

## 2018 Camp Erin Lincoln September 21-23, 2018

### Application Packet Checklist Application Deadline: August 1, 2018

- 2018 Camp Erin Camper Application
- Photo of deceased
- Custody Release Form
- Consent for Medical/Surgical Care, Emergency Treatment and Medical Information Form
- Health History, Medication Consent and Instructions Form
- Medication Log
- Copies of insurance card(s)
- Yes! My camper has a special diet. *(Please note details):*
  - \_\_\_\_\_
- Vaccination records
  - attached to application **or**
  - faxed to 402-486-0288 **or**
  - emailed to [cmason@mourninghope.org](mailto:cmason@mourninghope.org)

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**STAFF USE ONLY:**

\_\_\_\_\_ *Yes, attending camp*

\_\_\_\_\_ *Not attending camp at this time*

\_\_\_\_\_ *Notified of camp acceptance*

\_\_\_\_\_ *T-Shirt Size*

Family meeting date/time: \_\_\_\_\_

# 2018 Camp Erin® Lincoln Camper Application



## CAMPER INFORMATION

A separate application is required for each camper. Please print or write legibly.

New camper                       Returning camper

Camper's name: \_\_\_\_\_

Camper prefers to be called: \_\_\_\_\_ Gender: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth (MM/DD/YYYY): \_\_\_\_\_ Grade in fall 2018: \_\_\_\_\_

**Race/Ethnicity:** (We only use this information to gather demographic statistics and for grant applications. Check all that apply.)

African American     Native American     Asian     Caucasian     Native Hawaiian/Other Pacific Islander  
 Hispanic/Latino     Multi-Racial     Other: \_\_\_\_\_

School name: \_\_\_\_\_

Siblings (list names/ages): \_\_\_\_\_  
\_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

**EMERGENCY CONTACTS:** Please list two people *other than you* to contact in case of emergency at camp:

Emergency Contact #1 Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact #2 Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

If child is a Ward of the State, is taking and displaying/sharing photos of camper approved by caseworker?

Yes     No     Child is not a Ward of the State

**How did you hear about Camp Erin Lincoln?** (check all that apply)

School     Web     Advertisement     New York Life Agent     Hospice  
 Mourning Hope     Past Camp Participant     Other (please specify): \_\_\_\_\_

## BEREAVEMENT HISTORY

(on this page, please identify the most significant death in the child's life – a follow-up page is provided for any additional deaths)

Name of person who died: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Date of death: \_\_\_\_\_ Age of deceased at time of death: \_\_\_\_\_

What was the cause of death? \_\_\_\_\_

Was the death anticipated?  Yes  No

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

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

If yes, what were your child's reactions to/comments about the service? \_\_\_\_\_

Do you and the child talk about the deceased?  Yes  No

Does the child have memories of the deceased?  Yes  No

Describe the majority of the child's memory of the deceased:

All positive memories

Mostly positive memories

Mostly negative memories

All negative memories

What has the child been told about the cause of the death?

Did the child receive grief support services and/or counseling before or after the death?  Yes  No

If yes, please specify services received and length of service:

*Was the deceased an active, reserve or National Guard military member or military veteran?*  Yes  No

*If so, what branch?* \_\_\_\_\_

*Is either guardian an active, reserve or National Guard military member or military veteran?*  Yes  No

*If so, what branch?* \_\_\_\_\_

Describe the relationship between the child and the deceased (e.g., close, distant): \_\_\_\_\_

How did the child react to the death? \_\_\_\_\_

Describe how the child indicates that he/she is grieving: \_\_\_\_\_

**BEREAVEMENT HISTORY** (on this page, please identify any additional deaths the child has experienced)

Name of person who died: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Date of death: \_\_\_\_\_ Age of deceased at time of death: \_\_\_\_\_

What was the cause of death? \_\_\_\_\_

Was the death anticipated?  Yes  No

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

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

If yes, what were your child's reactions to/comments about the service? \_\_\_\_\_

Do you and the child talk about the deceased?  Yes  No

Does the child have memories of the deceased?  Yes  No

Describe the majority of the child's memory of the deceased:

- All positive memories
- Mostly positive memories
- Mostly negative memories
- All negative memories

What has the child been told about the cause of the death?

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

Did the child receive grief support services and/or counseling before or after the death?  Yes  No

If yes, please specify services received and length of service:

\_\_\_\_\_

*Was the deceased an active, reserve or National Guard military member or military veteran?*  Yes  No

*If so, what branch?* \_\_\_\_\_

*Is either guardian an active, reserve or National Guard military member or military veteran?*  Yes  No

*If so, what branch?* \_\_\_\_\_

Describe the relationship between the child and the deceased (e.g., close, distant): \_\_\_\_\_

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

How did the child react to the death? \_\_\_\_\_

\_\_\_\_\_

**BEHAVIORS**

Has the child exhibited any of the following behaviors in the last two months? (check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Depression         | <input type="checkbox"/> Harmed others                 | <input type="checkbox"/> Stealing                   |
| <input type="checkbox"/> Ran away from home | <input type="checkbox"/> Inappropriate sexual behavior | <input type="checkbox"/> Nightmares                 |
| <input type="checkbox"/> Harmed self        | <input type="checkbox"/> Lying                         | <input type="checkbox"/> Destruction of property    |
| <input type="checkbox"/> Drug/alcohol use   | <input type="checkbox"/> Regression                    | <input type="checkbox"/> Ongoing sleep disturbances |
| <input type="checkbox"/> Special fears      | <input type="checkbox"/> Behavior problems (home)      |   |
| <input type="checkbox"/> Discussed suicide  | <input type="checkbox"/> Behavior problems (school)    |   |

Has the child experienced any other deaths?

Yes  No

If yes, please specify the deaths and describe the impact on the child:

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Describe any other changes/stresses in the child's life: (e.g., divorce, illness, moving, change of school)

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Has the child's behavior, things they have said or done concerned you lately?

Yes  No

If yes, please specify:

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**CAMP INFORMATION** (attach extra sheet if you need more space)

Have you and the child talked about him/her coming to Camp Erin?

Yes  No

What concern(s), if any, do you have about the child attending camp?

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What concern(s), if any, does the child express about attending camp?

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Does your child have a current IEP/504 (Individualized Education Program) at school?

Yes  No

If yes, what areas of concern does it address?

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**CAMP INFORMATION** (continued)

What strategies have you found to be helpful when your child has overwhelming emotions?

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Does your child take medication due to specific behavior(s)?  Yes  No

If yes, what behaviors/medications?

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Has the child ever:

Spent a night away from home?  Yes  No

Attended day camp?  Yes  No

Attended overnight camp?  Yes  No

List any special interests or hobbies the child has:

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Is there anything we should know about the child's religious beliefs or faith practice?

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

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Child's t-shirt size: (check one)  Child S  Child M  Child L  
 Adult S  Adult M  Adult L  
 Adult XL  Adult 2X  Adult 3X

Yearly family income: (check one)

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> \$0 to \$12,140      | <input type="checkbox"/> \$25,101 to \$29,420        | <input type="checkbox"/> \$42,381 to \$46,700 | <input type="checkbox"/> \$59,661 to \$63,980 |
| <input type="checkbox"/> \$12,141 to \$16,460 | <input type="checkbox"/> \$29,421 to \$33,740        | <input type="checkbox"/> \$46,701 to \$51,020 | <input type="checkbox"/> \$63,981 to \$68,300 |
| <input type="checkbox"/> \$16,461 to \$20,780 | <input type="checkbox"/> <b>\$33,741 to \$38,060</b> | <input type="checkbox"/> \$51,021 to \$55,340 | <input type="checkbox"/> \$68,301 to \$72,620 |
| <input type="checkbox"/> \$20,781 to \$25,100 | <input type="checkbox"/> \$38,061 to \$42,380        | <input type="checkbox"/> \$55,341 to \$59,660 | <input type="checkbox"/> \$72,621+            |

Number of people living in your household: \_\_\_\_\_

Does your child qualify for free/reduced lunches in their school system?  Yes  No

**THE FOLLOWING ARE REQUIRED IN ORDER FOR YOUR CAMPER TO ATTEND CAMP ERIN:**

**PRE-CAMP FAMILY MEETING**

Campers and their caregiver(s) are **required** to attend a pre-camp “family meeting” with camp staff. Our staff will reach out to you to schedule these as we receive applications throughout the spring and summer.

**PRE-CAMP EVENT**

There will also be a **required** pre-camp event with camp staff, volunteers, campers and caregivers. The pre-camp event is **Sunday, September 9 from 1-3 p.m. in Lincoln**. Campers will participate in breakout groups with their cabin mates, while caregivers and staff will have an informational meeting. The event location will be shared upon your camper’s acceptance to Camp Erin.

**Campers will be notified of their acceptance to Camp Erin by mail and by phone after August 1, 2018. Please remember that new campers will be accepted first, and returning campers will be accepted once all first-time attendee slots are full.**

**Parent/Guardian name:** (printed) \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Relationship to camper:** \_\_\_\_\_

**Please return completed application via mail to:**

Mourning Hope Grief Center  
Attn: Camp Erin  
4919 Baldwin Avenue  
Lincoln, NE 68504

**or via email to:**

Caitlin Mason, Program Director  
cmason@mourninghope.org



## 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, volunteers and/or representatives to release the child 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: \_\_\_\_\_

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/or 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 understand this entire form, and I agree to be bound by conditions of the agreement.

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

\_\_\_\_\_  
Date





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

Name of Parent/Guardian: \_\_\_\_\_  
First Middle Last

(please check one)  Mother  Father  Legal Guardian

Name of child camper: \_\_\_\_\_  
First Middle Last

(please check one)  Son  Daughter  Other: \_\_\_\_\_

Birth date of child camper: \_\_\_\_\_

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, 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 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/problems:

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My child takes the following prescription and/or non-prescription medications:

**(Please be sure to list medications on the "Medication Log" on page 12. This includes over-the-counter medications.)**

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**Consent for Medical/Surgical Care,  
Emergency Treatment and Medical Information Form  
(continued)**

Name of health insurance carrier: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Policyholder's name: \_\_\_\_\_

Policyholder's group number: \_\_\_\_\_

Signature of policyholder: \_\_\_\_\_

**Please make a copy of your insurance card(s)  
and attach to the completed application.**



## 2018 Camp Erin Lincoln Health History, Medication Consent and Instructions Form

Name of child camper: \_\_\_\_\_  
First Middle Last

Gender: \_\_\_\_\_ Birth date of child camper: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_  
First Middle Last

Mother     Father     Legal Guardian    Emergency contact #: ( \_\_\_\_\_ ) \_\_\_\_\_

Does your child have any of the following:	Yes	No
Limitations that require special accommodations (please list at bottom of form)		
Asthma		
Dietary Restrictions (i.e. physician recommended, religious, etc.)		
Convulsions		
Seizures/seizure disorder		
Diabetes		
Ear infections		
Hearing impairment		
Motion sickness		
Nosebleeds		
Wears glasses/contacts		
Recurring headaches or stomachaches		
Other: (please specify)		
Is your child currently under the care of a physician?		
If yes, physician's name: _____ phone #: _____		
Does your child have any allergies?( i.e. food, medicine, or other)		
If yes, please explain:		
Any history of operations or serious illnesses?		
Will your child be taking medications at camp?		
If yes, please see fill out log on page 12.		
<b>The Camp Erin Nurse has my permission to give my child :</b>		
• Acetaminophen (Tylenol) for minor aches or pains		
• Ibuprofen (Advil) for minor aches or pains		
• Benadryl for troublesome itching due to bug bites		
• Tums or Pepto-Bismol for tummy upsets		
• Neosporin for minor cuts or scrapes		

**Special accommodations needed:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_



## 2018 Camp Erin Lincoln Medication Log

Name of child camper: \_\_\_\_\_  
First Middle Last

Please list all the medications that your child will be bringing to camp, including over-the-counter medications (such as allergy medications). All medications will be collected at camp check in and distributed by the Camp Erin Nurse.

Medication:	Dosage:	Reason for meds:	Side effects observed:	Time meds are given: