

Camp Hope - October 24, 2026 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 persons? _____	Can the child be released to these persons ? _____

Permission to Attend/ Share Info/ Seek Emergency Treatment

- ☐ I give permission for (child) _____ to attend Camp Hope on October 24, 2026 .
- ☐ 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 Hope.
- ☐ I give permission for Clarion Forest VNA Staff, or Volunteers to seek emergency medical treatment for the above named child on October 24, 2026 if necessary.

Parent/Guardian Signature: _____ Date: _____

Media Release Form for Clarion Forest VNA and Hospice

Pictures may be taken of your child during this event by Clarion Forest VNA and Hospice for the promotion of bereavement programs. No personal information will be used, only your child's likeness and the event attended..

☐ I give permission for my child's likeness to be used in any media format.

Parent/ Guardian Signature: _____ Date: _____

Medical Information

Health problems: _____

Allergies (food, medication, other): _____

Medications: (If medications need to be 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.)

Activities Consent and Release

I hereby freely, knowingly, and voluntarily consent to and give permission that the camper listed below can participate in *all activities* conducted by Clarion Forest Visiting Nurses Association Inc. & their volunteers. For the purpose of this waiver, "all activities" includes, but is not limited to, exercising, indoor and outdoor activities. I recognize, however, that participation in the above activities could pose a health risk, and I hereby acknowledge that my consent on behalf of the camper listed below is voluntary and informed. I also acknowledge that the camper listed below, will be supervised/trained at camp to safely participate in the activities and that the use or non-use of such training shall, under no circumstances, result in a claim against Clarion Forest Visiting Nurses Assoc., Inc.

Print Parent/Guardian Name _____ Signature of Parent/Legal Guardian _____ Date _____

Camp Hope – Camper Application

Clarion Forest VNA Office

October 24, 2026

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 Gina Lutz, Bereavement Counselor at: **(814) 297-8360**

Please return completed application to:

**Camp Hope 2026
Clarion Forest VNA, Inc.
271 Perkins Rd.
Clarion, PA 16214**

**CAMPER MUST BE PRE-REGISTERED AND THIS FORM MUST BE RETURNED BY
NO LATER THAN **October 09, 2026****

WE REGRET THAT WE CANNOT ACCEPT LATE APPLICATIONS