

Camper Name: \_\_\_\_\_



**2026 Camp Erin® Lincoln  
October 16-18, 2026**



**Applications due by Friday, August 21, 2026. Send via mail *or* email to:**

<b>Mailing Address:</b> Mourning Hope Grief Center Attn: Camp Erin/Julianne Yost 1311 South Folsom Street Lincoln, NE 68522	<b>Email:</b> <a href="mailto:jyost@mourninghope.org">jyost@mourninghope.org</a>
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**Packet Checklist**

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

2026 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*):

\_\_\_\_\_

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**STAFF USE ONLY:**

\_\_\_\_\_ *First-time camper*

\_\_\_\_\_ *Returning camper*

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

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# 2026 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: \_\_\_\_\_ Pronouns (optional): \_\_\_\_\_

My camper should be placed in the following cabin (please select preference):                      **Female**                      **Male**

Age: \_\_\_\_\_ Date of birth (MM/DD/YYYY): \_\_\_\_\_ Grade in August 2026: \_\_\_\_\_

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

- |                                                           |                                             |                                                              |                                     |                                                  |
|-----------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------|-------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> African American or Black        | <input type="checkbox"/> Asian              | <input type="checkbox"/> Middle Eastern or North African     | <input type="checkbox"/> White      | <input type="checkbox"/> Another race not listed |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Multi-Race | <input type="checkbox"/> Prefer not to share     |

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

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

Caregiver(s): \_\_\_\_\_ 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)

- |                                        |                                                |                                                        |                                  |
|----------------------------------------|------------------------------------------------|--------------------------------------------------------|----------------------------------|
| <input type="checkbox"/> School        | <input type="checkbox"/> Web                   | <input type="checkbox"/> Advertisement                 | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> Mourning Hope | <input type="checkbox"/> Past Camp Participant | <input type="checkbox"/> Other (please specify): _____ |                                  |

\*The demographic information you provide on this application helps us secure funding to continue offering Camp Erin free of charge. It is not used to determine acceptance. Your personal information is kept confidential.

## 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: \_\_\_\_\_

Was the deceased a significant caregiver to the child? Yes  No

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? \_\_\_\_\_

Is either caregiver 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 — check here if none apply**

Name of person who died: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Was the deceased a significant caregiver to the child? Yes  No

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? \_\_\_\_\_

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:

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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 them 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 the child has overwhelming emotions?

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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 you would like us to know that would help your child have a positive experience at Camp Erin? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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)

<input type="checkbox"/> \$15,960 or less	<input type="checkbox"/> \$33,001 to \$36,680	<input type="checkbox"/> \$55,721 to \$61,400
<input type="checkbox"/> \$15,961 to \$21,640	<input type="checkbox"/> \$36,681 to \$44,360	<input type="checkbox"/> \$61,401 to \$67,800
<input type="checkbox"/> \$21,641 to \$27,320	<input type="checkbox"/> \$44,361 to \$50,040	<input type="checkbox"/> \$67,801 to \$72,760
<input type="checkbox"/> \$27,321 to \$33,000	<input type="checkbox"/> \$50,041 to \$55,720	<input type="checkbox"/> \$72,761 or more

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

**In the last year, did you or anyone in your family qualify for any government assistance programs?** (for example, free/reduced lunch, WIC, SNAP, housing assistance, Medicaid, etc.)

Yes  No

**Has your child's behavior changed because of this death loss?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain	<input type="checkbox"/> Not Applicable
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## 2026 Camp Erin Lincoln Health History, Medication Consent and Instructions Form

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

Sex: \_\_\_\_\_ 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.		
<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 and/or dietary restrictions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Caregiver signature \_\_\_\_\_ Date \_\_\_\_\_



## 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 **in early September**. 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, October 3**, 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.

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Caregiver Name *(printed)*

Relationship to Camper

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Signature

Date

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

<p><b>Mailing Address:</b> Mourning Hope Grief Center Attn: Camp Erin/Julianne Yost 1311 South Folsom Street Lincoln, NE 68522</p>	<p><b>Email:</b> <a href="mailto:jyost@mourninghope.org">jyost@mourninghope.org</a></p>
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