

Camper Name: _____



2019 Camp Erin Lincoln
September 20-22, 2019



Application Packet Checklist

Application Deadline: July 31, 2019

- ☐ 2019 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: _____

2019 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 2019: _____

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)

- | | | |
|---|--|---|
| <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:

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

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 7**. 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 time 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 5, 2019. 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: _____
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:

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.)



**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.**

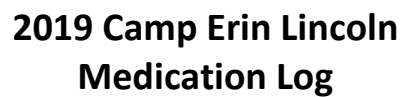


☐ Mother ☐ Father ☐ Legal Guardian Emergency contact #: (_____) _____

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 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 _____



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.

[illegible]