



Dear parent or guardian,

Thank you for your interest in Camp Phoenix. Enclosed is the camp registration packet. Please consider the following before completing and returning the packet to register your child/children:

- Camp hours are 10am to 4pm on Saturday and 10am to 2pm on Sunday
- Each camper (child) is assigned a trained volunteer (buddy). The buddy is pivotal to a successful camp experience. They are instrumental in creating a safe environment where campers learn how to cope with their loss and express their feelings about their loss.
- **We ask that your child attends all 2 days of camp. We ask that you attend a parents group for 30 minutes on the last day of camp.**

Please read and complete all requested information – one set for each camper (child) - and return pages 2-5 to Calvert Hospice no later than ***Friday, August 28<sup>th</sup>*** for Camp Phoenix 2020 on September 12<sup>th</sup> and 13<sup>th</sup>. Please return promptly, as space is limited. I will be contacting you prior to camp to schedule a brief meeting to gather a little more information about your child and their grief experiences.

If you have any questions about any information in the camp registration packet or need additional information please feel free to contact me. I can be reached via phone at 410-535-0892 extension 2206 or via email at [jfoster@calverthospice.org](mailto:jfoster@calverthospice.org).

I look forward to receiving your camp registration packet and meeting your child/children!

Jessica Foster, MS, CCLS

Child & Teen Bereavement Coordinator

# Camp Phoenix Application

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female  
DOB: \_\_\_\_\_ School Attending in Fall: \_\_\_\_\_ Grade: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_  
Address, if different: \_\_\_\_\_  
Phone Numbers: H \_\_\_\_\_ W \_\_\_\_\_ C \_\_\_\_\_  
Email Address: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_  
Address, if different: \_\_\_\_\_  
Phone Numbers: H \_\_\_\_\_ W \_\_\_\_\_ C \_\_\_\_\_  
Email Address: \_\_\_\_\_

## Please list the name of any relatives registering for Camp Phoenix –

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

## RECREATIONAL INTERESTS

\_\_\_\_ Swimming    \_\_\_\_ Arts & Crafts    \_\_\_\_ Soccer    \_\_\_\_ Basketball    \_\_\_\_ Kickball  
\_\_\_\_ Volleyball    \_\_\_\_ Games    \_\_\_\_ Drama    \_\_\_\_ Story Telling    \_\_\_\_ Hiking  
\_\_\_\_ Other (Please explain) \_\_\_\_\_

## HEALTH HISTORY

Does your child have any health conditions?  Yes  No

If yes, please explain: \_\_\_\_\_

Does your child have any dietary restrictions?  Yes  No

If yes, please explain: \_\_\_\_\_

Does your child have any allergies?  Yes  No

If yes, please explain: \_\_\_\_\_

Are your child's immunizations up to date?  Yes  No

*Please complete the medication profile on the next page*

## Medication Profile

**I give permission for Calvert Hospice staff to administer prescriptions listed below and/or administer first aid to my child, if applicable.**

### EMERGENCY CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: Cell - \_\_\_\_\_ Work - \_\_\_\_\_ Home - \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*If your child takes medications that may need to be administered during camp, please fill out the information below. Please bring any medications to camp in original packaging.*

Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time to administer medication: \_\_\_\_\_ Special notes: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Physician's phone number: \_\_\_\_\_

# Grief Questionnaire

Child's Name: \_\_\_\_\_

Name(s) of Deceased:

Relationship to Your Child:

Date of Death:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Calvert Hospice Patient(s)?  Yes  No

If yes, who? \_\_\_\_\_

Please list the cause of death for each person listed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was/were the death(s) sudden or unexpected?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was the child told about the death(s)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please continue on another sheet, if needed*

## Additional Information

Has your child ever attended the Journeys (formerly known as Bridges) program?  Yes  No

If yes, when? \_\_\_\_\_

Has your child ever attended Camp Phoenix?  Yes  No

If yes, when? \_\_\_\_\_

Has your child ever participated in a grief group at his/her school?  Yes  No

If yes, when? \_\_\_\_\_

**Please choose a t-shirt size for your child –**

**Youth:** S \_\_\_ M \_\_\_ L \_\_\_    **Adult:** S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_

## Camp Phoenix

### Informed Consent, Release, and Indemnification Agreement

I, \_\_\_\_\_, hereby give permission for my child, \_\_\_\_\_, to attend Camp Phoenix on September 12<sup>th</sup> and 13<sup>th</sup>, 2020 at Kings Landing Park in Huntingtown, Maryland.

I understand the goal of Camp Phoenix is to help facilitate my child's bereavement process and provide support for him or her in expressing feelings of grief. I give permission to the Camp Phoenix staff to share the information contained in this packet with the volunteers and staff who will be working with my child.

1. Authorization is hereby granted to release to and to obtain from appropriate agencies, school personnel, health and mental health providers, such information as may assist Calvert Hospice Camp Phoenix personnel in providing support for my child.
2. I give my permission for my child to be photographed during Camp Phoenix. I agree that these photographs are and remain the property of Calvert Hospice and that these images may now or in the future be used by Calvert Hospice for promotional and/or educational purposes in any medium, including but not limited to, print materials, in digital or electronic form, and/or on the Calvert Hospice website.
3. In consideration of the above-named child being granted permission by Calvert Hospice to attend the Camp Phoenix program, I, for myself and on behalf of my child, release and discharge Calvert Hospice, its agents, employees, volunteers, officers, and directors from all claims, demands, actions and judgments which I or my child has had, now has, or may in the future have against Calvert Hospice for any personal, physical or emotional injury, known or unknown, and any injury to property during my child's attendance at Camp Phoenix, whether the injury is caused by negligence or any other fault.
4. INDEMNIFICATION AGREEMENT: In consideration of the above-named child being granted permission by Calvert Hospice to attend the Camp Phoenix program, I agree to indemnify and hold harmless Calvert Hospice against any and all claims, demands, actions and judgments whatsoever in law and equity, which my child has had, now has or may in the future have against Calvert Hospice for any personal, physical or emotional injury, known or unknown, and any injury to property during my child's attendance at Camp Phoenix, including, but not limited to injury caused by or arising out of negligent conduct by Calvert Hospice agents, employees, volunteers, officers and directors.

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
*Parent/Guardian*