



# BRIGHTER DAY'S GRIEF CAMP APPLICATION

(Please use a separate form for each camper)

Name\_\_\_\_\_Nickname\_\_\_\_\_

Date of Birth\_\_\_\_\_Age\_\_\_\_\_Sex\_\_\_\_\_

Address\_\_\_\_\_

Phone # (Home)\_\_\_\_\_ (Work)\_\_\_\_\_ (Cell)\_\_\_\_\_

Parent/Guardian\_\_\_\_\_

Address\_\_\_\_\_

Phone # (Home)\_\_\_\_\_ (Work)\_\_\_\_\_ (Cell)\_\_\_\_\_

Has camper previously attended Brighter Day's Grief Camp?\_\_\_\_\_Yes\_\_\_\_\_No \_\_\_\_\_When?

My son/daughter has my permission to participate in supervised outdoor recreational activities?  
\_\_\_\_\_Yes\_\_\_\_\_No

Snacks will be provided during the week and a cookout will be provided Saturday afternoon.

Please indicate any dietary restrictions: Vegetarian/Other: \_\_\_\_\_

Please list any other special needs or requests (fear of animals, water, clowns, etc.):\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Brighter Day's Grief Camp? \_\_\_\_\_

Signature (Parent/Guardian)

Date

**Total cost is \$25.00 per participant. Please make checks payable  
to Mountain Valley Hospice.**

**All registrations and fees are due no later than Monday June 2, 2008.**

**Partial scholarships are available. Please call if this is needed.**

**Call 336-789-2922 for more information.**

**Please mail application including, health history form, consent form, grief  
history, and \$25.00 to Mountain Valley Hospice & Palliative Care,**

**Attention: Katarina Jarrell**

**401 Technology Lane, Suit 200, Mt. Airy, NC 27030**

# HEALTH HISTORY FORM

Childs Name \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Allergies \_\_\_\_\_

Animal Allergies & reactions: \_\_\_\_\_

Health History (check all that apply)

_____ Constipation/diarrhea	_____ Asthma
_____ Diabetes	_____ Convulsions/seizures
_____ Emotional problems	_____ Ear infections
_____ Fainting	_____ Epilepsy
_____ Heart disease	_____ Hearing Impairment
_____ Menstrual cramps	_____ Kidney Disease
_____ Nose bleeds	_____ Motion Sickness
_____ Eating disorders	_____ Sickle Cell Anemia
_____ Glasses/contact lenses /Impairment	_____ Sleep disorders
_____ Asthma	_____ Other _____

Please list any medications your child takes on a regular basis \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain any “yes” answers to the above questions. Indicate any information that may be useful to the camp staff, including the camp nurse. Also indicate any activities to be encouraged or restricted.

\_\_\_\_\_

\_\_\_\_\_

Immunizations:

	Year Primary Series Completed	Year Last Booster
DTP	_____	_____
Measles	_____	_____
Mumps	_____	_____
Oral Polio	_____	_____
Rubella	_____	_____
Tetanus Shot	_____	_____
TB Test	_____	_____

Other special needs that we may need to know \_\_\_\_\_

\_\_\_\_\_

I give permission for camp staff to administer prescriptions and/or first aid to my child

Signature \_\_\_\_\_ Date \_\_\_\_\_

## GRIEF HISTORY FORM

Name of person who died \_\_\_\_\_

Date of loss \_\_\_\_\_ Cause of death \_\_\_\_\_

Relationship to child \_\_\_\_\_

Age of child at the time of death \_\_\_\_\_ Age of person who died \_\_\_\_\_

Did the child attend the funeral/memorial service? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have there been any other deaths of loved ones experienced by this child? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your child received any professional support? (Support group, psychologist, school counseling)  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Have there been any other changes or stresses in your child's life? (Divorce, illness, relocation, etc.)  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Any other information that you would like us to know about your child's grief \_\_\_\_\_

---

---

---

I, \_\_\_\_\_, hereby give permission for my child, \_\_\_\_\_

to attend Brighter Days Grief Camp during June 2008. I understand that the goal of camp is to help facilitate the bereavement process of my child and provide support for him/her in expressing their feelings of grief.

---

**Signature**

**Date**

# CONSENT & RELEASE FORM

## **Consent for Medical Treatment**

In the event that I cannot be reached or be present, I hereby authorize Mountain Valley Hospice & Palliative Care staff to execute any and all documents including any necessary consents, agreements, and releases in my behalf which might be required by any medical facility to perform any treatment on account of any accident or illness sustained or incurred by my child, \_\_\_\_\_, while attending Brighter Days Grief Camp. I understand that in the event that emergency medical treatment is needed, my child will be transported to a local hospital emergency department. I understand that I will be responsible for the costs of any medical treatment provided to my child.

I further agree that in consideration of my child attending Brighter Days Grief Camp, I will indemnify and hold harmless Mountain Valley Hospice & Palliative Care or Brighter Days Grief Camp from any legal action sought by or on my behalf of any person on account of any injury or damage sustained or suffered by my child while attending Brighter Days Grief Camp or undergoing medical treatment, I hereby waive any right of legal action by or on behalf of me and /or my child against Mountain Valley Hospice & Palliative Care or Brighter Days Grief Camp.

**I have read this release and understand all terms.**

_____ Parent/Guardian	_____ Date
_____ Parent/Guardian	_____ Date
_____ Bereavement Counselor	_____ Date

## **Photo/Story/Audio-Visual Release**

I hereby affirm that I am the parent/guardian of \_\_\_\_\_  
And I consent to the use of Mountain Valley Hospice & Palliative care and Brighter Days Grief Camp, photographs, news stories or audio visual of my child for reproduction of the same in any form including, marketing, illustrations, education, or publication.  
\_\_\_\_\_Yes \_\_\_\_\_No

## **Parent/Guardian Permission Statement**

The health history included in this packet is correct so far as I know, and the person herein described has my permission to participate in all prescribed camp activities except as noted. If he/she appears to be ill, I will not send him/her to the program. I give permission to Brighter Days Grief Camp staff to share the information contained in this packet with the volunteer(s) & counselors who will be working with my child.

_____ Parent/Guardian	_____ Date
--------------------------	---------------

## EMERGENCY CONTACT INFORMATION/PICK UP LIST

### Emergency contact if Parent/Guardian cannot be reached

1. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

---

### Pick Up List

(All those that may pick up your child)

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

### DO NOT Pick Up List

(If you have someone not allowed to pick up your child, please indicate here)

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

## CHILD CARE REQUEST & T-SHIRT ORDER FORM

### Child Care

Child care will be provided upon the request of the parent. Please indicate in the table below (with a check) if you are going to need before and/or after childcare during the week of camp. If you do not need childcare you may leave this section blank.

<b>Day of the Week</b>	<b>Date</b>	<b>Before 7:30AM-8:30AM</b>	<b>After 5:00PM-5:45PM</b>
Wednesday	June 18 <sup>th</sup>		
Thursday	June 19 <sup>th</sup>		
Friday	June 20 <sup>th</sup>		

### T-Shirt Order

Camp T-shirts will be ordered this year. Please circle the size shirt your child will need. The t-shirt is covered in the \$25.00 camp registration fee.

<b>Youth Sizes</b>	<b>S</b>	<b>M</b>	<b>L</b>	<b>XL</b>
<b>Adult Sizes</b>	<b>S</b>	<b>M</b>	<b>L</b>	<b>XL</b>

## APPLICATION CHECK SHEET

<b>Type of Form</b>	<b>Date Received</b>	<b>Person Receiving Initials</b>
<b>Registration Form</b>		
<b>\$25.00 Camp Registration Fee</b>		
<b>Consent Form</b>		
<b>Emergency Contact</b>		
<b>Pick Up/Do Not Pick Up List</b>		
<b>Health History Form</b>		
<b>Grief History Form</b>		
<b>Childcare Form</b>		
<b>T-Shirt Form</b>		