



CAMPER Application 2019

Please print clearly. You must submit an application for each child who will be attending camp. You may complete the Parent/Guardian section (page 5) one time, and then submit all applications as a family. Please provide as much information as possible for each child.

Camper/Your Child's Bio

Child's Name: _____

Date of Birth: _____ Age at Time of Camp (October): _____ Gender: ☐ M ☐ F

Mailing Address: _____ City _____ Zip _____

County of residence: ☐ Lee ☐ Hendry ☐ Glades ☐ Collier ☐ Charlotte ☐ Other _____

School child attends: _____

Race: ☐ Asian/Pacific Islander ☐ Black or African American ☐ Hispanic or Latino ☐ Native American or Indian
☐ White ☐ Multi-Racial/Other

Shirt Size: ☐ Youth S ☐ Youth M ☐ Youth L ☐ Adult S ☐ Adult M ☐ Adult L ☐ Adult XL ☐ Adult XXL

Has your child attended Rainbow Trails before? ☐ No ☐ Yes, indicate year _____

Will other camper(s) related to your child also attend? ☐ No ☐ Yes, list names _____

Your child will attend Camp Check-In at which drop off location? ☐ Fort Myers ☐ LaBelle/Camp site

Your Child's Mental Health Information

Please provide as much detail as possible on the loss your child has experienced.

Date of Loss: _____ Age of child at time of loss: _____

Indicate the relationship of the deceased to your child:

☐ Parent ☐ Grandparent ☐ Sibling ☐ Aunt/Uncle ☐ Cousin ☐ Other _____

Describe the relationship between your child and the deceased: _____

Did the deceased die of natural causes? ☐ No ☐ Yes

Was the deceased receiving care from Hope Hospice? ☐ No ☐ Yes

Was the death a result of violence? ☐ No ☐ Yes

Was your child present at the time of death? ☐ No ☐ Yes

Describe the circumstances surrounding the death: _____

Describe your child's reaction to this loss: _____

Are there any additional issues, especially behavioral, your child may be dealing with that we should be aware of for our time together during the weekend? _____

Has your child been able to talk about the loss? ☐ No ☐ Yes

Is your child currently being seen by a counselor? ☐ No ☐ Yes, Name/Phone _____

If your child becomes upset, what is something you do that is comforting or soothing to him/her?

Please describe any problems, restrictions your child may have: _____

What activities or hobbies does your child regularly enjoy? Check all that apply:

☐ Stories/reading ☐ Art/crafts ☐ Journaling/writing ☐ Music ☐ Recreation/sports ☐ Theatrics

☐ Other _____

Will this be the first time your child has been away from home? ☐ No ☐ Yes

Additional Comments You Would Like To Share:

Your Child's Grief

Camper Name _____

Looking at the common grief statements below, how true are they for your child? "Your child" refers to the camper, and "the loved one" refers to the person who died. All questions are related to the child since the death of the loved one.

Since the death, does your child:

Always Frequently Occasionally Never

<i>Say the loved one died?</i>				
<i>Say how the loved one died?</i>				
<i>Believe the loved one died?</i>				
<i>Forget the loved one died?</i>				
<i>Try to call, look or search for the loved one?</i>				
<i>Participate in activities to remember the loved one?</i> <i>(look at photos, share memories, visit the cemetery, participate with the guidance counselor/family)</i>				

<i>Talk to others about the loved one?</i>				
<i>Show feelings (cry, laugh, cling to others, etc.)?</i>				
<i>Express feelings (sad, scared, worried, etc.)?</i>				
<i>Utilize ways to improve his/her mood?</i>				
<i>Cope appropriately with difficult emotions</i> <i>(anger, anxiety, frustration, sadness, jealousy)?</i>				
<i>Enjoy activities (alone or with others)?</i>				
<i>Have a healthy appetite?</i>				
<i>Sleep well?</i>				

<i>Want to play or engage in activities with others?</i>				
<i>Want to spend time with friends?</i>				
<i>Want to spend time with family members, peers and/or others in his/her surroundings?</i>				
<i>Complete school responsibilities (attend, participate, complete homework, etc.)?</i>				
<i>Keep at least the same grades he/she had before the death?</i>				
<i>Have positive self-esteem?</i>				

Has your child experienced any of these common grief responses? Please check any that may apply:

- | | |
|---|--|
| <input type="checkbox"/> Difficulty sleeping/frequent nightmares | <input type="checkbox"/> Self-blame or guilt |
| <input type="checkbox"/> Unusually clingy or regressive/immature behavior | <input type="checkbox"/> Bedwetting or soiling |
| <input type="checkbox"/> Difficulties with peers/friends | <input type="checkbox"/> Changes in grades |
| <input type="checkbox"/> Excessive fears | <input type="checkbox"/> Frequent tantrums |
| <input type="checkbox"/> Aggressive with others | <input type="checkbox"/> Behavior problems in school |
| <input type="checkbox"/> Change in eating habits | <input type="checkbox"/> Hurts self on purpose/talks of wanting to die |

Camper/Your Child's Medical Information

Child's Primary Physician: _____ Phone: _____

Medical Insurance Name, Policy Number and Phone Number: _____

Does your child have any health problems? ☐ No ☐ Yes, describe: _____

Does your child have any allergies? ☐ No ☐ Yes, list here _____

Is your child taking prescription medication? ☐ No ☐ Yes, complete below

Medication _____ Dosage _____

Medication _____ Dosage _____

Medication _____ Dosage _____

Has your child been taking medications that have recently been stopped? ☐ No ☐ Yes, complete below

Medication _____ Dosage _____

IMPORTANT: All medication must be given to the camp nurse at check-in. Medication must be in a prescription container with clearly marked Name/Instructions. Supply enough for one evening, one full day and one half day (Friday evening, Saturday, Sunday until 1:00) ONLY. Do not send over-the-counter medications unless directed by a physician. Do not mix medications in one bottle.

Does your child have any disabilities? ☐ No ☐ Yes _____

Is there any reason your child should not participate in recreational activities? ☐ No ☐ Yes, describe: _____

Has your child experienced any physical symptoms since the loss of their loved one? Check all that apply:
☐ Body ache ☐ Digestive issues ☐ Weight loss ☐ Tightness in chest ☐ Constant fatigue ☐ Headache

Is your child taking medications related to these physical symptoms? ☐ No ☐ Yes ☐ N/A

Additional Comments: _____

Does your child have any dietary restrictions? ☐ No ☐ Yes _____

If yes, or multiple restrictions, please offer menu suggestions: _____

Does your child know how to swim? ☐ No ☐ Yes

Parent/Guardian Information

Emergency Contact: The Primary Parent/Guardian will be listed as the first emergency contact, followed by the Alternate. *Contact us immediately if this information changes after your application is complete.*

Primary Parent/Guardian Name: _____ Relationship: _____

Email Address: _____

Cell Phone: _____ Alternate Phone: _____

Mailing Address: _____

Street

City

State

Zip

Alt. Parent/Guardian Name: _____ Relationship: _____

Email Address: _____

Cell Phone: _____ Alternate Phone: _____

Mailing Address: _____

Street

City

State

Zip

Which person should we contact over the weekend if necessary (behavioral, concerns, non-emergency):

Name _____ Phone _____

Who will be picking up the camper(s) on Sunday?

☐ Primary ☐ Alternate ☐ Other: Name _____ Phone _____

q Yes, I give permission for Hope to use photos or video recordings of this child and his/her artwork for slideshows, brochures, new releases and promotional use regarding Rainbow Trails Camp and Hope.

Best contact method for Follow-Up/Evaluation ☐ Email ☐ Mail ☐ Phone, best time to call _____

How did you hear about Rainbow Trails Camp? _____

Hold Harmless and Release of Information

In consideration of Hope HealthCare Services, permitting the child/children of undersigned the privilege of attending Rainbow Trails Camp Program, We (I) hereby agree to indemnify and hold harmless Hope HealthCare Services and staff against, of and from any and all claims of any kind or nature, including liabilities, cost, expenses and attorney's fees, growing out of or connected with the undersigned's participation in Rainbow Trails. I hereby give permission to share the information in this application with the staff of Rainbow Trails. I give permission for the nursing staff of Rainbow Trails to administer prescription and non-prescription medications. Should there be an emergency, I give my permission to the doctors and hospitals to treat my child as necessary. I have read and consent to this agreement.

Parent/Guardian Signature _____ Date _____

Camp Rules & Prohibited Items

Parent/Guardian(s), read these rules with each camper and have them sign their agreement below.

- No smoking, drugs or alcohol.
- No weapons of any kind, or items that may be used or mistaken as weapons.
- No cell phones, radios, MP3 players, iPods, tablets, laptops or other electronic equipment.
- No roughhousing or physical force; all campers must keep their hands to themselves and are not allowed to kick, hit, or hurt each other in any way.
- Campers will respect other people's property and camp property.
- No swearing or foul language; no name calling.
- Campers will clean up after themselves and be responsible for their personal belongings.
- No camper may leave their assigned group at any time without permission from their counselor or Camp Buddy.
- Campers should not bring money to camp, and if they do, it is at their own risk.
- Campers must remain with assigned Camp Buddy at all times.

I have read the camp rules, understand them, and agree to follow them.

I understand that if I break these rules, I will be asked to leave, and my parent/guardian will pick me up from camp.

Camper Signature _____ Date _____

Parent/Guardian Signature _____ Date _____