

## **BASIC INFORMATION CAMP BRAVE HEART 2010**

- Children are assigned to a cabin according to age and gender.
- Campers are expected to follow the rules and not wander off from their group at any time during the weekend unless accompanied by an adult.
- Each cabin has a cabin leader who is a trained counselor or volunteer with The Bethany Center of Good Shepherd Hospice.
- There will also be other adult volunteers in each group to assist the cabin leader. All volunteers are trained and have backgrounds checked. Generally, each cabin has one adult for every two-three children.
- Each cabin sleeps 12 people (there are six sets of bunk beds) and all cabins have bathrooms, showers and heat if needed. Cabins are not air conditioned but the weather is usually very nice.
- At least two adults (same gender as the group) will sleep in the cabin with the campers.
- Activities at camp include horse back riding, canoeing, swimming, arts and crafts, hayrides, campfire memorial service and much more!
- A camp nurse is on site all weekend. The nurse is there to dispense any medication that your child takes and for any minor medical issues.
- Upon your child's acceptance, you will receive a letter from us with more details and a list of what to bring to camp.
- The cost of camp is \$10; however no child is turned away due to financial hardship.
- Circle F Dude Ranch is a wonderful place! For more information you can visit their website: [www.circle-f-duderanch.com](http://www.circle-f-duderanch.com).
- If you have additional questions, please call us at 863-968-1707 or 1-800-753-1880.





Dear Parent/Guardian,

The Bethany Center of Good Shepherd Hospice is hosting our 9th annual Camp Brave Heart for children and teens ages 6-16 that have experienced the death of a loved one. **Camp Brave Heart will be held at the Circle F Dude Ranch in Lake Wales on March 19 – 21, 2010.**

Camp is a place for children to share their feelings with others while participating in activities such as horseback riding, canoeing, swimming, sports, arts and crafts, and much more! Professional counselors along with approximately 100 adult volunteers who have been trained and who have received federal back-ground checks will be at camp to supervise and assist your child. We provide transportation to and from camp from the hospice offices in Auburndale and Sebring.

If you are interested in your child attending Camp Brave Heart please complete the enclosed application and mail it to: **The Bethany Center, 105 Arneson Ave., Auburndale, FL 33823** or call (863) 968-1707 or 1-800-753-1880 for more information.

After the application is received, you will be contacted by us for a camper interview. Acceptance to camp is based on space availability and the camp screening results. **Camp Brave Heart fills up very quickly and space is limited so please do not delay!** We hope to hear from you soon!

Sincerely,

Allyson Moskowitz, LCSW

Camp Administrator



## 2010 Camp Brave Heart Application

*(Please print and complete all pages)*

*Office Use Only*

Date Rec'd: \_\_\_\_\_

Cabin Assignment: \_\_\_\_\_

**CAMPER INFORMATION:**

Name (and nickname, if applicable): \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade in school: \_\_\_\_\_

Child's Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_

Name of School: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ (S, M, L, XL)  
*(please indicate child or adult size)*

**PARENT/ GUARDIAN INFORMATION:**

Name of Parent/Guardian living with child: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Checked regularly?  Yes  No

Have you received services from the Bethany Center?  Yes  No  
 If yes, please check:  Individual counseling  Group counseling  
 Other: \_\_\_\_\_

How did you hear about Camp Brave Heart?: \_\_\_\_\_

**OTHER HOUSEHOLD MEMBERS (*siblings, grandparents, etc.*):**

Name	Relationship to Child	Age	Attending Camp This Year?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Relationship to child: \_\_\_\_\_ Date of death: \_\_\_\_\_

Circumstances of death (*illness, sudden death, accident, explain how the person died*):  
\_\_\_\_\_  
\_\_\_\_\_

Did your loved one die under the care of Good Shepherd Hospice? Yes No

Child's behavior: (*with authority figures, at school, with friends, fighting, excessive sadness, behavior changes since the death*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child under the care of a mental health professional? Yes No  
If yes, please give us an update on your child's progress: \_\_\_\_\_  
\_\_\_\_\_

Has your child ever spent the night away from home? Yes No

Does your child have any sleep problems (*sleepwalking, fear of the dark, bedwetting, nightmares*)? Yes No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any interests/hobbies/talents your child has: \_\_\_\_\_  
\_\_\_\_\_

Can your child swim? Yes No

How does your child feel about coming to camp? \_\_\_\_\_  
\_\_\_\_\_

**I understand that the acceptance of my child at camp is not final until he/she is assessed by a representative of the Bethany Center, he/she is deemed appropriate for camp and space is available.**

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

**CAMP DATES ARE MARCH 19- 21, 2010**

After we receive this application(s) you will be contacted to schedule a camper interview. There is a \$10.00 fee for camp; however no child will be refused due to inability to pay. Please do not delay in sending us your child's application. **CAMP FILLS UP QUICKLY!**

**Office Use Only**  
Cabin Assignment:  
\_\_\_\_\_

## 2010 CAMP BRAVE HEART MEDICAL RELEASE

Camper's Name: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Primary Emergency Contact (Parent/Guardian)	Alternate Emergency Contact (DO NOT LEAVE BLANK)
Name:	Name:
Day time Phone:	Day time Phone:
Night time Phone:	Night time Phone:
Relationship to Camper:	Relationship to Camper:

Camper's Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Any medical problems? \_\_\_\_\_

Has your child ever had a reaction or allergy to any medications?  Yes  No  
If yes, which medication(s) \_\_\_\_\_  
What type of reaction? \_\_\_\_\_

Does your child have any **food** allergies?  Yes  No Any **other** allergies?  Yes  No  
If yes, allergic to \_\_\_\_\_  
What type of reaction does your child have? \_\_\_\_\_

**MEDICATIONS** Does your child take medication(s)?  Yes  No

Name of Medication (include prescription and over-the-counter medications)	Dose	When Taken	Date Medication Started	Reason for Medication

PERMISSION TO ADMINISTER ABOVE THE MEDICATIONS, FIRST AID AND EMERGENCY CARE TO MY CHILD IS HEREBY GIVEN:

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

**Note:** All medications must be reviewed with the Camp Nurse when your child checks in for camp. All medications must be in prescription containers given to you by the pharmacy.



## OVER-THE-COUNTER MEDICATION REALEASE

**Camper's Name:** \_\_\_\_\_

As Parent/Guardian, I give the medical staff permission to administer the following over-the-counter medications listed or suitable generic substitute to the camper named above if they deem necessary. Dosages will be administered according to directions on the bottle for camper's age/weight unless a physician directs otherwise.

I hereby certify that I or my child has not in the past shown any allergic or other adverse reaction to any of the medications which you are hereby authorized to administer.

<b><u>SYMPTOM</u></b>	<b><u>MEDICATION</u></b>	<b><u>PERMISSION</u></b> <b><u>(Please leave no squares blank.)</u></b>
Headache or general pain	Tylenol, ibuprofen	Yes <input type="checkbox"/> No <input type="checkbox"/>
Upset Stomach	Pepto Bismol, TUMS	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diarrhea	Imodium AD, Kaopectate	Yes <input type="checkbox"/> No <input type="checkbox"/>
Menstrual cramps	Ibuprofen	Yes <input type="checkbox"/> No <input type="checkbox"/>
Poison Ivy	Calamine Lotion, Cortaid, Caldyphen or Caldryl	Yes <input type="checkbox"/> No <input type="checkbox"/>
Itching, Hives	Benadryl	Yes <input type="checkbox"/> No <input type="checkbox"/>
Coughs	Robitussin, Cepocol lozenges	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sinus Headache or Congestion	Dristan Cold, Sudafed, or Pseudoephedrine with Tylenol	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sunburn	Cool Gel or Burn Spray	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bee sting	Stingkill	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cuts or scrapes	Triple antibiotic ointment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sore or Chapped Lips	Blistex	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## PARENTAL CONSENT AND RELEASE OF LIABILITY

On behalf of myself, as parent or legal guardian, and my child(ren) listed below attending Camp Brave Heart, presented by Good Shepherd Hospice, Inc. (“**GSH**”), a wholly-owned subsidiary of HPC Healthcare, Inc. (“**HPC Healthcare**”), I hereby agree as follows:

1. I hereby give permission for my child(ren) listed below to attend Camp Brave Heart organized by GSH’s Bethany Center for Grieving Children (“**Bethany Center**”).

2. I hereby acknowledge that sufficient information has been provided to me by the Bethany Center regarding the activities planned for Camp Brave Heart. I hereby acknowledge that certain risks of injury are inherent to participate in Camp Brave Heart activities. I understand that the safety and protection of the participants in Camp Brave Heart is paramount, and, therefore:

a. Agree that my child(ren) listed below will abide by all instructions and rules provided by Bethany Center staff and/or volunteers; and

b. Agree that my child(ren) listed below may be required to inventory his/her belongings in the presence of Bethany Center staff if the health or safety of other participants or staff and/or volunteers indicates the need.

Acknowledging the foregoing, and in consideration for GSH granting my child(ren) access to Camp Brave Heart and/or my agreement to require my child(ren) listed below to abide by all rules and regulations of the Camp Brave Heart, I understand and agree, on behalf of myself and my child(ren) listed below, that GSH, and HPC Healthcare and each of those entities officers, directors, employees, volunteers and agents are hereby released and discharged from all claims, demands, losses and causes of actions of every kind whatsoever and including, without limitation, all causes of action based upon a theory of negligence and all liability for damages of every kind and nature, or description which may arise from or out of injuries and damages, permanent or otherwise, which occur while my child(ren) listed below attend Camp Brave Heart.

A parent or guardian of a child attending Camp Brave heart must sign below and write the following statement on the line provided:

**“I have read and understand this consent and release.”**

\_\_\_\_\_  
(Write statement on this line)

\_\_\_\_\_  
Parent’s or Guardian’s Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian’s Signature

\_\_\_\_\_  
Relationship to Child(ren)

**Name(s) of child(ren) attending Camp Brave Heart:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## MEDIA RELEASE

Upon occasion, videotaping and photography may occur during various Camp Brave Heart activities, and this material may be used by organized by Good Shepherd Hospice, Inc. (“**GSH**”), GSH’s Bethany Center for Grieving Children (“**Bethany Center**”), or HPC Healthcare, Inc. (“**HPC**”) in future retreat publicity. In addition, the news media may wish to photograph, videotape and/or interview participants for news coverage of the Camp Brave Heart. When Bethany Center knows of such previously scheduled media activities, Bethany Center will inform the family in advance of any details pertaining to such scheduled occasions. If you agree to having members of your family, including, yourself and/or your child(ren) photographed, videotaped and/or interviewed, please sign below:

I hereby give permission for members of my family, including myself and my child(ren) listed above, to appear in publicity or news coverage regarding Camp Brave Heart, as described above. I hereby release and discharge GSH and HPC Healthcare, and each of those entities officers, directors, employees, volunteers and agents, from any an all claims and demands arising out of or in connection with the use of the videotapes or photographs, including without limitation any and all claims for libel or invasion of privacy.

\_\_\_ I/we give FULL permission

\_\_\_ I/we DO NOT give permission

\_\_\_ I/we give permission with the following EXCEPTIONS:

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Parent or Guardian’s Signature

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Date

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Parent of Guardian’s Signature

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Date