



Camper Application 2009	For Agency Use Only – Date Application received: _____
Attach child's photo here. REQUIRED	<h1 style="margin: 0;">Camp Courage and Little Brave Hearts</h1> <h2 style="margin: 0;">Camps for Grieving Children and Teens</h2>

Today's Date: \_\_\_\_\_

Camper's full name: \_\_\_\_\_ Prefers to be called: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Circle Sex: Male Female

Camper's address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County of residence: \_\_\_\_\_ Township of residence: \_\_\_\_\_

Camper's phone number(s): \_\_\_\_\_

School District: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

If Guardian, relationship to camper: \_\_\_\_\_

Parent/Guardian contact numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Email for Parent/Guardian: \_\_\_\_\_

How did you learn about Camp Courage/Little Brave Hearts?

**Bereavement History: Please include as many details as possible when answering the following questions. Attach extra pages, if necessary.**

1. Camper's special person(s) who died:  
Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
2. Age of the person who died? \_\_\_\_ Age of the camper at the time of the loss? \_\_\_\_\_
3. Briefly describe the relationship that existed between the camper and the deceased:
4. Did the camper reside with the person who died? \_\_\_\_\_
5. Date the death occurred? \_\_\_\_\_
6. Cause of death? \_\_\_\_\_
7. Does the camper know the facts about the cause of death? \_\_\_\_\_
8. Was the camper present at the time of death? Please explain the circumstances surrounding the death.
  
9. Did the child attend the funeral or memorial service? If so, please describe their reaction:
  
10. Please explain why you believe that your child is still grieving? Please include things he/she has said or any behaviors which suggest that he/she is grieving:
  
11. Has your child received any professional support from a psychologist, psychiatrist, pastoral counselor, school counselor, or other? If yes, how long was the support provided?
  
12. Has your child experienced the death of more than one person they loved?  
If yes, please explain:

13. Has there been any other changes or stressful situations in your child's life such as divorce, illness, relocation, etc? Please describe:

14. Has the child ever experienced the death of a pet? \_\_\_\_\_ How long ago? \_\_\_\_

15. How many brothers/sisters does the camper have?  
Please provide first names and ages of each sibling:

16. How are other family members dealing with their own grief? (briefly describe)

17. Does the camper have any difficulty getting along with other family members, friends or peers?  
If so, please describe:

18. Has your child exhibited any of the following behaviors since the person's death?

- |                                       |   |
|---------------------------------------|---|
| _____ Afraid to go to sleep           | _____ Anger toward parent/guardian                    |
| _____ Nightmares                      | _____ Clinging to parent/guardian                     |
| _____ Bed Wetting                     | _____ Difficulty with schoolwork                      |
| _____ Fighting                        | _____ Cruelty to Animals                              |
| _____ Destructive behavior            | _____ Using Drugs/Alcohol                             |
| _____ Expresses feelings of isolation | _____ Refuses to talk about death                     |
| _____ Expresses feelings of guilt     | _____ Expresses self destructive thoughts about death |

19. Please note anything special we should know about your child or the recent death in your family:

**Camp Courage/Little Brave Hearts  
Camper Health History  
(to be completed by parent/guardian)**

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

In case of Emergency and parent/guardian cannot be reached, contact:

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Please check any health conditions which apply to your child:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Allergic to insect bites | <input type="checkbox"/> Allergies       | <input type="checkbox"/> Asthma          |
| <input type="checkbox"/> Behavioral Issues        | <input type="checkbox"/> Constipation    | <input type="checkbox"/> Convulsions     |
| <input type="checkbox"/> Diabetes                 | <input type="checkbox"/> Diarrhea        | <input type="checkbox"/> Ear infections  |
| <input type="checkbox"/> Emotional Issues         | <input type="checkbox"/> Epilepsy        | <input type="checkbox"/> Fainting        |
| <input type="checkbox"/> Hearing Impairment       | <input type="checkbox"/> Heart Disease   | <input type="checkbox"/> Hemophilia      |
| <input type="checkbox"/> Kidney Disease           | <input type="checkbox"/> Low Blood Sugar | <input type="checkbox"/> Sickle Cell     |
| <input type="checkbox"/> Menstrual Cramps         | <input type="checkbox"/> Migraines       | <input type="checkbox"/> Motion Sickness |
| <input type="checkbox"/> Nosebleeds               | <input type="checkbox"/> Wears Contacts  | <input type="checkbox"/> Wears glasses   |

Please describe in more detail, any items checked above:

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Does the camper have any special dietary needs or any food allergies?  
(please note if the camper requires a vegetarian meal plan)

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Please describe any physical limitations or any restrictions on activities while at camp:

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**Camp Courage/ Little Brave Hearts  
Camper Health History-Page 2  
(to be completed by parent/guardian)**

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

If your child has allergies to animals, insect bites, foods or other environmental allergens, please describe what reaction we might expect if he/she comes into contact with an allergen and provide instructions on what medication to administer if a reaction occurs:

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Are your child's immunizations up to date?    Yes    No

Date of child's last physical exam: \_\_\_\_\_

Were any problems noted at that time? If yes, please explain:

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Is your child currently under the care of a physician for any medical problem?

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Has the child experienced any illness, lasting longer than one week? \_\_\_\_\_

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Has the child had an operation or fractured any bone? \_\_\_\_\_

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Does your child take any physician-prescribed medication on a regular basis? Please explain:

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**Camp Courage/ Little Brave Hearts  
Authorization for Emergency Medical Treatment**

Camper's Name: \_\_\_\_\_

Should a medical emergency arise during my child's participation in a Camp Courage/Little Brave Hearts activity, I consent to:

1. The administration of medical treatment and/or surgical procedures deemed necessary by the medical doctor and/or medical facility deemed most fitting to the type of illness or injury the Camp Courage/ Little Brave Hearts nurse or Camp Director, and
2. The immediate administration of life-sustaining measures deemed necessary under the circumstances.
3. In the event of a minor injury, I authorize the camp nurse to administer standard first aid and/or over-the-counter pain reliever, if necessary.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

Medical Insurance Information (please attach a copy of current insurance card(s))

Company: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Policy holder's name: \_\_\_\_\_

Preferred Physician/Medical facility: \_\_\_\_\_

Physician's phone number: \_\_\_\_\_

**Camp Courage/Little Brave Hearts  
Physician's Medication Order Form  
For Campers**

**IF YOUR CHILD IS NOT TAKING ANY MEDICATIONS, YOU DO NOT NEED TO COMPLETE THIS FORM.**

If your child takes ANY medications, please give this form to your doctor to complete. Upon completion, please sign the authorization at the bottom of the page and return with application.

Please note: (1) The first dose of any new medication must be given at home.  
**And,** (2) Medication must be brought to camp in the original pharmacy container.

Camper's Name: \_\_\_\_\_

The following medications must be administered during Camp Courage/Little Brave Hearts:

Medication	Dosage	Time(s) to be given
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any reasons for not giving medication at the prescribed time (for example vomiting, fever, drowsiness)

**Physician's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Authorization**

I/We authorize and request Camp Courage/Little Brave Hearts personnel to administer the medication(s) prescribed by our physician and in doing so, relieve Camp Courage/Little Brave Hearts, its agents, employees or representatives of any responsibility for ill effects which may result from administration of said prescribed medication.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Camp Courage/ Little Brave Hearts**

**Camper Release of Liability  
(This signed release is required for camp attendance)**

I, as parent/guardian and on behalf of \_\_\_\_\_ (my child) and for myself, release and  
*name of camper*  
discharge Columbia Montour Home Health VNA & Hospice, its agents, employees, directors, volunteers  
and officers from any legal responsibility and/or liability for any personal injuries or illnesses, sustained by  
my child, either physical or emotional, or injury to property, real or personal, whether injury is due to  
negligence or any other cause, which may occur while my child attends Camp Courage/Little Brave Hearts,  
or which may arise in the future and/or may be related to my child's attendance at Camp Courage/Little  
Brave Hearts.

Please print  
Camper's Name: \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Publicity Release  
(This release is requested, but is not required in order to attend camp)**

A volunteer photographer will be present during Camp Courage/ Little Brave Hearts camps to help  
record activities for a camp album, web site, video and future publicity. It is also possible that camp  
activities will be videotaped for future volunteer training, as well as for community- wide education. In  
addition, with Columbia Montour Home Health & Hospice staff's permission and supervision, the  
news media may wish to photograph, videotape and/or interview volunteers and campers attending  
Camp Courage/ Little Brave Hearts. Please note that if the camper is interviewed or videotaped by the  
media, the media will be instructed not to ask about the death--- questions should focus on what they  
think of Camp Courage/ Little Brave Hearts, activities, etc.

The above material may also be used to promote Camp Victory in its news releases and on the Camp  
Victory web site.

I consent to having my child photographed, videotaped, and/or interviewed, for the purposes stated  
above.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Columbia Montour Home Hospice also requests your signature on the authorization form on page 9.





# Little Brave Hearts

“Getting to know you”

(To be completed by the prospective camper)

Your Name: \_\_\_\_\_ What you like to be called: \_\_\_\_\_

Your T-Shirt or Sweatshirt size:      Child: S   M   L  
Adult: S   M   L   XL

So that we can try to make sure the camp includes things you like to do, please check the activities you like to do:

_____ Volleyball	_____ Paddle Boating	_____ Fishing	_____ Line Dancing
_____ Nature hikes	_____ Rock Wall Climbing	_____ Softball	_____ Arts/Crafts
_____ Basketball	_____ Archery	_____ Animals	_____ Other

## Help us get to know you:

What is your favorite sport/activity? \_\_\_\_\_

Do you have any favorite sports teams? \_\_\_\_\_

What is your favorite board/card game? \_\_\_\_\_

Do you have any pets? If so, which kind? \_\_\_\_\_

What is the farthest place you have ever traveled to? \_\_\_\_\_

If you could pick one place on Earth to travel to, where would it be? \_\_\_\_\_

My Best friend would tell you that I am: \_\_\_\_\_

What is the one thing you think you will like best about camp? \_\_\_\_\_

What thing(s) make you nervous about coming to camp? \_\_\_\_\_

Are you excited about coming to camp?

1	3	5	7	10
Oh No!	Someone is making me come	Better than sitting at home	Might be fun	Can't wait!