



Dear Prospective Camper and Parent/Guardian:

We are so pleased that you are considering Camp Courage as a way of supporting your child in dealing with the death of a significant person in their lives. Our Bereavement Camps [Camp Courage I and Camp Courage II] and our Pre-Camp Grief Support Group Sessions, offer children and teens (7–18 years of age) and their families a safe place to share their feelings of grief and to learn coping skills to help them on their grief journey. The Camps and the Pre-Camp Support Group Sessions are the bereavement outreach of Geisinger Home Health & Hospice, a not-for-profit organization, and are made possible through grants, fund-raising activities and the generosity of volunteers and donors in our community. The weekend camps, Camp Courage I (in May) and Camp Courage II (in October), are held at Camp Victory, a beautiful camp village located in Millville, Pennsylvania. The Pre-Camp Grief Support Group sessions are held at The Village in Eysers Grove, Pennsylvania. **The Bereavement Camps and the Pre-Camp Grief Support Group Sessions are free to all children and families who attend.**

Camp Courage I May 17 - 19, 2019
Pre-Camp May 6, 2019
Camp Courage II October 4 - 6, 2019
Pre-Camp September 23, 2019

We have planned the camp experience to be a fun-filled weekend, yet one which will help each camper to understand, express and share their feelings of grief. Children who attend camp stay in cabins with others of the same age and gender and work one-on-one with a Big Buddy volunteer. The Big Buddy provides a “listening ear,” careful supervision throughout the weekend and guarantees that the camper has a friend at every activity. Registered nurses and a counselor are also available on site at all times. Through a variety of guided activities such as journaling, creating memory boxes, and designing quilt squares, children learn to express their grief. Free time gives campers and their Big Buddies a chance to explore the many camp activities including archery, rock wall climbing, fishing, visits with therapy dogs, games and sports.

If you are interested in having your child attend Camp Courage and the Pre-Camp Support Group, please fill out the enclosed application. Attendance at the Pre-Camp sessions is optional. All of the information that we request is important to our staff as we are entrusted with the care of your child. We have attached a guide to direct you in the completion of the application process. **Please return the completed application to the agency address as soon as possible to reserve a spot for your child.**

We will contact you after we receive your application to set up an appointment for an interview to learn more about your child and his/her grief. If you have any questions, please contact us at 570-784-1723 / 800-349-4702 or via email at bereavementcamps@geisinger.edu.

Thank you for your interest in our Bereavement Camps!



BEREAVEMENT CAMP
CAMP COURAGE APPLICATION PROCESS
Camps for Grieving Children and Teens (ages 7 – 18 yrs)
(children age 6 may be eligible to attend)
The camps are free for all who attend.

Step 1: The parent or legal guardian must complete, date and sign the application where indicated for each child or teen who will attend camp.

Mail applications to: Geisinger Home Health & Hospice
Bereavement Program
Attn: Bereavement Camps
410 Glenn Avenue, Suite 200
Bloomsburg, PA 17815

Step 2: When we have received your completed application, we will contact you to schedule an appointment for a family interview. Once you have completed the interview, you will be notified whether or not your child/teen is accepted into camp.

Please note that applications are reviewed in the order they are received.

If you have any questions or concerns, please contact us at the Bereavement Camps: 570-784-1723 or 800-349-4702. You can also contact us via email at bereavementcamps@geisinger.edu.



Camper Application	For Agency Use Only Date Application received: _____
Attach child's photo here. REQUIRED	Camp Courage A Healing Camp for Grieving Children and Teens Ages 7 through 18 years

Camper's full name: _____

Prefers to be called: _____ Circle Gender: Male Female

Date of birth: _____ Age: _____

Camper Address: _____

(city) _____ (state) _____ (zip) _____

Camper's phone number(s): _____

County of residence: _____ Township of residence: _____

School District: _____ Grade in school: _____

Parent/Guardian's Name(s): _____

If Guardian, relationship to camper: _____

Parent/Guardian contact numbers: Email for Parent/Guardian: _____

Home: _____ Work: _____ Cell: _____

How did you learn about Camp Courage?

Bereavement History

1. Camper's special person(s) who died:

Full Name: _____ Relationship: _____

Age of the person who died? _____ Date the death occurred _____

Cause of Death _____

2. 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. Does the camper know the facts about the cause of death? _____

6. Did the child attend the funeral or memorial service? If so, please describe their reaction.

7. Has your child experienced the death of other he/she loved? If yes, please explain:

8. Does the camper have any brothers or sisters? If so record the name and age of the sibling.

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

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: _____

Camper Health History
(to be completed by parent/guardian)

Camper Name: _____

Please describe any health conditions/problems /allergies that your child may have.

Does the camper have any physical limitations/restrictions on activities or special needs while at camp?

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

Date of child's last physical exam: _____

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

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

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

Authorization for Emergency Medical Treatment

Should a medical emergency arise during my child's participation in a Camp Courage 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 by the Camp Courage nurse or Coordinator Bereavement Camps, 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.

Initials

Camper Release of Liability

[This signed release is required for camp attendance.]

I, as parent/guardian and on behalf of _____ (my child) and for
name of camper

myself, release and discharge Columbia Montour 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, or which may arise in the future and/or may be related to my child's attendance at Camp Courage.

Initials

Permission for Mental Health Counselor Contact

A mental health counselor will be present to provide supportive services to the Camp participants. Except for emergency evaluations, parents or guardians need to provide consent in order for counselors to intervene with their child. By signing below, you are providing your consent for your child to speak with a counselor if he/she desires. This is not a "counseling session" or an "assessment" but is intended to enhance the camp experience for your child. The counselor will be a supportive listener, and provide an opportunity for your child to talk about his/her life experiences. If a mental health emergency were to arise, this counselor will be available to assess the campers and advise camp personnel.

Initials

Please print camper's name: _____

I have read this Authorization, Release and Permission and agree to all of its terms.

Parent/Guardian Signature _____ Date _____

Camp Courage

"Getting to know you"

(To be completed by the prospective camper)

Name you like to be called: _____ Age: _____

Your T-Shirt size: Child: S M L **OR** Adult: S M L XL

Your Sweatshirt size: Child: S M L **OR** Adult: S M L XL

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

<input type="checkbox"/> Volleyball	<input type="checkbox"/> Paddle Boating	<input type="checkbox"/> Fishing	<input type="checkbox"/> Line Dancing
<input type="checkbox"/> Nature hikes	<input type="checkbox"/> Rock Wall Climbing	<input type="checkbox"/> Softball	<input type="checkbox"/> Arts/Crafts
<input type="checkbox"/> Basketball	<input type="checkbox"/> Archery	<input type="checkbox"/> Animals	<input type="checkbox"/> Other

Help your "Big Buddy" get to know you:

Have you ever spent a night away from home? _____

Have you ever been camping before? _____

What is your favorite sport/activity? _____

Do you have any favorite sports teams? _____

What is your favorite subject in school? _____

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? _____

On a scale of 1 to 10, how excited are you 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!