

**KALEIDOSCOPE**

Childs Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ E-mail \_\_\_\_\_

Parent place of employment \_\_\_\_\_

Siblings \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_

Educational needs \_\_\_\_\_

\_\_\_\_\_

Sports/hobbies/activities \_\_\_\_\_

\_\_\_\_\_

Church affiliation \_\_\_\_\_

**Information about the person who died:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of death \_\_\_\_\_

Relationship to child \_\_\_\_\_

Where the death occurred \_\_\_\_\_

Causes and circumstances of the death \_\_\_\_\_

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What other deaths has your child experienced/dates \_\_\_\_\_

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What other changes have you and your child experienced (moved, changed schools, jobs, etc.) since the death

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Mail form to:

Kaleidoscope  
P.O. Box 720314  
Norman, OK 73072

## Parent Agreement

By signing this form, I agree to the following:

1. I understand that Kaleidoscope offers peer-support groups, not therapy or counseling services.
2. I agree to have my child in regular attendance at the every-other-week group meeting.  
I will call ahead of time if my child is unable to attend.
3. I agree to participate in the adult group while my child attends his/her group.

Parent Name \_\_\_\_\_ Date \_\_\_\_\_

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## Exceptions to Privacy

1. Oklahoma law requires us to report to the appropriate authorities any suspected physical or sexual abuse or neglect.
2. If we suspect that someone who is participating in our groups has the intent to bring harm to himself/herself, we have the right to inform family members and/or make appropriate referrals.
3. If information is requested from a court of law, we must comply.
4. Confidentiality is explained and encouraged in the groups, but Kaleidoscope can not guarantee that all members will abide by it.
5. Through its promotion and fundraising, examples of Kaleidoscope participant's stories and circumstances might be used, but names will not be revealed.

I understand Kaleidoscope's confidentiality policy. I have read and accept the above exceptions to privacy.

Parent/Guardian \_\_\_\_\_

Names of Children \_\_\_\_\_

Date \_\_\_\_\_

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