



OFFICE USE ONLY			
<input type="checkbox"/> Accepted: Cabin _____	<input type="checkbox"/> Denied: Reason _____		
<input type="checkbox"/> Admitted: Solutions ID# _____	<input type="checkbox"/> Entered into Database _____		
<input type="checkbox"/> Assessment Scheduled _____	<input type="checkbox"/> Assessment Completed _____		
<input type="checkbox"/> Face Sheet for Cabin Leader _____	<input type="checkbox"/> Copy of Medical Info for Nurse _____		
<input type="checkbox"/> Info Letter: _____	<input type="checkbox"/> Confirmation Sent: _____		
<b>Check as items are received</b>			
<input type="checkbox"/> Media Release	<input type="checkbox"/> Medical Form/Release	<input type="checkbox"/> Release of Liability	<input type="checkbox"/> Fee

**2019 Camp Brave Heart Application  
Friday, April 5 to Sunday, April 7, 2019**

**Application Deadline: Friday March 15, 2019**

Applications **must** be completed and signed **in ink**. Please complete the full application and if you have questions, please call 863-968-1707 to speak with a member of the Good Shepherd Hospice (GSH) Bereavement Department.

**GENERAL INFORMATION:**

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age at camp \_\_\_\_\_

Gender: \_\_\_\_\_ Name of School: \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Email: \_\_\_\_\_ Can we use email to send camp information?  Yes  No

Other contact person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Has permission to pick up from camp?  Yes  No

Has your child received counseling in the past or currently in counseling?  Yes  No

Agency: \_\_\_\_\_ Counselor Name: \_\_\_\_\_ Reason: \_\_\_\_\_

Has your child attended camp with GSH in the past?  Yes  No If yes, year: \_\_\_\_\_

Have you and your child received services from GSH including in school support groups?

Yes  No

Child's T-Shirt Size (check one): **Child sizes:**  S  M  L  XL **Adult sizes:**  S  M  L  XL

XXL  XXXL

**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
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Will relatives outside the household also be attending camp?  Yes  No

Names: \_\_\_\_\_

**SPECIAL NEEDS OR LIMITATIONS**

Please describe any physical limitations or important information that may impact how the child is able to participate at camp (i.e. inability to swim, difficulty walking on uneven terrain, etc.):

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

**MY LOVED ONE(S)**

In addition to the usual camp activities, campers will have a chance to learn ways to express their feelings about the death of their loved one, to cope with their feelings of grief and loss, and discover ways to remember their loved one. Please provide the following information to help our camp staff work with your child.

Name of loved one: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Date of death: \_\_\_\_\_ Cause of death: \_\_\_\_\_ Was the death expected?  Yes  No

Please provide information about the circumstances of the death: \_\_\_\_\_

\_\_\_\_\_

Relationship of the child with loved one:  Very Close  Close  Neutral  Conflicted  Estranged

Other: \_\_\_\_\_ Explain \_\_\_\_\_

Did your loved one die under the care of GSH?  Yes  No

Other losses: Name of loved one: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Date of death: \_\_\_\_\_ Cause of death: \_\_\_\_\_ Was the death expected?:  Yes  No

### **CHILDS RESPONSE**

Have you noticed any of the following behavioral changes since the loss? (check all that apply)

- Excessive fears
- Frequent tantrums
- Change in eating habits
- Aggressive with others
- Difficulty sleeping/frequent nightmares
- Self-blame or guilt
- Decrease in joy
- Behavior problems in school
- Changes in grades
- Difficulties with peers/friends
- Hurts self on purpose/talks of wanting to die
- Unusually clingy or regressive/immature behavior
- Physical complaints (headaches, stomachaches, etc.) : \_\_\_\_\_

Other: \_\_\_\_\_

Did the child witness the death?  Yes  No Please explain: \_\_\_\_\_

What was the child told about the death and what was their reaction?

Have any of the following stressful events occurred within the past 12 months?

- parents divorced or separated
- family accident or illness
- family moved
- change in schools
- parent job change or loss of job
- family financial problems
- other (please specify) \_\_\_\_\_

Please explain: \_\_\_\_\_

How did you hear about Camp Brave Heart?

**MEDICAL INFORMATION FORM**

Each camper must have a medical information form on file with the camp nurse. Please complete every section below. Write N/A if a section does not apply.

Camper’s Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

**EMERGENCY CONTACT** *please provide two names with phone numbers:*

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

Best Contact number: \_\_\_\_\_ Alternate number: \_\_\_\_\_

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

Best Contact number: \_\_\_\_\_ Alternate number: \_\_\_\_\_

**ALLERGIES**

Please list ALL allergies to medications, foods, or environmental factors: \_\_\_\_\_

Dietary restrictions/special diet: \_\_\_\_\_

Does your child carry an Epinephrine Auto-Injector(epi-pen) or rescue inhaler? Yes No Which: \_\_\_\_\_

**MEDICATION** *All medications must be kept and administered by the camp nurse*

Please list ALL medications that the camper takes. Medications the camper will be using at camp should be sent in the original prescription containers labeled with the name of the medication, dosage, times to be given, camper name and prescribing physician’s name. You will give your child’s medications to the camp nurse at registration. Please send enough medication to last the duration of camp, and do not mix medications in the same container. Any unused medication will be returned to you on Sunday.

Name of medication <i>(Include prescription and over the counter)</i>	Dose	When Taken	Date Medication Started	Reason for Medication

I give permission for the camp medical staff to administer prescriptions and/or medications that I have provided, in addition to first aid and emergency care.

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

# Over-the-Counter Medication Release

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

I hereby certify that my child has NOT had any allergic reaction or other adverse symptoms as a result of taking any of the medications that I have authorized camp medical staff to administer.

Symptom	Medication	Permission <small>(please leave no squares blank)</small>
Headache or general pain	Tylenol or Ibuprofen	<input type="checkbox"/> Yes <input type="checkbox"/> No
Upset stomach	Pepto Bismol	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diarrhea	Imodium AD or Kaopectate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Menstrual Cramps	Ibuprofen	<input type="checkbox"/> Yes <input type="checkbox"/> No
Poison Ivy	Calamine Lotion, Cortaid, Caldypen or Caldryl	<input type="checkbox"/> Yes <input type="checkbox"/> No
Itching, Hives	Benadryl	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cough	Robitussin or Cepocol Lozenges	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sinus Headache or Congestion	Dristan Cold, Sudafed, or Tylenol with Pseudoephedrine	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sunburn	Cool Gel or Burn Spray	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bee Sting	Sting kill, calamine lotion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cuts or Scrapes	Triple Antibiotic Ointment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sore Lips	Blistex	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Camp Brave Heart

## CODE OF CONDUCT

I promise that I will:

1. Be respectful of all people and the facilities at camp by not being part of any of the following bullying behaviors described below. I will tell an adult in my cabin if I see bullying.  
Bullying is when a person is repeatedly hurt emotionally and/or physically by another person or group of people. It can be displayed as:
  - Physical assaults or aggression that hurt others
  - Verbal and/or physical threats
  - Excluding someone from a group intentionally
  - Spreading rumors or gossip
  - Teasing, put-downs or making fun of another person
  - Rude body language, gestures or faces
  - Getting others to “gang up” on another person.
2. Take direction from my cabin leader and other adults at camp in a respectful manner.
3. Not enter cabins other than the one that I am assigned to. Boys and girls are not permitted entrance into cabins of the opposite gender or into any adult cabin or room.
4. Not use threatening body language or actions (hitting, punching, shoving, etc.)
5. Respect other’s belongings – in other words, if it is not mine, I will not touch it unless I have permission.
6. Stay with my group and cabin leader at all times.
7. Keep my bunk and cabin area clean. Keep track of my personal belongings. I will clean up at the end of camp and pack my belongings to go home.
8. Not bring alcohol, illegal drugs, cigarettes, weapons of any kind, electronic devices of any type (including but not limited to phones, tablets, cameras, handheld gaming devices or music streaming devices), or any other unauthorized substances or devices to camp. If I bring devices to camp, I will hand them over to the camp director or leader until the completion of camp.  
**Initial here that you agree not to bring unauthorized devices or substances to camp.** \_\_\_\_\_
9. Keep the confidentiality of others and not share other people’s stories even after camp is over.
10. Swim **ONLY** in designated areas and as instructed by the Life Guards.
11. Respect the dress code of Circle F Dude Ranch at all times. Only modest one piece swimsuits are permitted.
12. Adhere to the designated bed times and wake up times and be at meals when my group is scheduled.
13. Always treat others the way I want to be treated.

I agree to follow the rules of Camp Brave Heart and Circle F Dude Ranch and understand that if I fail to do so, I will be asked to leave. As parent/guardian, I agree that if my child does not follow the rules, I will be called to pick up my child from camp and I will do so in a timely manner.

**Camper Signature:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_

**TRANSPORTATION:**

Bus transportation will be provided to and from camp from the GSH Auburndale and Sebring offices. You will receive detailed information about transportation once your child has been accepted to camp.

**PHOTO/MEDIA RELEASE**

Upon occasion, videotaping and photography may occur during various camp activities and this material may be used by Good Shepherd Hospice, or Chapters Health System, in future marketing and publicity. In addition, the news media may wish to photograph, videotape and or interview participants for news coverage of Camp Brave Heart. When GSH knows of such previously scheduled media activities, GSH will inform you in advance of any details pertaining to such scheduled occasions. If you agree to being photographed, interviewed and/or agree to your child(ren) or ward(s) identified below being photographed, videotaped and/or interviewed, please mark the appropriate box below and sign.

**I hereby give permission for myself and, if applicable, my minor child(ren) or ward(s) listed below, to appear in publicity or news coverage regarding Camp Brave Heart, as described above. I hereby release and discharge Good Shepherd Hospice and Chapters Health, and each of those entities officers, directors, employees, volunteers and agents, from any claims and demands arising out of or in connections with the use of videotapes or photographs, including without limitation any and all claims for libel or invasion of privacy.**

*\* Please note that a cabin picture and an all-camp picture will be taken of our campers, volunteers and donors as a keepsake.*

- I give full permission
- I DO NOT give permission
- I give permission with the following exceptions: \_\_\_\_\_

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

**Pare/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Child's name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**PARENTAL CONSENT AND RELEASE OF LIABILITY**

On behalf of myself, as parent or legal guardian, and my child(ren) listed below attending the Good Shepherd Hospice Camp Brave Heart, presented by Good Shepherd Hospice, Inc. (GSH), a wholly owned affiliate of Chapters Health System, Inc. , I hereby agree as follows.

1. I hereby give permission for my child listed below to attend Camp Brave Heart organized by Good Shepherd Hospice.
2. I hereby acknowledge that sufficient information has been provided to me by GSH regarding the activities planned for Camp Brave Heart. I agree that my child listed below will abide by all instructions, rules, or regulations provide by Good Shepherd Hospice staff and/ or volunteers.
3. I understand services are supportive in nature, provided for by volunteers under the supervision of staff. I understand these support services do not replace or represent formal behavioral health treatment.

**Acknowledging the foregoing, and in consideration of GSH granting my child(ren) access to Camp Brave Heart, I understand and agree, on behalf of myself and my child listed below, that GSH, Chapters Health and each of those entities’ officers, directors, employees, volunteers, and agents are hereby released and discharged from any and all claims, demands, losses, and causes of actions of every kind whatsoever, including without limitation any and all causes of action based upon a theory of negligence and any and all liability for damages of every kind, nature or description which may arise from or out of injuries and damages, permanent or otherwise, which occur while my child listed below attends 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 for each child that is attending camp:

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

---

---

**(Write statement on the lines above)**

\_\_\_\_\_  
**Name of Child**

\_\_\_\_\_  
**Relationship**

\_\_\_\_\_  
**Parent/Guardian Name (printed)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**



**IMPORTANT-PLEASE TAKE TIME TO READ & SIGN THIS FORM**

**CIRCLE F DUDE RANCH CAMP LLC  
INFORMED CONSENT/LIABILITY RELEASE FORM**

**Parent/Guardian:** I am aware and understand that some of the activities at Circle F Dude Ranch Camp LLC involve potential risk of physical injury and I understand that the programs are physically demanding and present inherent risks and danger of unanticipated physical injury and/or emotional distress. These activities include, but are not limited to: rock climbing and zip lines; swimming; horseback riding; paintball; off-property excursion; waterfront activities (blob, banana boat, summit, sailing, canoeing, etc); wilderness programs; skate park; evening programs; horsemanship; general sports (tennis, softball, volleyball, soccer, archery, cheerleading, tumbling, dancing, etc.). In addition, it is understood that any and all photos, videos and/or other likenesses of your child taken by Circle F staff may be used in their brochure, website and other promotional materials. I concur with the entire following paragraph which is directed to my child and give permission for him/her to participate in all activities at Circle F unless otherwise indicated in writing.

**Child:** I agree and hereby state that I am solely responsible for my own participation and for my own personal and emotional well-being. I am aware and understand that all of the program activities are strictly voluntary and it is my own choice to participate in each activity to whatever degree I deem appropriate, after due consideration of my own physical health, physical abilities and medical condition. I further state that in choosing to participate, I am not under the influence of any chemical substance including alcohol.

**Parent/Guardian & Child:** We willingly and knowingly assume for myself, my heirs, family members, executors, administrators, and assigns all risk of physical injury and emotional upset which may occur during or after participating in any aspect of the program and hereby agree to hold Circle F Dude Ranch Camp LLC, its employees, its instructors, facilitators and agents harmless for any liability arising out of my participation in the program. Should Circle F Dude Ranch Camp LLC or anyone acting on their behalf be required to incur attorney’s fees and costs to enforce this agreement, I agree to indemnify and hold Circle F Dude Ranch Camp LLC harmless for all such fees and costs. This release does not, however, apply to any physical injury or emotional harm caused by negligence or willful misconduct of Circle F Dude Ranch Camp LLC, its employees, its instructors, facilitators and agents.

I have had sufficient opportunity to read this entire document as well as the brochure and understand its contents. I further agree to be bound by its terms.

\_\_\_\_\_  
Child Name: Signature

\_\_\_\_\_  
Parent/Guardian Name: Signature

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

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

\_\_\_\_\_  
Child Name: Print

\_\_\_\_\_  
Parent/Guardian Name: Print

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

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

**EMAIL ADDRESSES WILL NOT BE SHARED WITH ANY INDIVIDUAL(S)/ORGANIZATION(S).**