



Dear Prospective Camper and Parent/Guardian:

We are so pleased that you are considering Camp Courage at Camp Lavigne as a way of supporting your child in dealing with the death of a significant person in their lives. This camp offers children and teens (6–18 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 camp is an outreach of Geisinger, a not-for-profit organization, and is made possible through grants, fund-raising activities and the generosity of volunteers and donors in our community. **Camp Courage at Camp Lavigne is free to all children and families who attend.**

## **CAMP COURAGE AT CAMP LAVIGNE**

**Saturday, September 30 and Sunday October 1, 2023**

We have planned the camp experience to be a fun-filled two-day day camp, yet one which will help each camper to understand, express and share their feelings of grief. Registered nurses and a counselor are also available and 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.

If you are interested in having your child attend Camp Courage, please fill out the enclosed application. 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 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 Susan Smith at 570-204-3746 or email at [susansmith17846@gmail.com](mailto:susansmith17846@gmail.com) or [bereavementcamps@geisinger.edu](mailto:bereavementcamps@geisinger.edu). Thank you for your interest in Camp Courage!

## **CAMP COURAGE APPLICATION PROCESS**

**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:** Camp Courage  
P.O. Box 712  
Millville, PA 17846

**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: 570-204-3746. You can also contact Susan Smith via email at [susansmith17846@gmail.com](mailto:susansmith17846@gmail.com) or [bereavementcamps@geisinger.edu](mailto:bereavementcamps@geisinger.edu).



Camper Application	For Agency Use Only    Date Application received: _____
Attach child's photo here. <b>REQUIRED</b>	<b>Camp Courage, Camp Lavigne</b> <b>A Healing Camp for</b> <b>Grieving Children and Teens Ages</b> <b>6 through 18 years</b>
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 aide 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 Geisinger, 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

Help us get to know you:

Have you ever attended a day camp 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
ANGRY	FORCED TO COME	SCARED TO COME	MAYBE OK TO COME	HAPPY TO COME