



Program Application

We seek to empower children confronting cancer by partnering with holistic practitioners to provide free integrative therapies, supportive care, and informative workshops in conjunction with their chosen medical treatment.

Thank you for taking the time to learn more about Just In Power Kids and our goal to integrate holistic services into your traditional cancer treatments. Our goal is simple - to match our Power Kids to holistic practitioners in their area and pay for a course of treatment sessions. We will strive to the best of our ability to pair patients with practitioners based on need and location.

It has been shown that holistic practices in conjunction with traditional cancer treatments provides multiple benefits when both methods are used in complementary ways.

Part 1: To be completed by Parent/Guardian. Please Print Clearly

Child's Name: _____

Child's Email (if applicable): _____

Date of Birth: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Legal Guardian

Name: _____

Phone: _____ Email: _____

Parent/Legal Guardian

Name: _____

Phone: _____ Email: _____

Part 2: Patient Symptoms and Holistic Care Options. To be completed by Parent/Guardian

Please mark all symptoms

Changes in mood/or thinking

Eating/appetite changes

Fatigue

Anxiety

Fever

Hair Loss

Headaches

Infections

Joint pain

Motion/ movement limitations

Muscle Cramping
 Nausea/vomiting
 Pain - *Please specify location of pain* _____
How long has pain been present _____
 Numbness/tingling - *Please specify Location* _____
How long _____

Seizures
 Shortness of breath
 Skin problems
 Sleep Disturbances
 Sweating
 Swelling
 Scar tissue
 Weakness

Holistic Care Options/Interests: Please mark your top 3 choices - Descriptions of each modality can be found on our website - www.justinpowerkids.org

<input type="checkbox"/> Acupuncture/Acupressure	<input type="checkbox"/> Nutrition/dietary counseling
<input type="checkbox"/> Art Therapy	<input type="checkbox"/> Qigong/ tai chi/movement therapies
<input type="checkbox"/> Aromatherapy	<input type="checkbox"/> Reflexology
<input type="checkbox"/> Bodywork- massage, scar tissue work, manual stretching	<input type="checkbox"/> Sound healing
<input type="checkbox"/> Chinese medicine- herbal medicine	<input type="checkbox"/> Spiritual healing /counseling/life coaching
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Yoga/yoga therapy
<input type="checkbox"/> Counseling/psychotherapy	<input type="checkbox"/> Other - refer to full Holistic Modality List _____
<input type="checkbox"/> Craniosacral therapy	_____
<input type="checkbox"/> Energy Healing/ Reiki/Healing Touch	_____
<input type="checkbox"/> Functional Medicine	_____
<input type="checkbox"/> Guided Imagery/ Hypnosis/Meditation	
<input type="checkbox"/> Homeopathy or naturopathy	
<input type="checkbox"/> Integrated manual therapy	

Part 3: Medical Assessment to be completed by Social Worker, Child Life Specialist, Nurse or Physician. Please Print Clearly

Hospital Name _____

Healthcare professional name/ title: _____

Email _____

Phone _____

Type of Cancer _____

Date of Diagnosis _____

Is the child currently undergoing treatment _____ If not, last day of treatment _____

I verify that this patient is in treatment or has been treated:

 Healthcare professional signature & date

Liability Release and Authorization Disclosure

As a requirement for participation in any Just In Power Kids Inc., program or service the parent(s) or legal guardian(s) must sign this liability release and authorization disclosure.

Just In Power Kids, Inc. is a program designed to assist children receiving treatment for cancer and other types of medical issues. Just In Power Kids, Inc. will provide referrals to alternative medicine treatment to aid children during the process and will pay for out of pocket expenses for those treatments. Children receiving funding and any referral based upon this application should consult with their primary care physician before beginning any alternative treatment. An application does not guarantee acceptance by Just In Power Kids, Inc. as program needs are based upon provider availability and funding to aid in treatment.

Liability Release: The undersigned both individually, jointly and on behalf of the child who is eligible to participate in Just In Power Kids, Inc. referral service understand that Just In Power Kids, Inc. referral service makes absolutely no representation or guarantee to the like, quality, kind or type of referral provider. Just In Power Kids, Inc. does not guarantee the effectiveness or quality of any referral. The undersigned both individually, jointly and on behalf of the child who is eligible to participate in Just In Power Kids, Inc. programs does hereby agree to release, forever discharge and hold the Just In Power Kids, Inc., their directors, officers, employees, agents, volunteers, successors and assigns harmless from and against any and all actions, causes of actions, liability, claims and demands for, any damages and claims of any kind whatsoever, whether known or unknown, in connection with or arising from any incident(s) or occurrence(s) during the child's participation or consideration of participation in Just In Power Kids, Inc. programs. Application to this program does not guarantee funding of any kind from Just In Power Kids, Inc.

Authorization regarding publicity: It is understood and agreed that participation in Just In Power Kids, Inc. may result in publicity that in order for Just In Power Kids, Inc. to continue its services, it is helpful to be able to portray children and families using services in a positive way in brochures, newsletters, websites, and other promotional materials. The undersigned both individually, jointly and on behalf of the child who is eligible to participate in Just In Power Kids, Inc. authorize Just In Power Kids, Inc. to use the name and image of their child for publicity and promotional purposes.

_____ **I grant** _____ **I deny** -- permission for Just In Power Kids , Inc. to use my child's name and image in Just In Power Kids promotional materials.

This Liability Release and Authorization Disclosure contains the entire agreement between the parent(s) or legal guardian(s) and Just In Power Kids, Inc. and that the terms hereof are contractual and not a mere recital. By signing below, the parent(s) or legal guardian(s) of the child acknowledge they have read, understand and consent to the terms set forth herein.

If child has two parents or legal guardians, both must sign below:

Parent/guardian _____ -
Date _____

Parent/guardian _____ -
Date _____

Please complete all sections of this form and return
via mail or email:

Just In Power Kids, Inc.
2953 Bloom Road
Finksburg, MD 21048
director@justinpowerkids.org