

Camper Name: _____



2025 Camp Erin® Lincoln
September 26-28, 2025



Applications due by Friday, July 25, 2025. Send via mail or email to:

Mailing Address: Mourning Hope Grief Center Attn: Camp Erin/Sarah Berghoff-Music 1311 South Folsom Street Lincoln, NE 68522	Email: sberghoff@mourninghope.org
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Packet Checklist

Please confirm all items are **complete** and **included** before submitting:

2025 Camp Erin Camper Application (*pages 3-7*)

Health History, Medication Consent and Instructions Form (*page 8*)

Medication Log (*page 9*)

Agreement to attend pre-camp family meeting and Save Your Spot event (*page 10*)

Photo of deceased

Please answer the following:

I understand that up-to-date vaccination is advisable for all campers.

Yes! My camper has a special diet. (*Please note details*):

STAFF USE ONLY:

_____ *First-time camper*

_____ *Returning camper*

_____ *T-Shirt Size*

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2025 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: _____

Pronouns: _____

Age: _____ Date of birth (MM/DD/YYYY): _____ Grade in August 2025: _____

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

African American/Black ☐ Hispanic/Latinx ☐ Native American ☐ White ☐
Asian ☐ Multi-Race ☐ Pacific Islander ☐ Other: _____

School name: _____

Siblings (list names/ages): _____

Caregiver: _____ 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 ☐ 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 the 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? _____

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 the 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:

- | | |
|---|---|
| <input type="checkbox"/> All positive memories | <input type="checkbox"/> Mostly negative memories |
| <input type="checkbox"/> Mostly positive memories | <input type="checkbox"/> 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? _____

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"/> Specific fear | <input type="checkbox"/> Behavior problems (home) | |
| <input type="checkbox"/> Discussed suicide | <input type="checkbox"/> Behavior problems (school) | |

Has the child experienced any other deaths of someone significant or close to them?

☐ Yes

☐ No

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

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

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

☐ Yes

☐ No

If yes, please specify:

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

Have you and the child talked about them coming to Camp Erin?

Yes

☐ No

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

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

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

☐ Yes

☐ No

If yes, what areas of concern does it address? _____

CAMP INFORMATION (continued)

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

Does the child take medication due to specific behavior(s)?

☐ Yes

☐ No

If yes, what behaviors/medications?

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:

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

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

Child's t-shirt size: (check one)

☐ Child S (6-8)

☐ Child M (10-12)

☐ Child L (14-16)

☐ Adult S

☐ Adult M

☐ Adult L

☐ Adult XL

☐ Adult 2X

☐ Adult 3X

Yearly family income: (check one)

\$0 to \$1 , 0

\$2 , 1 to \$2 ,4 0

\$4 ,8 1 to \$4 ,7 0

\$5 , 1 to \$6 , 0

\$1 , 1 to \$1 , 0

\$2 ,4 1 to \$3 , 0

\$4 ,7 1 to \$, 0

\$6 , 1 to \$6 , 0

\$1 , 1 to \$20, 0

\$3 , 1 to \$3 , 0

\$, 1 to \$5 , 0

\$6 , 1 to \$7 , 0

\$20, 1 to \$2 , 0

\$3 , 1 to \$4 , 0

\$5 ,4 1 to \$5 , 0

\$7 , 1+

Number of people living in your household:

Does your child qualify for free/reduced lunch in their school system?

☐ Yes

☐ No

Has your _____ s because of this death loss?

Yes

No

Uncertain

Not Applicable



2025 Camp Erin Lincoln Health History, Medication Consent and Instructions Form

Name of child camper: _____
First Middle Last

Gender: _____ Birth date of child camper: _____

Caregiver: _____
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.) (please list at bottom of form)		
Convulsions		
Seizures/seizure disorder		
Diabetes		
Ear infections		
Hearing impairment		
Motion sickness		
Nosebleeds		
Wears glasses/contacts		
Recurring headaches or stomachaches		
Other: (please specify here)		
Is your child currently under the care of a physician?		
If yes, physician's name and 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 fill out log on page 9.		
The Camp Erin Nurse has my permission to give my child:		
• 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 and/or dietary restrictions: _____

Caregiver signature

Date



2025 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:

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

Campers will be notified of their acceptance to Camp Erin by mail and by phone the **week of August 4, 2025**. Please remember that new campers will be accepted first, and returning campers will be accepted once all first-time attendee slots are full.

1. PRE-CAMP FAMILY MEETING

All 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 this as we receive applications throughout the spring and summer.

2. SAVE YOUR SPOT EVENT

Campers and their caregiver(s) will also be **required** to attend a Save Your Spot event with camp staff and volunteers. The Save Your Spot event will take place in the afternoon on **Saturday, September 13**, at the Mourning Hope Grief Center in Lincoln. During the event, campers will meet their Cabin Buddies and fellow campers, and work on a project for camp. At the same time, caregivers will join an informational session covering camp logistics and ways to support their camper before and after the weekend experience.

Caregiver name: (printed) _____

Signature: _____

Date: _____

Relationship to camper: _____

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

Mailing Address: Mourning Hope Grief Center Attn: Camp Erin/Sarah Berghoff-Music 1311 South Folsom Street Lincoln, NE 68522	Email: sberghoff@mourninghope.org
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