

Name of Camper: _____



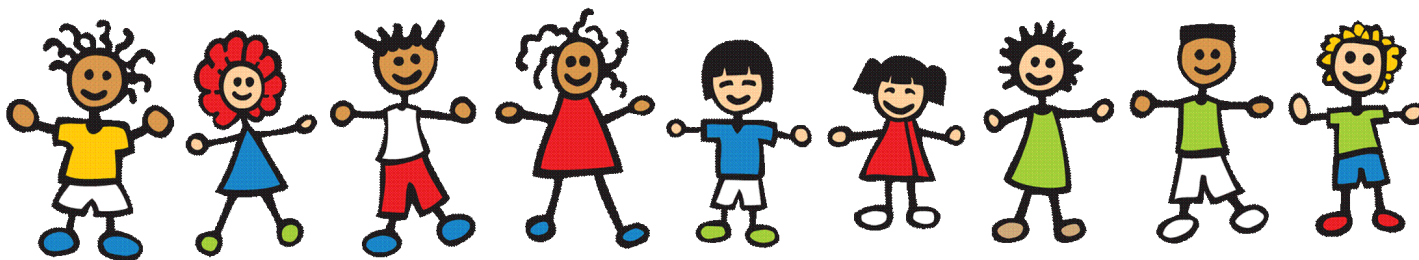
Camp Angel Camper Application 2015

Guardian Angel Hospice and Angels for Kids are proud to sponsor the 11th annual Camp Angel on September 18-20, 2015 at Camp Tecumseh in Brookston, IN. Camp Angel provides a supportive environment for children ages 6 -16 to share their feelings of loss with other children and caring adults. Children are assigned to an adult “buddy” and will also be part of a small group. These small groups will participate in fun, therapeutic events especially designed to help the children take home a new understanding of their feelings and how to cope in safe and healthy ways. They will interact with their buddy, group leaders and other campers throughout the weekend. Through this interaction with fellow campers and caring adults, campers learn that their feelings of grief and loss are normal.

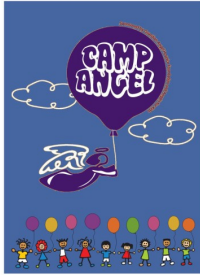
Camp Angel is funded entirely by community donations and campers attend free of charge, including transportation to/from camp. Children participate in sharing sessions, arts and crafts, campfire and songs, and recreational activities. Opportunities are provided to discuss life and death, feelings, memories, ways of saying goodbye, and tools for coping. ***Space is limited*** so please return the application ***as soon as possible***. Applications should be returned by June 1 to Guardian Angel Hospice, 513 W. Lincoln, Kokomo, IN 46901. Feel free to contact us at 800-338-4043 with any questions or concerns you may have. Email may also be sent to mjmerchant@gahospice.com

Sincerely,

Camp Angel Committee



Name of Camper: _____



Camp Angel Application

Child's name _____ Nickname _____

T-Shirt Size: Youth Sm. _____ Youth Med. _____ Youth Lg. _____ Adult Sm. _____ Adult Med. _____
Adult Lg. _____ Adult XL _____ Adult XXL _____ Adult XXXL _____

School Grade as of August 2015 _____ Age _____ Birth Date ____ / ____ / ____

School Attended _____ Sex: Female: Male:

Parent/Guardian _____

Relationship _____

Street Address _____

City _____ **State** _____ **Zip code** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Emergency Contact _____

Relationship _____

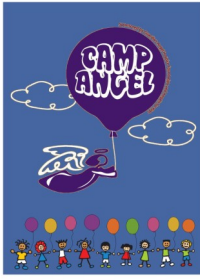
Street Address _____

City _____ State _____ Zip code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Has this child ever attended Camp Angel? Yes _____ No _____

Has this child attended any other grief camp or support group? Yes _____ No _____



Name of Camper: _____

Bereavement History

Please include as many details as possible when answering the following questions. Add extra pages if necessary.

Name of the person deceased: _____ Date of Death: _____

Was the deceased on services with Guardian Angel Hospice? Yes ___ No ___

How was the person related to the child? _____

What was the cause of death? _____ Age of your child when death occurred? _____

Where did this person die? Home _____ Hospital _____ Other _____

Was the child present at the time of death? Yes No

Did the child attend the showing/funeral/memorial service/burial? Yes No

What was your child's reaction to, or comments about that experience? _____

Has your child received professional counseling? Yes No

Is he/she currently receiving professional counseling? Yes No

Approximately how many weeks did your child attend counseling? _____

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

Has your child experienced multiple deaths? Yes No

If yes please describe _____

Have there been any other major changes/stresses in your child's life? (re-marriage, divorce, relocation, illness, loss of a pet) _____

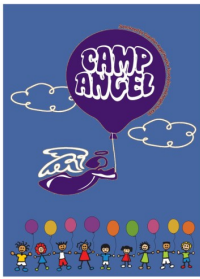
In what way do you hope Camp Angel will help your child?

Has your child had any behavior changes since the death?

Isolation ___ Lashing out in anger ___ Extreme Sadness ___

Self-destructive behaviors ___ Substance Abuse ___ Difficulty Concentrating ___

Other: _____



Name of Camper: _____

Camp Angel Indemnification Agreement

I, _____, hereby give my permission for my child, _____ to attend Camp Angel on September 18-20, 2015. 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 Camp Angel under staff supervision. This material may be used for future publicity of Camp Angel including the news media. I understand that if I choose "NO", my child's photo *may* still be taken by other campers as mementos, but will not be used by Camp Angel for promotional purposes. Yes _____ No _____

I give permission for my child to participate in arts & crafts projects that may be photographed, copied, replicated or use of the actual product to be displayed publically with Guardian Angel Hospice, Guardian Angel Foundation, their events & mailings. Yes _____ No _____

The following information about my camper may be shared with other campers for post-camp communication purposes. Fill in only the information you are willing for other campers to view. Guardian Angel will not monitor or be responsible for any correspondence between campers and volunteers.

No not at all: _____ Campers Only: _____ Volunteers Only : _____ Both: _____

Name _____

Address: _____

Phone: _____

Email: _____

Facebook Name: _____

Twitter Name: _____

LIMITATIONS

Camp Angel provides bereavement education and teaches coping skills to grieving children. It is an adjunctive program intended to complement and support licensed, professional counseling or treatment programs that campers may acquire elsewhere. Camp Angel does not provide counseling, psychological, psychiatric, or other health care services to the children who attend the camp. As part of its program, Camp Angel will compile and provide a list of additional, local resources available to the campers and/or their parents and guardians who seek further assistance with their grief.

Camp Angel serves bereaved children whose primary difficulty is to work through grief-related problems, which may or may not be related to any psychological, psychiatric or medical diagnosis of the children who apply to attend our bereavement camp. Camp Angel may not, therefore, be appropriate for all prospective campers. Accordingly, Camp Angel reserves the right to screen applicants to determine a child's readiness to participate in grief activities and interact with peers.

RELEASE

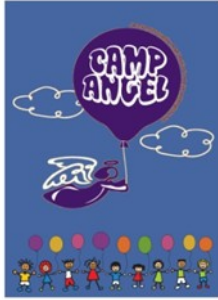
In consideration of the above-named child being granted permission by Guardian Angel Hospice, Inc to attend Camp Angel:

I, agree, for myself and on behalf of my child, to indemnify and hold harmless Guardian Angel Hospice, Inc and/or Camp Tecumseh 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 may have against Guardian Angel Hospice, Inc and/or Camp Tecumseh 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/her attendance at Camp Angel, including but not limited to, injury caused by arising from Guardian Angel Hospice, Inc and/or Camp Tecumseh. I understand that this means I agree not to sue any or all of the released parties in connection with Camp Angel.

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

Signed _____ Date _____

Name of Camper: _____



Counselor Services Release of Information Form

I, _____, give Camp Angel Committee permission to contact
(parent/guardian please print) (If this does not apply to your child, please mark N/A on the above line)

the counselor of _____
(Campers name/ please print)

in order to help determine how this camper will respond to being away from home, how they might interact with other children and behavioral issues that might arise, This is needed in order to determine that the child can, at this time, benefit from this camp experience. I understand that it is also necessary to determine how their special needs might affect other campers so that those campers also benefit from their weekend at Camp Angel.

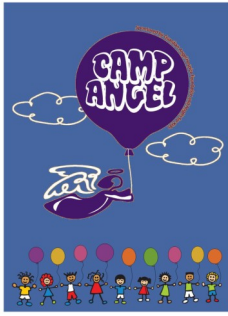
By signing, I also understand that information obtained will only be used by the camp selection committee for purposes of camper selection and if chosen for camp, to Camp Angel staff/volunteers only as deemed necessary to help best meet the campers needs.

(Signature of parent/guardian)

Counseling Service Provider

Counseling Service Address

Counseling Service Phone



Name of Camper: _____

2015 Camper Application Medical History

Please answer the following questions about your child's medical history so that necessary preparation can be made. The information you provide will not be considered in the camper application process. The more information we have, the better we will be able to care for your child.

IMMUNIZATION : Please check if immunization has been given; Give date of last Tetanus if known

Measles, Mumps, Rubella:	_____	DPT:	_____
Measles Booster:	_____	Primary Series:	_____
Polio:	_____	Booster:	_____
Primary Series:	_____	Last Tetanus Booster:	_____
Booster:	_____	Pneumovax (if app.):	_____
Hepatitis B:	_____	H. Flu Vaccine (HIB):	_____

Recent Surgery/Illness: _____

Dietary Restrictions/Needs: _____

Allergies

Food: _____ Medications: _____
Insect Stings: _____ Other Allergies: _____

Limitations

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Motion Sickness	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Vision Impairment
<input type="checkbox"/> Seizures	<input type="checkbox"/> Fainting	<input type="checkbox"/> Sleep Walking	<input type="checkbox"/> Nightmares
<input type="checkbox"/> Asthma	<input type="checkbox"/> AIDS/HIV	<input type="checkbox"/> Bleeding Disorders	<input type="checkbox"/> Menstrual Problems
<input type="checkbox"/> Impairment _____		<input type="checkbox"/> Phobias _____	

Does your child wet the bed? _____ If so, how often? _____

Behavioral Disorders (describe)

Emotional Problems (describe)

Level of assistance required for personal hygiene care:

Independent _____ Minimal _____ Moderate _____ 1:1 _____

Weight: _____ Height: _____

Name of Camper: _____

Primary Care Physician:	Phone:
Any other information to help us care for your child:	

LIST OF MEDICATIONS

Please list the medications that your child is taking. If there are none, please write NONE.

Medication	Dosage	Special Instructions

Insurance Information - Someone from the Camp Committee will call for this information after child has been excepted to camp.

Provider: _____

Adult Insured: _____ Policy Number: _____

Parent/Guardian Signature: _____ Date: _____

Camp Angel Nurse Signature: _____ Date: _____