



HOSPICE *of* HILO

Youth Grief Support Group

Description of Program

When children experience the death of someone close to them they can experience intense feelings of grief, just as adults do. Grief is a universal emotion—one that can overwhelm young people as well as grown-ups with feelings such as sorrow, loneliness, anger, and confusion.

To help young people work through the process of grief, Hospice of Hilo is offering a six-week educational support group for children with resources provided to their parents/guardians. Children aged 5-11 are eligible. Hospice of Hilo is able to offer this program at no cost to the community through the generous support of the Hawai'i Island United Way.

The Children's Grief Support Group will meet once a week for six consecutive **Wednesdays from 3:00 to 4:30 p.m. beginning February 22nd, 2017 at Hospice of Hilo, 1011 Waiānuenuē Ave., Hilo.** The group is facilitated by Fujio Sato, LCSW children's Bereavement Counselor. Fujio incorporates experiential exercises, artwork, and group discussion to help the children understand their feelings and the loss they have experienced. Parents/guardians will be contacted by Fujio in order to learn about the process of grief, and how they can help their children grieve and grow.

To register your child please complete the enclosed registration form and questionnaire, and return to Hospice of Hilo, 1011 Waiānuenuē Avenue, Hilo, HI 96720 or fax to 961-7397.

For more information please don't hesitate to call the Hospice of Hilo Bereavement Program at 969-1733.

Six-Week Youth Grief Support Group
February 22, March 1, 8, 15, 22, & 29 2017
Registration Form

One application form needs to be filled out for each child.

Child's full name: _____ Sex: M F

DoB: ____/____/____

Grade in 2016-2017 School Year _____ Name of school: _____

Parent/Guardian: _____ Relationship: _____

Mailing address: _____ City: _____

Phone: Home: _____ Work: _____ Mobile: _____

Informed Consent

I, _____, give permission for my child,
_____, to participate in the 6-Week Youth Grief
Support Group. I understand that the goal of the group is to help my child
work through his/her grief in a healthy way and to provide support for
him/her in expressing feelings of grief.

Parent /Guardian signature Date: _____