



**COMMUNITY NURSES HOME HEALTH & HOSPICE, INC.
HOLIDAY GRIEF CAMP APPLICATION / CONSENT FORM**

Space is limited please return application by November 2nd. Mail to:
Community Nurses, 757 Johnsonburg Rd., Suite 200, St. Marys, PA 15857

CAMPER INFORMATION:

Name: _____ Sex: _____ Age: _____ Grade: _____

Camper would like to be called (nickname): _____

Street Address: _____ Birthday: _____

City: _____ Telephone: _____

School Attended: _____

Parent/Guardian _____ Daytime Phone: _____

Evening Phone: _____

Alternate Emergency Relationship: _____

Contact Person: _____ Home Phone: _____

Work Phone: _____

Others authorized to pick up camper: _____

MEDICAL INFORMATION:

Camper's Doctor: _____ Telephone: _____

Please list all allergies (food, drug, insect, pollen) _____

Please list all prescription and over-the-counter medications:

DRUG NAME:	DOSAGE:	TIMES TAKEN:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Upon arrival at CAMP FLUTTERBYE, a camp nurse will check in all prescription and non-prescription medications that your child brings to camp. Please leave in original containers. Campers are not to have medications in their possession unless special arrangements are made with the camp nurse at check-in time.

Is there a need for any special diet? If yes, explain _____

INFORMATION ABOUT WHY YOUR CHILD/TEEN IS COMING TO CAMP:

Name of deceased family member: _____ Age: _____ Sex: _____

Relationship to camper: _____ Camper called deceased (nickname): _____

How did he/she die? _____ Date of Birth _____ Date of Death _____

Has there been any other death of a close family member, friend or pet within the last 3 years? _____

If yes, please tell us about the death(s) and when it (they) occurred: _____

What other big changes have happened in the camper's life? (Example: Moving to a new home or school, divorce or separation of parents, new baby, marriage of a parent, somebody special moved away): _____

NOTES:

- Swimming is available. Lifeguards will be present. If you permit your child to participate in swimming, please provide a swimsuit and towel, and sign permission below.
- Please** – Parents should **not** plan to attend Grief Camp. **Family swim will be offered from 1:00 – 3:00 PM, families/friends please feel free to join at that time.**
- Due to liability issues, transportation to and from the camp will not be available.

I understand that Community Nurses Home Health & Hospice, Inc. / the camp facility are not responsible for any liabilities incurred.

I agree to videotaping, photography and/or interviewing for the purpose of camp publicity or news coverage. Please check the appropriate box. **Yes** **No**

I give permission to share my child's address and phone number with other campers in an effort to continue friendships made at camp. Please check the appropriate box. **Yes** **No**

Swimming is available. Please **INITIAL** appropriate space. May swim: **Yes** _____ **No** _____

I, _____, hereby give permission for my child/teen _____ to attend **CAMP FLUTTERBYE** and participate

in all camp activities which is sponsored by the Community Nurses Home Health & Hospice, Inc. at *The Pines on Windfall Road, St. Marys* on *November 7, 2015*.

I further understand that a nurse will be on duty and give my consent to care for any cuts, scrapes and bruises which may occur and to administer medications that are checked in and required during camp hours.

Signature of Responsible Party

Date