



GOOD GRIEF SUMMER CAMP - CAMPER APPLICATION

Good Grief Summer Camp is a week-long camp for grieving children and teens. A counselor's assessment of each camper is required prior to participation. Campers may only attend camp one time.

Camper Information

Camper #1 name: _____ Gender: ____ Age: ____ Grade: ____
Camper #2 name: _____ Gender: ____ Age: ____ Grade: ____
Camper #3 name: _____ Gender: ____ Age: ____ Grade: ____

Parent Information

Parent/Guardian name: _____ Phone: _____ E-mail: _____
Emergency contact (other than yourself) name: _____ Phone: _____

Treasure Coast Hospice Grief Support has planned for a safe and fun camp experience. All activities will be supervised by counselors and administrative staff. All staff and volunteers who interact with the campers have had specialized training in children's grief, camp goals, rules and safety, and have background checks through the Florida Department of Law Enforcement, the Dru Sjodin National Sex Offender Website, and www.floridasexoffender.net.

Medical History and Consent

- Does your child(ren) have any physical limitations that would restrict them from safely participating in certain activities? Yes No If yes, please list child's name and explain:

- Does your child(ren) have any allergies (food, medicine, etc.) or medical conditions that we should know about? Yes No If yes, please list child's name and explain:

- Does your child(ren) have any food restrictions that we should know about? Yes No
If yes, please list child's name and explain:

- Are your child's immunizations current? Yes No If no, please identify who is not current:

- In the event that my child(ren) should become ill or injured, I give my permission for medical treatment, to include the administration of Tylenol, Advil, etc. to be provided. I also give permission to the camp nurse to treat my child for any minor illness or injury. Yes No
Comments: _____
- Physician name: _____ Physician number: _____





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I give consent for any photographs or videos of myself and my child(ren), if applicable, that may be taken during participation in our services for the purposes of increasing awareness of Treasure Coast Hospice programs. I understand that only first names would be used. Yes No

I give consent for the display of artwork or writing of myself and my child(ren), if applicable, for the purposes of increasing awareness of Treasure Coast Hospice programs. I understand that only first names would be used. Yes No

Miscellaneous Information

1. Child's T-shirt size:

Camper #1: _____	YS	YM	AS	AM	AL
Camper #2: _____	YS	YM	AS	AM	AL
Camper #3: _____	YS	YM	AS	AM	AL

2. All of my children can swim. Yes No

Please list your child's name if they are a non-swimmer: _____

Parents/guardians are expected to provide transportation to and from Treasure Coast Hospice.
1201 SE Indian Street Stuart, FL 34997

A minimum of 10 children required for camp to occur. To reserve your space, please submit your application. All applications must be received by July 8th, 2019. For your application to be processed, the application form must be completed in full. ***Incomplete applications will not be processed.***

Please mail or e-mail application to:
Treasure Coast Hospice Grief Support
1201 SE Indian Street, Stuart, FL 34997
griefinfo@treasurehealth.org

Your generosity makes it possible for us to provide grief counseling, groups, camps and support for our community. Please make a donation in honor or memory of your loved one for the services received.

Liability Release

I agree that Treasure Coast Hospice, its Board of Directors, Officers, Employees, and Volunteers are released from any legal responsibility and/or liability of negligence arising out of any accidental injuries or illnesses which occur while my child/children attend Camp Good Grief.

If at any time there are any concerns regarding my child at camp, I understand that I will be contacted immediately. I may need to pick my child/children up prior to the end of camp and if asked would do so immediately.

Parent/Guardian Signature

Date

