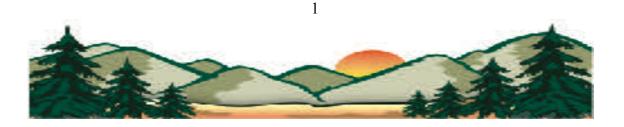


Camp Good Grief

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 Grid	
Hospice Camp Good Grief is a camp designed to he	•
of my child and provide support for expressing feeling	ings of grief.
Signature of Parent/Guardian:	Date:
PARENT/GUARDIAN AGREEMENT:	
I understand that all reasonable precautions have be	en taken to insure that all programs
and activities are conducted in a safe and responsibl	le manner at Mountain Hospice Camp
Good Grief. I understand and accept that my child	
name) may be exposed to potential hazards while at	
and participating in the activities including but not l	
camp, activity sites, weather changes, plants and ins	sects.
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, offi	
contractors including Camp Good Grief site location	ns liable for any personal injury,
property damage, loss or insurance. I agree to relea	se and hold harmless Mountain
Hospice, its employees, officers, directors, voluntee	
Camp Good Grief site locations from all liability in	curred 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 TREA	T A MINOR:		
I give permission and authorize Mountain Hospice			
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 a medications prescribed by our family physician and Hospice, its agents, employees or representatives of which may result from administering of said medical	in doing so relieve Mountain any responsibility for ill effects		
Signature of Parent/Guardian:	Date:		
PHOTO RELEASE:			
3			
0.00			



I,, g	rive Mountain Hospice permission to take	
and utilize, my child's picture and name for Mo	ountain 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