



## Bereavement History

**The following information should be filled out by the parent/guardian. Please include as many details as possible when answering the questions below. Attach extra pages if necessary.**

Name of Person who died:

Relationship to camper:

Date of death:

Cause of Death:

Age of camper when death occurred:

Age of the person who died:

How has the camper responded to the death? How has he/she acted since the death?

Describe the relationship between the camper and the one who died:

Where did the person die? Can you explain the circumstances of the death?

Was the camper present for the death?

Did the camper attend funeral/memorial services?

If they did, how did they respond?

Has the camper received any type of professional counseling or support?

Have there been other deaths that your camper has experienced?

Any other changes/stresses in the campers life? (*i.e. divorce, illness, family dynamics, etc.*)

In your opinion, what are the greatest concerns in each of the following areas:

Emotional:

Physical:

Social:

Spiritual:

## For the Camper

**Help us get to know you! This page should be completed by the CAMPER so we can know more about you.**

Tell us some of your favorite things to do? How do you like to spend your time outside of school?

Are you able to swim?      *Yes*      *No*  
If yes, what is your swimming ability?

Have you spent the night away from home before?      *Yes*      *No*  
If yes, how many times?      *1-3 times*      *4-7 times*      *8+ times*  
If not, how do you feel about being away from home?

Are you returning to camp?      *Yes*      *No*  
If yes, please indicate what your favorite part of last year was:

If no, please indicate what you are looking forward to:

Describe any problems you have had since the death(s) with sleeping, eating, grades, getting along with friends or family members, school attendance, illness, etc.:

What have you struggled with most since the death(s) occurred?

What is something you would like your Buddy to know about you?

*In the best interest of our camp and its participants, please do not bring electronics such as IPODS, radios, iPod, cell phones, or electronic games with you to camp. These items may interfere with the activities of our camp and will be subject to confiscation. Also, please do not bring weapons, money or other valuables. We are not responsible for missing items. The camp facilities cannot accommodate curling irons and/or straighteners. The staff would also like to recommend that you do not bring food, gum or candy. These items often attract animals, bees and other insects.*

## Informed Consent, Release and Indemnification Agreement

Please review and initial the attached agreements. Completion of all documents is required for camper's participation in Camp New Dawn.

<b>Initial</b>	I, hereby give permission for my child to attend Camp New Dawn on August 18-20, 2018. I understand that the camp's goal is to help facilitate the bereavement process of my child and to provide support for him/her in understanding and expressing feelings of grief.
	I give permission for my child to be photographed. I irrevocably give, grant and convey to Compass Regional Hospice the absolute right and unrestricted permission to copyright and/or use and/or publish my child's name, image or likeness on videotape and photographs taken of him/her while participating with Camp New Dawn. I understand that these photographs will remain in the property of Compass Regional Hospice and they may be used for promotional and/or educational purposes.
	The information that I give about my family and my child/children will be honored by Camp New Dawn staff/volunteers and is strictly confidential except in the following circumstances: <ol style="list-style-type: none"> <li>1. Threats to harm to self or others.</li> <li>2. Physical, mental, sexual abuse and neglect.</li> <li>3. If there is a concern about drug or alcohol abuse, Camp New Dawn reserves the right to inform parents.</li> </ol>
	I give permission to Camp New Dawn staff to share the information in this application the volunteer (s) and group facilitator (s) who will be involved with my child.
	The health and bereavement histories in this application are correct, and the child herein described has my permission to participate in all camp activities except as noted. If he/she appears to be ill and contagious, I will not send him/her to camp.
	I agree to release, indemnify and hold harmless Compass Regional Hospice, its employees and volunteers for any and all claims, demands, actions and judgments whatsoever of every name and nature, both in law and equity, which my child now has or may have against Compass Regional Hospice, for all personal injuries, either physical or emotional, known or unknown, and injury to person or property during his or her attendance at Camp New Dawn, including, but not limited to, injury caused by or arising from Compass Regional Hospice.
	There is a \$30 registration fee for my camper to attend Camp New Dawn. I understand that no family will be turned away due to inability to pay, and I will speak with the Camp Director about any financial concerns I have.

**I, the undersigned, have read and understand the AGREEMENT and its terms:**

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

**Printed Name:** \_\_\_\_\_

**Printed Name of Camper:** \_\_\_\_\_

