



CAMP CELEBRATE HOPE

Camper Application

Please print and return to: **HospiceCare of the Piedmont, Inc.**
Attn: Camp, 408 W. Alexander Ave., Greenwood, SC 29646

- Space is limited and an incomplete application will not be accepted.
- Determinations regarding Camp acceptance will be made by the Camp Committee.
- Please complete one application per child when more than one child in a family is applying.

Camper Name: _____ Sex: ___M___F

Mailing Address: _____

City: _____ Zip: _____ Home Phone: _____

Cell Phone: _____

Date of Birth: _____ Age: _____ Grade: _____

School: _____

Parents/Guardian Names: _____

Names and ages of other children in family: _____

Grief Information

Name of person(s) who died: _____

Relationship to Camper: _____ Date of Death: _____

Describe cause/circumstances of death: _____

How do you feel your child has handled his/her loss and grief? _____

Has your child ever attended Camp Celebrate Hope before? YES ___ NO ___ If yes, what year? _____

Has your child attended a school-based grief support group? YES ___ NO ___

If yes, what school & year? _____

Camp Celebrate Hope
 Medication Administration Consent
 HospiceCare of the Piedmont, Inc.

This form is to be completed by the Parent or Guardian of the camper.

Medical Information: Complete **ALL** information – print N/A If Doesn't Apply

Physician Name: _____ Phone: _____

Allergies (types and reactions): _____

Date of last Tetanus Booster (shot): _____

Chronic or recurring illness (example: ear/throat infections, asthma, headaches, etc.) _____

Describe any behavioral or emotional problems: _____

Special Diet: _____ Physical Limitations: _____

Is Camper covered by Health Insurance? _____ Name of Insured: _____

Employer of Insured: _____ Policy Number: _____

Insurance Company: _____

If parent/guardian not available in an emergency, please call: _____

Relationship to Camper: _____ Phone Number: _____

The medications will be administered by the Camp nurse. If your child takes medication at school, please plan for your child to take same medication at camp.

<u>Name of Medication</u>	<u>Dosage</u>	<u>Times to be Given</u>
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The following nonprescription medications may be administered by the Camp nurse for minor illnesses per directions on the bottle. Please put **your initials beside** the medicine(s) we **DO** have permission to give as needed....

Tylenol _____ Kaopectate _____

Pepto-Bismol _____ Benadryl _____

List any drug allergies: _____

Signature of Parent/Guardian: _____ Date: _____

Camp Celebrate Hope
HospiceCare of the Piedmont, Inc.

Consents for Medical Treatment and Waiver of Liability, Transportation, and Media

Name of Camper: (please print) _____

I _____, the parent/guardian of _____
(please print) (please print)
give consent for my child to attend Camp Celebrate Hope and to participate in its activities.

In the event that I cannot be reached or be present, I hereby authorize any HospiceCare of the Piedmont, Inc. staff member to execute any and all documents including any necessary consents, agreements, and releases on my behalf which might be required by any medical facility to perform any emergency treatment on account of any accident or illness sustained or incurred by my child while attending Camp Celebrate Hope 2011. I understand that in the event emergency hospital treatment is needed, my child will be transported to an area hospital. 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 Camp Celebrate Hope, I will indemnify and hold harmless the said Camp Celebrate Hope and HospiceCare of the Piedmont, Inc. from any legal action sought by or on behalf of any person on account of any injury or damage sustained or suffered by my child while attending Camp Celebrate Hope or undergoing any medical treatment, and hereby waive any right of legal action by or on behalf of me or my child against Camp Celebrate Hope, HospiceCare of the Piedmont, Inc., or Camp Fellowship.

I also give permission for staff or volunteers of Camp Celebrate Hope to transport my child to and/or from locations for the purpose of Camp Celebrate Hope, Camp Fellowship, and the Hospice Center. Should it be necessary, I also grant permission for my child to be transported home from Camp. I further agree that in regard to transportation to and from Camp activities, I will indemnify and hold harmless HospiceCare of the Piedmont, Inc. and their staff.

In addition, I hereby consent to the use of any photographs, news stories, or audiovisuals of this child for the purposes of marketing illustration or publication for Camp Celebrate Hope of HospiceCare of the Piedmont, Inc.

Signature of Parent/Guardian: _____ Date: _____

***Please attach
photo of Camper here:***

