

Camp Holiday Hope – Nov. 18, 2017 Camper Application

Child's Name: _____ Birth Date: _____

Sex: M ___ F ___ Age: _____ Phone: _____

Address: _____
Street City State Zip Code

Parents/Guardians	Emergency Contacts
Names: _____	Names: _____
Phone: _____	Phone: _____
Phone: _____	Phone: _____
Relationship to camper: _____	Relationship to camper: _____
Can the child be released to these individuals? _____	Can the child be released to these individuals? _____

Permission to Attend/ Share Info/ Seek Emergency Treatment

I give permission for (child) _____ to attend Camp Holiday Hope on Nov. 18, 2017. I give my permission to Clarion Forest VNA, Inc. to share any information contained in this application with the staff and volunteers who will be working with my child at Camp Holiday Hope. I give permission for Clarion Forest VNA Staff and Volunteers to see emergency medical treatment for the above named child if necessary.

Parent/Guardian Signature: _____ Date: _____

Media Release Form for Clarion Forest VNA and Hospice

By checking the box below, I understand that pictures might be taken of my child during this event by Clarion Forest VNA and Hospice for promotion of bereavement programs and services that we provide. No personal information will be used, only your child's likeness and the event attended.

By checking this box, I give permission for my child's likeness to be used in any media format.

Child's Name _____

Parent/ Guardian Signature: _____ Date: _____

Medical Information

Health problems: _____

Allergies (food, medication, other): _____

Medications: _____

(If medications need administered during camp hours, please bring them in the original prescription bottles. Also include written instructions regarding administering them. All medications MUST be given directly to Camp staff upon arrival to camp.)

Please complete both sides of this form.

BEREAVEMENT HISTORY

1. Name of the person who died: _____
Relationship to child: _____ Date of death: _____
Cause of death: _____ Child's age at time of death: _____ Age of person who died: _____

2. Please describe the relationship between the child and the person who died: _____

3. Where did this person die? Home _____ Hospital _____ Hospice _____ Other _____

4. Was the child present at the time of death? _____ Please explain the circumstances: _____

5. Was there a funeral or memorial service? _____ Did the child attend the service? _____
If yes, what was your child's reaction to/or comments about the service? _____

If no, why didn't they attend? _____

6. Any problems or concerns with your child that we should be aware of? _____

7. Is there anything else we should know to better serve the child? _____

Questions please contact Sue Evans, Bereavement Coordinator at: **(814) 297-8360**

Please return completed application to:
(Camp Holiday Hope 2017)
Clarion Forest VNA, Inc
271 Perkins Rd.
Clarion, PA 16214

BEFORE Nov. 10, 2017