

# Camp Love's Embrace

## Camper Bereavement History

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*Please include as many details as possible when answering the following questions. Attach extra pages if necessary.*

**1. Name of the person who died:**

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**2. How was the person related to the child?**

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**3. What was the cause of death?**

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**4. When did the death occur (date)?**

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**5. Age of your child when the death occurred:**

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**6. Where did this person die?  Home  Hospital  Hospice**

**7. Was the child present at the time of death? Explain circumstances**

**8. Did the child attend the funeral/memorial service? If yes, what was your child's reaction to/or comments about the service?**

**9. Has your child received any professional support (i.e. school counselor, peer support, psychologist, psychiatrist, pastor)?  
\_\_\_\_\_Yes \_\_\_\_\_No (if no, skip to #10)**

**If yes, is support currently being provided? \_\_\_\_\_Yes \_\_\_\_\_No**

**10. Please explain how your child indicates that he/she is still grieving.**

**11. Have there been multiple deaths of loved ones experienced by this child? If yes, please describe the nature of death and the child's relationship to the other person who died.**

**12. Have there been any other changes/stresses in your child's life (i.e. divorce, remarriage, relocation, illness)?**