Application Packet Checklist

Application Deadline: July 31, 2020

☐ 2020 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 achristensen@mourninghope.org

______________________________________________________________

STAFF USE ONLY:

_______ Yes, attending camp  ___________ Not attending camp at this time

_______ Notified of camp acceptance  ___________ T-Shirt Size

_______ Eluna Photo, Publicity and Liability Consent and Release

_______ CJH Adventure Course Release

Family meeting date/time: ______________________________________

Camper Name: ________________________________________________
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 2020: _______________________

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  ☐ 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? __________________________________________________________________________________
__________________________________________________________________________________________________________________
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? ________________________________________________________________________________________________

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)

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

Has the child experienced any other deaths? □ 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 him/her 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 your child has overwhelming emotions?
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________

Does your 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 $12,140 ☐ $25,101 to $29,420 ☐ $42,381 to $46,700 ☐ $59,661 to $63,980
☐ $12,141 to $16,460 ☐ $29,421 to $33,740 ☐ $46,701 to $51,020 ☐ $63,981 to $68,300
☐ $16,461 to $20,780 ☐ $33,741 to $38,060 ☐ $51,021 to $55,340 ☐ $68,301 to $72,620
☐ $20,781 to $25,100 ☐ $38,061 to $42,380 ☐ $55,341 to $59,660 ☐ $72,621+

Number of people living in your household: ____________________________

Does your child qualify for free/reduced lunch in their school system?
☐ Yes ☐ No
THE FOLLOWING ARE REQUIRED IN ORDER FOR YOUR CAMPER TO ATTEND CAMP ERIN:

PRE-CAMP FAMILY MEETING

New 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.

SAVE YOUR SPOT EVENT

There will also be a required Save Your Spot event with camp staff, volunteers, campers and caregivers. The Save Your Spot event will be on Saturday, September 12, 10 a.m. to 12 p.m. Campers will meet their Cabin Buddies and other campers, and work on a project for camp. Caregivers will learn what to expect from camp, how to prepare campers for their adventure, and meet camp staff and volunteers. Location and details will be shared upon camp acceptance.

Campers will be notified of their acceptance to Camp Erin by mail and by phone the week of August 3, 2020. 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:

achristensen@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: ___________________________________________________________________________________________________

(please check one)  
☐ Mother  ☐ Father  ☐ Legal Guardian

Name of child camper: _______________________________________________________________________________________________________

(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:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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.)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
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.
2020 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:  

<table>
<thead>
<tr>
<th>Limitations that require special accommodations (please list at bottom of form)</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Asthma</td>
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<tr>
<td>Dietary Restrictions (i.e. physician recommended, religious, etc.)</td>
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<td>Convulsions</td>
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<td>Seizures/seizure disorder</td>
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<td>Diabetes</td>
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<td>Ear infections</td>
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<td>Motion sickness</td>
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<td>Nosebleeds</td>
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<td>Wears glasses/contacts</td>
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<td>Recurring headaches or stomachaches</td>
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<td>Other: (please specify)</td>
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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 fill out log on page 12.

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:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Parent/Guardian signature ___________________________ Date _________________

11
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.

<table>
<thead>
<tr>
<th>Medication:</th>
<th>Dosage:</th>
<th>Reason for meds:</th>
<th>Side effects observed:</th>
<th>Time meds are given:</th>
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