

BEREAVEMENT HISTORY

Camper's Name: _____

Name of the person(s) who died: _____

Relationship to camper: _____

Date of Death _____ Age of deceased at time of death _____

Was the death anticipated? Yes No

How did this person(s) die?

Was your child present at the time of death? Yes No

Comments:

Did your child see the deceased after the death? Yes No

Did your child attend the funeral/memorial service? Yes No

If yes, what were your child's comments/reactions to the service?

Do you and your child talk about the deceased? Yes No

Did your child and/or family receive counseling? Yes No

Was the school counselor notified that the child experienced a death? Yes No

Please describe how your child indicates that s/he is grieving?

Has your child experienced any other deaths? Yes No

Comments:

Have there been any other changes/stresses in your child's life (i.e., divorce, illness, relocation, etc.)? Please explain.

Has your child said or done anything recently that concerns you? Yes No

If so, what?

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CAMPER MEDICAL INFORMATION

Camper's name: _____

Does your child have any of the following:

If yes, comment below as needed:

Physical limitations?	Yes	No	_____
Asthma?	Yes	No	_____
Dietary restrictions?	Yes	No	_____
Convulsions / Seizures?	Yes	No	_____
Diabetes?	Yes	No	_____
Ear infections?	Yes	No	_____
Hearing impairment?	Yes	No	_____
Motion sickness?	Yes	No	_____
Nose bleeds?	Yes	No	_____
Wears glasses / contacts?	Yes	No	_____
Allergies? Food/plant /insect?	Yes	No	_____

Please specify. _____

Other?

Please specify. _____

Is your child currently under the care of a physician? Yes No

Dr.'s name: _____ **Dr.'s Phone:** _____

Preferred Hospital: _____ **Health Insurance:** _____

Insurance Subscriber name: _____ **ID #:** _____ **Group #:** _____

What is the date of your child's last tetanus shot? _____

Will your child be taking medications at camp? If yes, please specify below.

Yes No

Name of Medication / Dosage	For what?	Prescribed by:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies to any medications? *If yes, please specify:*

Has your child exhibited any of the following behaviors since the death of the loved one?

Ongoing sleep disturbance?	Yes	No	Depression?	Yes	No
Stealing?	Yes	No	Lying?	Yes	No
Destruction of property?	Yes	No	Bed wetting?	Yes	No
Run away from home?	Yes	No	Regression?	Yes	No
Caused harm to self?	Yes	No	Nightmares?	Yes	No
Behavior problems at home?	Yes	No	Discussed suicide?	Yes	No
Behavior problems at school?	Yes	No	Special fears?	Yes	No
Unusual or inappropriate sexual behavior?	Yes	No			

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Are you concerned about any of the following in relation to your child? Is yes, please comment.

Physical illness?	Yes	No	_____
Isolation?	Yes	No	_____
Intense guilt or self-blame?	Yes	No	_____
Intense anger or depression?	Yes	No	_____
Ambivalent relationship with deceased?	Yes	No	_____
Strong denial prior to death?	Yes	No	_____
Intense clinging or fretfulness?	Yes	No	_____
Multiple deaths/crises in last 2 years?	Yes	No	_____
History of mental health problems?	Yes	No	_____
History of drug or alcohol abuse?	Yes	No	_____
History of attempted suicides?	Yes	No	_____
Lack of financial resources?	Yes	No	_____

Have you and your child talked about him/her going to Camp Erin? Yes No
Has your child attended Camp Erin before? Yes No If so what year/years. _____
 What, if any, concerns do you have about your child going to camp?

What concerns, if any, does your child express?

Other comments you wish to make:

Ethnicity (OPTIONAL): Please check applicable box or boxes for your child.

- | | |
|---|----------------------------------|
| Hispanic or Latino | African American or Black |
| White, or Caucasian | Native American or Alaska Native |
| Native Hawaiian or Other Pacific Islander | Asian Other _____ |

As a partner with The Moyer Foundation, the Willow Center is actively working to increase awareness that Camp Erin is a resource to families in the military community. Please answer the following questions for your family:

- Was the person who died an active, reserve or National Guard military member or a military veteran?
 Yes No If so, what branch? _____
- Is either parent or guardian an active, reserve or National Guard military member or military veteran?
 Yes No If so, what branch? _____

***Please send a picture of the camper and the picture of the person who has died or email pictures to campdirector@willow-center.org**

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CAMP INFORMATION

Camper's name: _____

Has your child ever:

Attended day camp?	Yes	No
Attended overnight camp?	Yes	No
Been in a canoe/kayak?	Yes	No
Been hiking?	Yes	No
Participated in a challenge course/initiative games?	Yes	No

Is your child a swimmer? Yes No

If yes, indicate level: Beginner Intermediate Advanced

Does your child play an instrument? Yes No

If yes, list instrument(s): _____

Does your child enjoy:

Music?	Yes	No
Outdoor activities?	Yes	No
Creative writing?	Yes	No
Arts and Crafts?	Yes	No
Drama/story telling?	Yes	No
Dance?	Yes	No
Sports/physical activities?	Yes	No
Is your child a reader?	Yes	No

Please list any special interests/hobbies your child has.

Is there anything we should know to better serve your child?

How did you hear about Camp Erin?

School	Willow Center	Physician	Counselor
Friend	Newspaper	Radio	Church
Relative	Internet	TV	Other

If other, please specify: _____

Family Income Data (This information is requested by our major grant provider. The data for all campers is confidential. Income level does NOT determine attendance at Camp Erin): Please check the applicable box for your household annual income.

Under \$25,000 \$25,000 to \$39,999 \$40,000-\$59,999 \$60,000-\$100,000 Over \$100,000

(Print) Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

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