

KCH Survivor Picnic

Patient Name:	
Parent Name:	
Address:	
Phone:	Email:
Please check one:	
☐ I am currently under treat	ment for cancer
☐ I am cancer-free	_ years
What is your favorite thing at Ke	entucky Children's Hospital?
	- Grand
Who is your favorite person at K	Centucky Children's Hospital?
	the and of your cancer treatments?
What did/will you do to celebrat	e the end of your cancer treatments?
What's the worst thing about ha	ving cancer?