



2018 Camper Application

Please fill out all information legibly and completely. A complete application will be required to register your child for camp.

Child's Name: _____

Child's Nickname: _____

Age: _____ Birth Date: ____/____/____ Sex: M F

Race: (optional): _____

Grade Child will be starting in September 2018: _____

Child's School Name: _____

Parent(s)/Guardian(s)'s Full Name: _____

Relationship to Child: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Allowed to leave message? Home: Yes No Work: Yes No Cell: Yes No

Emergency Contacts/Authorized Pick Ups (Other than Parent/Guardian):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name of Child's Physician: _____ Phone: () _____

Hospital of Choice: _____

Child's Health Insurance: _____ Effective Date: _____

Plan Number: _____ Group Number: _____

Child's T-Shirt Size:

Children _____ S (6-8) _____ M (10-12) _____ L (14-16)

Adult _____ S _____ M _____ L _____ XL

How did you hear about Hospice of CNY's Camp Healing Hearts (referral source)? _____

Has your child previously attended Hospice of CNY's Camp Healing Hearts? ____Y ____N

Bereavement History

Please include as many details as possible when answering the following questions. We understand that answering some of these questions might be difficult; however, we want to be able to provide the best possible care for your child.

Full name of person who died: _____ Relationship to child: _____

Birth date of person who died: _____ Date of death: _____

Was the person who died receiving Hospice of CNY Services at the time of death? Yes No

Have you or your child(ren) ever received services at the Hospice Grief Center of CNY? Yes No

What were the cause and circumstances of the person's death? _____

Was there a funeral or memorial service? Yes No If yes, did your child attend and what were your child's comments/ reactions to the service? _____

Is there anything the child has **not** been told about the death? _____

How would you describe your child's relationship with the person who died? _____

How does your family communicate about the death and the person who died?

We talk about it often

We rarely or never talk about it

We avoid talking about it

We talk about it sometimes

Comments: _____

REACTION TO THE DEATH:

Please explain how your child shows that he/she is grieving. _____

Is your child currently receiving or has your child ever received any professional support or counseling (i.e. therapist, support group, psychiatrist or pastoral support)? Yes No (If yes, what were/are the circumstances?)

Have there been any other changes or stresses in your child's life (i.e. illness, relocation, divorce, remarriage, finances, other losses)? Please explain. _____

Please describe your child's personality/character traits (i.e. easy-going, shy, out-going, takes time to warm up, etc). _____

Are there any language, disability, and/or religious needs that we should be aware of to better serve your child? _____

Are there any other special needs, family customs, or cultural aspects to your child's grieving that we should be aware of? _____

Camper Physical & Health History Form Camper's Name: _____

This form needs to be fully filled out, for application to be considered complete.

1. Health History

Has child experienced any of the following?

- Asthma Autism Spectrum Disorder (ASD) Diabetes Seizures Meningitis Fainting
- Heart Disease Intellectual Disability Wears Glasses Hearing Impairment Nosebleeds
- Sickle Cell Anemia Constipation/Diarrhea Attention Deficit Hyperactivity Disorder (ADHD)
- Attention Deficit Disorder (ADD) Serious illness or accident Other _____

Please Explain those checked: _____

2. Allergies: (i.e. food, medicine, bee stings, or other) : Yes No

If Yes, Please specify allergy & precautions taken: _____

Will an EPI Pen be brought to Hospice of CNY's Camp Healing Hearts? Yes No

3. Medications

Will medication need to be administered at Hospice of CNY's Camp Healing Hearts? Yes No

If Yes, which medication and directions for administration:

Medication _____ Medication _____
Dosage ____ when taken _____ Dosage ____ when taken _____

Will an Inhaler be brought to Hospice of CNY's Camp Healing Hearts? Yes No

If yes, will child be responsible for Inhaler or will it be given to the Camp Nurse? Child Camp Nurse

I give the camp staff permission to administer over-the counter medications available to my child as needed (ie. Tylenol, Ibuprofen, Caladryl, Benadryl, Maalox, etc.) Yes No

To the best of my/our knowledge, the above information is correct and accurate. I/We give permission to agents of Hospice of CNY's Camp Healing Hearts to administer first aid to my child and authorize emergency transport to the nearest acute care facility.

➡ _____ Date: _____
Signature of Parent(s)/Guardian(s)

If bringing Medication, Inhaler, or EPI Pen to Camp Healing Hearts **I/We authorize and request Hospice of CNY's Camp Healing Hearts to administer the medication(s) prescribed by our physician, and in so doing relieve the camp, its agents, employees or representatives, of any responsibility for ill effects which may result from the administering of said prescribed medication as per the physician's directions listed above.**

➡ _____ Date: _____
Signature of Parent(s)/Guardian(s)

Release & Camp Application Checklist

Hospice of CNY's Camp Healing Hearts Release:

Camper's Name: _____

In consideration of the above named child being granted permission to attend Hospice of CNY's Camp Healing Hearts:

I agree to indemnify and hold harmless Hospice of Central New York and Hospice of CNY's Camp Healing Hearts for any and all claims, demands, actions and judgments whatsoever of every name and nature, both in law and equity, which my child ever had or now has or may have had against Hospice of CNY's Camp Healing Hearts for all personal injuries, either physical or emotional, known or unknown, and injury to property, real or personal, sustained by my child's person or property during his or her attendance at Hospice of CNY's Camp Healing Hearts, including but not limited to injury caused by or arising from Hospice of CNY's Camp Healing Hearts' own negligence.

I hereby give permission for my child to attend Hospice of CNY's Camp Healing Hearts from August 20th through August 23rd, 2018. I understand that the camp's goal is to help facilitate the bereavement process of my child and provide support for him/her in expressing feelings of grief.

I give permission for my child to be photographed, videotaped or interviewed during Hospice of CNY's Camp Healing Hearts under staff supervision. This material may be used for future publicity of Hospice of CNY's Camp Healing Hearts, including the news media.

I/We, the undersigned, have read this release and understand all of its items.



Date: _____

Signature of Parent(s)/Guardian(s)

Completed Application:

First Time Campers: An application will be considered **complete** once a fully filled out application and registration fee are received. Spots are limited, so children are accepted on a first come, first serve basis in order of **completed** applications received. The application is not considered complete until the registration fee is received, the application is completed IN FULL and consents signed at the arrows.

Returning Campers: Hospice of CNY's Camp Healing Hearts wants to give all children a chance to experience its healing power. Due to the limited space, returning campers will be placed on a waiting list, and parents will be notified if there are openings available. Registration fees (checks, money orders, etc.) will not be deposited until this time, and returned, if needed. The waiting list will be managed on a first come, first serve basis, therefore, completed applications received sooner will receive a higher spot on the waiting list.

Check for \$35 per child or \$60 per family for registration is enclosed.

Check should be made out to: **Hospice of CNY**

Scholarship Requested

Please return completed form to: Hospice of Central New York, Attention: Camp Healing Hearts, 990 Seventh North Street, Liverpool, NY 13088. *****Applications must be received by August 1st, 2018 to be considered.*****