



Day Camp Application

(Please print in black ink)

Child's Full Name _____

Nickname _____

Mailing Address _____

City _____ State _____ Zip _____

Phone () _____ Sex ___M___F

Date of Birth (MM/DD/YY) ____ / ____ / ____

Parent / Guardian _____

Relationship _____

Mailing Address: _____

Home Phone: () _____ Work: () _____

Cell : () _____

T-Shirt Size: Child: S ___ M ___ L ___ XL ___

Adult: S ___ M ___ L ___ XL ___ 2X ___

For us to provide a meaningful experience at Camp Braveheart for your child, we need for you to give us information about your child's bereavement and health history.

Please give us as much detail as possible, and if necessary, attach an extra sheet of paper.

1. What was the name of the person who died? _____
2. Relationship of the loved one to the child _____
3. If the person was ill, what was the diagnosis? _____
4. What was the cause of death? _____
5. What was the date of death of the loved one? ____ / ____ / ____
6. At the time of the death, what was your child's age? _____

7. What was the child's reaction to the loved one's passing?

8. Did your child attend the funeral / memorial service? ___ Y ___ N

9. What were your child's reaction / comments about the service?

10. Since the death of the loved one has the child exhibited any of the following feelings / behaviors?

- Belief that the death was their fault
 - Belief that the death was a punishment
 - Loss of interest in activities
 - Nightmares
 - Problems in school / declining grades
 - Withdrawal from family / friends
 - Anger
 - Changes in eating / sleeping habits
 - Trying to be perfect
 - Changes in weight
 - Changes in how he / she feels about themselves
 - Has expressed a wish to die
 - More accident prone than usual
 - Recent problems with the law
 - Caring for others but not for self
 - Complaints of repeated headaches / stomach aches, etc.
 - Lack of energy
 - Other: _____
-

11. Have there been any other losses, changes, stress in the child's life since the death of their loved one (i.e., divorce, illness, moving, etc.)? If yes, please explain:

12. Do you have any concerns that we need to know about?

Health History

1. How would you describe your child's health?

Excellent Good Fair Poor (Check One)

2. Please check all that apply to your child:

Allergies Anxiety Asthma Diabetes
 Constipation / Diarrhea Seizures Drug abuse
 Alcohol abuse Hearing Impairment Epilepsy
 Heart problems Nosebleeds Vision problems
 Emotional / Behavioral Problems Ear infections
 Other (Please specify) _____

3. Please explain any of the items above that are checked and if there are medications to be administered:

4. Has your child had any operations or serious injuries? Y N
If yes, please explain:

- 5. Does your child have any special needs or limitations? Please describe any special dietary needs, handicaps, or other medical information regarding your child.

Your Child's Doctor _____

Doctor's Phone # () _____

Child's Social security # _____

- If your child is taking any medication on a scheduled basis, please be sure to bring it with you in its original container for us to dispense during camp.

Indemnification Agreement

- 1. I, _____, hereby give permission for my child, _____, to attend Camp Braveheart Day Camp at _____.

I understand that the goal of the camp is to facilitate the process of bereavement of my child and provide support for him / her in expressing their feelings / emotions of grief. I also understand that this is done through both indoor and outdoor activities.

- 2. I also give permission for my child to be photographed during camp activities under staff and volunteer supervision. These photos may be used for future publicity of Camp Braveheart including use in the news media.
 Yes No

Signature of Parent/Guardian

Date

Please return this completed form to:

Wiregrass Hospice
 2740 Headland Ave
 Dothan, Al. 36303
 Attn.: Camp Director

(This section for use by camp personnel only.)

Date application received: _____

Signature of Camp Director: _____

App. _____ Date: _____

Disapp. _____ Date: _____