth Counsellor/Staff is attending (optional and not required)

Parent/Guardian Contact Information

Name/Relationship: _____ Phone: _____

Relevant Medical Information:

Health Card Number: _____

Relevant Medical History (e.g. seizures, ADD): _____

Allergies &/or Food restrictions (e.g. peanut, celiac disease): _____

Vegetarian (please clarify if vegan) Gluten Free Peanut Free Dairy Free

Medications: _____

Activity Restrictions: _____

Relevant information regarding Death

Name of Deceased: _____ Date of Death: _____

The Deceased is the (relationship to teen) _____

Cause of Death: _____

Brief description of emotions, behaviour and coping skills: _____

Please note any high risk behaviour issues e.g. suicide, school suspension, fights, drug/alcohol use etc.

Parent/legal guardian is aware of the Preteen Thrive – Grief and Living retreat.

Completed by: _____ Date: _____

Signature: _____

Please return this referral form to Melissa Penner, Bereavement Specialist

E: mpenner@hospiceniagara.ca

F: 905-984-8242

Drop off at Hospice Niagara – The Stabler Centre

Serving Families in Niagara

Hospice Niagara - The Stabler Centre

403 Ontario Street, Unit 2

St. Catharines, ON L2N 1L5

T: 905-984-8766 | F: 905-984-8242



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