



Dear Parents/Guardians:

We are excited about your interest in Camp Erin® South Florida!

Camp Erin is a free weekend bereavement camp for children and teens ages 6 to 17 who are grieving the death of a significant person in their lives. At Camp Erin, children and teens experience a weekend that combines grief education and emotional support with fun traditional camp activities. Our grief professionals and trained volunteers provide a caring environment for campers to explore their grief, learn essential coping skills, and make friends with peers who are also grieving.

In order to participate in Camp Erin, we require the following:

- 1. Application** – An application must be completed for each child prior to being considered for camp. Submit completed applications to:
By Mail/In person:
Catholic Hospice, Attn: Camp Erin South Florida
2900 W. Cypress Creek Road Suite 7, Fort Lauderdale, FL 33309
Or Fax: 954-944-2697
Or E-mail: CampErin@catholichospice.org
- 2. Interview** – A Camp Erin team member will contact you to help familiarize you and your child (ren) with the camp. It is also important for us to get to know your child(ren). The interview will help determine your child's readiness for camp and if Camp Erin fits their needs. After this process, additional information about camp and other camp activities, such as Save Your Spot, will be provided to you.
- 3. Save Your Spot** – At "Save Your Spot," you will get to meet the Camp Erin team, volunteers and other campers who will be with your child(ren) at camp, while confirming your spot(s) at camp. Your attendance is required to confirm your child(ren)'s spot(s) at camp.

If you have any questions about Camp Erin South Florida, please contact me at **954-944-2709** or by e-mail at gsantayana@catholichospice.org.

Sincerely,

Gian Carla Santayana, MS, NCC, LMFT
Bereavement Camp Manager

Catholic Hospice, Inc.
2900 W. Cypress Creek Road | Suite 7 | Fort Lauderdale, FL 33309
O. 954-944-2709 | F. 954-944-2697 | gsantayana@catholichospice.org
www.camperinsouthflorida.org





CAMPER APPLICATION CHECKLIST

Child's Name: _____ Gender: _____

Date of Birth: _____ Age: _____

T-Shirt Size: (Please indicate if child or adult size) _____

Race/Ethnicity: (Circle)

Black/African American

White/Caucasian

Hispanic/Latino

Asian

Multiracial

Principal concerns: _____

Attended Camp Erin before? (Circle one) Yes No Year/Location: _____

Military Affiliation: (Circle one) Yes No *If Yes, which Branch? _____

Does the camper applicant qualify for or receive free or reduced lunch at school? (Circle one) Yes No

Was the deceased a significant caregiver of the camper? (Circle one) Yes No

Person Completing Application: _____ Relationship to Child: _____

E-mail: _____ Phone Number: _____

How did you hear about Camp Erin? _____

FOR OFFICE USE ONLY:		Date materials received: _____	
Date of interview: _____		Staff conducting interview: _____	
Attended SYS? (CIRCLE ONE)	Yes No	Date/Location of SYS: _____	
Transportation? (CIRCLE ONE)	Direct Miami Lakes Bus (Homestead Camp ONLY)		
Accepted place? (CIRCLE ONE)	Yes No	Attended camp? (CIRCLE ONE)	Yes No
Additional Comments: _____			





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.

Child's Name _____ Child's age _____

Full name of deceased _____ Relationship to child _____

Date of death _____ Age of deceased at time of death _____

Was the death anticipated or sudden? _____ Cause of death _____

Please describe how the death was explained to the child: _____

How you describe your family's communication style regarding the death? (Check one)

Open Adequate Very Little Avoided None

Please check if either of the following statements are **TRUE**:

- Child/Adolescent was present at time of death.
- Child/Adolescent does not understand the facts about the deceased's cause of death.
- Child/Adolescent currently receives professional support. If so, explain: _____
- This is not child's first experience with death. If so, explain: _____

Please indicate other changes/stresses in child/adolescent's life (i.e., illness, relocation, divorce, history of abuse, remarriage, finances, other losses) _____

Please explain how your child indicates that he/she is grieving. Do they speak openly about the person who died?

Reaction to Loss: (Check all the behaviors your child has exhibited following the death of the loved one)

- | | | |
|---|--|--|
| <input type="checkbox"/> Withdrawn/Isolation | <input type="checkbox"/> Drug/Alcohol Use | <input type="checkbox"/> Fearful of _____ |
| <input type="checkbox"/> Depression/Sadness | <input type="checkbox"/> Causing harm to self/others | <input type="checkbox"/> Believes that death was his/her fault |
| <input type="checkbox"/> Suicidal thoughts/talk | <input type="checkbox"/> Anger/Aggressiveness | <input type="checkbox"/> Believes that death is punishment |
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Crying Spells | <input type="checkbox"/> Separation Anxiety |
| <input type="checkbox"/> Other: _____ | | |

Difficulty with: (Circle all that apply) Energy Weight Attendance in school Self-esteem

Describe your child/adolescent's personality and any special needs (language, disability, and/or religious needs), family customs, cultural aspects, concerning behaviors/moods that we should be aware of to better serve your child.





CAMP INFORMATION

Child's Name _____ Child's age _____

Has your child ever: (Circle one)

Attended day camp?	Yes	No
Attended overnight camp?	Yes	No
Spent the night away from home?	Yes	No

Does your child: (Circle one)

Enjoy music?	Yes	No	*If yes, what kind? _____
Play an instrument?	Yes	No	*If yes, what kind? _____
Enjoy/play sports?	Yes	No	*If yes, what kind? _____
Enjoy art?	Yes	No	*If yes, what kind? _____

What is your child's favorite food(s)? _____

What is your child's least favorite food(s)? _____

Please list any special interest/hobbies your child has: _____

Is there anything that we should know to better serve your child? _____

Have you and your child talked about the possibility of him/her attending Camp Erin? (Circle one) Yes No

What would you hope that your child would gain from attending Camp Erin? _____

***FOR RETURNING CAMPERS ONLY**

If your child has attended Camp Erin in the past, what would you like your child to gain this time from attending Camp Erin? _____





MEDICAL INFORMATION

Child's Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

Does your child: (Circle one)

Have physical limitations? Yes No *If yes, specify: _____

Wear glasses/contacts? Yes No

Have allergies? Yes No *If yes, specify: _____

Dietary Restrictions? Yes No *If yes, specify: _____

Have significant medical history? Yes No *If yes, specify: _____

Take medication? Yes No *If yes, specify: _____

Is your child under the care of a Primary Care Physician (PCP)? (Circle one) Yes No

Child's PCP Name: _____ Phone Number: _____

Physician Address: _____

Is there a hospital that your insurance mandates? (Circle one) Yes No

If yes, what is your hospital of choice: _____

In case of an emergency, please contact the following persons (in order):

Emergency Contact Name: _____

Home Phone Number: _____ Cell Phone Number: _____

Emergency Contact Name: _____

Home Phone Number: _____ Cell Phone Number: _____





Consent for Medical / Surgical Care, Emergency Treatment and Medical Information

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Relationship to Child: _____

As the parent/legal guardian of the above named child, I give full authorization to Camp Erin® staff or agents to secure medical care or treatment for said youth. This treatment may include assistance from the nearest physician, medical clinic, hospital, trained nurse, EMT, or other health care professional in the event of illness or injury that requires immediate attention as determined by Camp Erin staff. In the event of an emergency and I cannot be contacted, I give permission to the treating medical institution and/or medical providers to render any medically necessary care for my child. I further authorize Camp Erin and its agents to disclose any and all information they deem appropriate and as necessary to secure appropriate care for my child. I agree that I am responsible for any such care rendered to my child and will indemnify and hold harmless Camp Erin for such care or related costs or expenses.

My child has the following **health issues and/or problems**: _____

List **all medications** (prescription and/or non-prescription) that your child will need to take while at camp:

Name of medication	Dose	Frequency	Prescribing Physician	Reason for taking

***All medications must be in their original containers.**

Child's **allergies** (i.e., food, medication, and all other allergies) and indicate reactions: _____

Does your child have **medical insurance**: (Circle) Yes No ***If yes, please complete below.**

Name of Health Insurance Carrier: _____ Phone Number: _____

Policy Holder's Name: _____ Policy & Group Number: _____

Signature of Policy Holder: _____ Date: _____

***PLEASE MAKE COPY OF INSURANCE CARD AND ATTACH TO FORM**





Custody Release Form

Name of Child Camper: _____

Birth Date of Child Camper: _____

I am the parent or legal guardian of the child camper identified above. I hereby authorize and direct Camp Erin®, its staff, and/or its volunteers to release the child camper to the following person(s) during or at the end of Camp Erin for purposes of transporting or otherwise assuming custody of the child camper:

Name: _____

Address: _____

Phone Number: _____

Cell Phone Number: _____

E-mail: _____

If it is necessary for my child to leave Camp Erin before the end of the program due to illness, injury, or behavioral issues, and I cannot be reached, I hereby give permission for my child to be released into the custody of the person identified above. I understand that Camp Erin may require photo identification of anyone who picks up the child camper from Camp Erin, including myself.

I hereby release Camp Erin, its staff, volunteers and representatives from liability for releasing the child camper to the person identified above.

I understand and agree that, in the event of necessary health care or other emergency, Camp Erin may release my child to health care professionals or other appropriate personnel.

I have read and understood this entire form, and I agree to be bound by the conditions of the agreement.

Signature of Parent/Guardian

Date





Catholic Hospice, Inc. Privacy Release Statement

I, the undersigned, am guardian of _____ and do hereby voluntarily participate and give authorization for the minor child to appear in photographs and/or interviews with respect to Camp Erin® and its activities.

I do hereby consent to the use of the above materials in any form of media (publications, radio, television or internet). I also understand that my identity may be disclosed in connection with the photographs and/or interviews.

I do hereby release, Catholic Hospice, Catholic Health Services and the Archdiocese of Miami, its agents and employees from all liability in connection with the above. I waive any right to inspect or approve the finished product, the advertising or other copy that may be used in connection with the above.

I hereby consent to the above, without expectation or remuneration to me now or in the future. The agreement shall be binding upon my heirs, personal representatives and assigns.

Print Name/Parent or Legal Guardian

Print Name/Catholic Hospice Rep.

Signature

Signature

Date

Date

