



Gilda's Club Chicago
GCC@School: Cancer Support for the Classroom
Presentation Request
Return form to lindsaytynes@gildasclubchicago.org
or fax to 312.464.1487

PRIMARY CONTACT INFORMATION

Name: _____ Title/Role: _____

Phone: _____ Email: _____

SCHOOL INFORMATION

Name: _____ Phone: _____

Street Address: _____ City and ZIP: _____

Main Contact: _____ Principal: _____

PRESENTATION INFORMATION

Which type of presentation would be helpful? (Indicate all that apply)

Classroom Visit(s) Faculty In-Service Other (Please Describe)

Is this presentation being requested due to a student or faculty member's personal experience with cancer?

Student experiencing cancer Faculty experiencing cancer No personal experience

Student has family member experiencing cancer

Ideal presentation date(s): _____

Grade levels and number of classrooms affected: _____

Impact of diagnosis on school community: _____

Involvement of school community: _____

Who is the identified student/faculty member? Name _____

Parent/Guardian Name: _____ Phone: _____

Primary language of family: English Spanish Other

Is the parent/faculty member aware of the presentation request: Yes No

Diagnosis: _____ Date school became aware of the diagnosis: _____

Treatment Hospital: _____

We will follow up with you within 48 hours of receipt of this request and will make every effort to accommodate requests within 2-3 weeks. Please note that while we communicate directly with the family involved for their consent, Gilda's Club Chicago does not coordinate individual permission slips for each student involved in the workshop. We encourage schools to inform parents that their children will be participating in a cancer education program.