



**Dr. Bob Kemp Hospice
Pediatric Wellness Application Form**

Child's Information:

Name	Date of Birth
------	---------------

Parent/Guardian Information:

Name	Relationship
Phone Number	Email

Alternate Emergency Contact:

Name	Phone Number
------	--------------

Address information:

Address	Apartment or suite number
City	Postal Code

Compassionate Care That Celebrates Life

277 Stone Church Road East, Hamilton, ON L9B 1B1 | T 905.387.2448 TF 888.449.3440 F 905.387.7822 | kemp.hospice@kemphospice.org

It is our priority to keep your child safe!
Please fill out the following information to help us.

What is your child's medical diagnosis?

Does your child have any allergies? If so, please identify triggers and reactions.

Does your child have a history of seizures? If so, please describe what the seizures look like and any emergency protocols.

Does your child have any medical devices to be aware of? Please include central lines, enteral feeding tubes, oxygen therapy, catheters, etc.

Does your child have any communication aids to be aware of? Please include glasses, hearing aids, communication books, etc.

Are there any other medical concerns you would like to share about your child?

Compassionate Care That Celebrates Life

277 Stone Church Road East, Hamilton, ON L9B 1B1 | T 905.387.2448 TF 888.449.3440 F 905.387.7822 | kemp.hospice@kemphospice.org

We would love to get to know your child!

Please fill in the following information to help us learn about your child's interests.

What is your child's favorite colour?

What is your child's favorite activity?

What is your child's favorite music?

What is your child's favorite toy?

What is your child's favorite TV show or movie?

What are other activities that your child enjoys?

Compassionate Care That Celebrates Life

277 Stone Church Road East, Hamilton, ON L9B 1B1 | **T** 905.387.2448 **TF** 888.449.3440 **F** 905.387.7822 | kemp.hospice@kemphospice.org

For those interested in a visiting volunteer, please provide the following additional information.

Who lives in the home with your child? Please include siblings and extended relatives that live in the home.

Is your child able to move independently? If not, please describe any instructions for moving or transferring.

Is your child able to eat orally? If not, please describe how your child is able to eat. Please include any other dietary restrictions.

Is there any other information that may be needed as a volunteer is entering your home?

Compassionate Care That Celebrates Life

277 Stone Church Road East, Hamilton, ON L9B 1B1 | T 905.387.2448 TF 888.449.3440 F 905.387.7822 | kemp.hospice@kemphospice.org