



Camp Good Grief

Application

Help us get to know you...

(To be completed by the Parent/Legal Guardian)

Camper's Legal Name: _____ Nickname: _____

Date of Birth: _____ Age: _____ Sex: Male ___ Female ___

Location of Camp: _____ Grade: _____

Camper's T-Shirt size is: Adult S ___ M ___ L ___ XL ___ Other: _____

Parent/Legal Guardian: _____

Relationship to Camper: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Number: _____ Work Number: _____

MEDICAL HISTORY:

Emergency Contact: _____ Phone Number: _____

Alternate Emergency Contact: _____ Phone Number: _____

Known Allergies: _____

Current Medications: _____

Does the Camper need medication during camp? YES ___ NO ___ If "yes" explain: _____

Previous Injuries: _____

Current Injuries: _____

Other relevant medical history: _____

How do you think this camp would benefit your child?





INFORMED CONSENT:

I hereby grant permission for my child _____ (camper's name) to attend Mountain Hospice Camp Good Grief. I understand that Mountain Hospice Camp Good Grief is a camp designed to help facilitate the bereavement process of my child and provide support for expressing feelings of grief.

Signature of Parent/Guardian: _____ Date: _____

PARENT/GUARDIAN AGREEMENT:

I understand that all reasonable precautions have been taken to insure that all programs and activities are conducted in a safe and responsible manner at Mountain Hospice Camp Good Grief. I understand and accept that my child _____ (camper's name) may be exposed to potential hazards while at Mountain Hospice Camp Good Grief and participating in the activities including but not limited to the natural setting of the camp, activity sites, weather changes, plants and insects.

Signature of Parent/Guardian: _____ Date: _____

WAIVER AND RELEASE OF LIABILITY:

As parent guardian of _____ (camper's name), I agree that I will not hold Mountain Hospice, its employees, officers, directors, volunteers, agents and contractors including Camp Good Grief site locations liable for any personal injury, property damage, loss or insurance. I agree to release and hold harmless Mountain Hospice, its employees, officers, directors, volunteers, agents and contractors including Camp Good Grief site locations from all liability incurred as a result of my child's





participation in camp and that these terms serve as a release for myself and members of my family as well.

Signature of Parent/Guardian: _____ Date: _____

AUTHORIZATION AND CONSENT TO TREAT A MINOR:

I give permission and authorize Mountain Hospice staff/designees to provide my child _____ (camper's name) routine health care, first aid, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests and ordering injections and/or surgery. I agree to the release of any records necessary for insurance purposes. I give permission to Mountain Hospice to arrange necessary related transportation for the camper. In the event I cannot be reached in an emergency, I hereby give permission to the physician, dentist, or other health care provider selected by Mountain Hospice to secure and administer treatment, including hospitalization for the camper and acknowledge that I will be responsible for the payment of all charges related to the health care services. Please list medical restriction below if any: _____

Signature of Parent/Guardian: _____ Date: _____

PARENTAL AUTHORIZATION:

I authorize and request Mountain Hospice nurse to administer the medication and/or medications prescribed by our family physician and in doing so relieve Mountain Hospice, its agents, employees or representatives of any responsibility for ill effects which may result from administering of said medication.

Signature of Parent/Guardian: _____ Date: _____

PHOTO RELEASE:





I, _____, give Mountain Hospice permission to take and utilize, my child's picture and name for Mountain Hospice advertising. I will allow this picture to be utilized for marketing, education, outreach, events, etc.

My child's name is: _____

I hereby certify that I am the parent/legal guardian of the above named, and do give my consent to the forgoing on behalf of him/her.

Signature of Parent/Guardian _____ Date: _____

Return completed application to the home office:

*Camp Good Grief
Mountain Hospice
1002 South Crim Ave
Belington, WV 26250
1-888-763-7789*

