2019 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 entering, Sept. 2019: _____ Child's School Name: _____

Child's T-Shirt Size: **Child Size:** _____ **S (6-8)** _____ **M (10-12)** _____ **L (14-16)**
Adult Size: _____ S _____ M _____ L _____ XL
Swimming Ability: (circle one): Beginner (needs lifevest) Intermediate (can swim some) Advanced (swims well)

Comment on swimming ability: _____

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:_____

How did you hear about 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? ☐ Yes ☐ No

Bereavement History cont.

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

Please explain those checked: _____

_____

2. Allergies: (i.e. food, medicine, bee stings, or other) **:** ☐ Yes ☐ No If Yes, please **specify allergy** & precautions taken:

Allergy:_____ Precautions: _____

Allergy:_____ Precautions: _____

Will an EPI Pen be brought to Camp Healing Hearts? ☐ Yes ☐ No

3. Medications

Will medication need to be administered at 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 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

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

Hospital of Choice: _____

Child's Health Insurance: _____ID#: _____

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 on August 26th – August 29th, 2019. 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:

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.

- ❑ 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, 2019 to be considered.***