



## GOOD SHEPHERD

H O S P I C E

A Chapters Health® Affiliate

Licensed Since 1984

Dear Parent/Guardian,

The Bethany Center of Good Shepherd Hospice is hosting Camp Brave Heart for children and teens ages 6-16 that have experienced the death of a loved one. Camp is a weekend retreat that offers a safe place for children to share their feelings with others while participating in activities such as horseback riding, canoeing, swimming, sports, arts and crafts, and much, much more!

**Camp Brave Heart will be held at the Circle F Dude Ranch in Lake Wales on April 8-10, 2022.**

We provide transportation to and from camp from the Good Shepherd Hospice Sun Room in Sebring and the Auburndale Fire Department. The cost for each child is \$10, which includes lodging, food, activities, transportation and loads of FUN. A fact sheet is attached for additional information.

If you are interested in sending your child to Camp Brave Heart please

1. complete this electronic form on your computer and click the submit button on the last page (this will email the form to our staff). If you prefer, you can print this form and mail it with your payment.
2. Mail the \$10 fee (make sure the camper information is on your check) to:

**The Bethany Center  
450 Arneson Ave.  
Auburndale, FL 33823**

Acceptance to camp is based on space availability and the child's ability to participate in the program. You will be contacted for a camper interview. This is required before acceptance to camp. Once your child has been accepted to camp you will receive a letter of acceptance and more details.

**Camp Brave Heart fills up very quickly and space is limited so please do not delay sending your application! Application deadline is March 18, 2022.** If you have questions please call us at (863) 968-1707 or 1-800-753-1880.

Sincerely,

The Camp Brave Heart Staff

## **Camp Brave Heart 2022 Fact Sheet**

- Children are assigned to a cabin according to age and gender.
- Each cabin has a cabin leader who is a trained counselor or volunteer with The Bethany Center of Good Shepherd Hospice.
- There will also be other adult volunteers in each group to assist the cabin leader. Volunteers working with the children are trained and have had a federal background screening. Generally, each cabin has one adult for every two-three children.
- Each cabin has a bathroom, shower and heater if needed. Air conditioning is available at night while sleeping.
- At least two adults (same gender as the group) will sleep in the cabin with the campers.
- A camp nurse is on site all weekend. The nurse is there to dispense any medication that your child takes and for any minor medical issues.
- Camp Brave Heart is a no bully zone and aggressive behavior will not be tolerated.
- Cell phones and any other electronic devices are not permitted at camp. Also, please do not bring valuables or money to camp!
- Circle F Dude Ranch is a wonderful place! For more information you can visit their website: [www.circle-f-duderanch.com](http://www.circle-f-duderanch.com)
- All children are required to have a camper interview. If you have not been contacted for a camper interview by March 25<sup>th</sup> please call us!
- Once your child has been screened and accepted to camp, you will receive a letter from us with all the necessary details and a list of what to bring.
- If you have additional questions, please call us at 863-968-1707 or 1-800-753-1880.



**2022 Camp Brave Heart Application**  
**Friday, April 8 to Sunday, April 10, 2022**



**Application Deadline: Friday March 18, 2022**

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.

**CAMPER INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: M F Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade in school: \_\_\_\_\_

Child's T-Shirt Size: (circle one size): **Child:** S M L XL **Adult:** S M L XL XXL

**PARENT / GUARDIAN INFORMATION:**

Parent/Guardian living with child:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Use same address as camper above?

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Other contact person: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Did your loved one die under the care of Good Shepherd Hospice? Yes No

Have you received services from the Bethany Center? Yes No

If yes, please check: Individual counseling Group counseling Other: \_\_\_\_\_

How did you hear about Camp Brave Heart?: \_\_\_\_\_

Has your child been to Camp Brave Heart in the past: Yes No If yes, year: \_\_\_\_\_

(NOTE: children are accepted to camp one time unless approved by the Camp Administrator; if your child has come to camp before please call us to discuss the needs of your child.)

**OTHER HOUSEHOLD MEMBERS (*siblings, grandparents, etc.*):**

Name	Relationship to Child	Age	Attending Camp This Year?
			Yes No
			Yes No
			Yes No

Name of person who died:	Relationship to Child:	Date of Death:	<b><i>Please explain what caused the death:</i></b> Was death the result of illness or accident; sudden or long term illness? What happened?

Describe child's behavior since the death(s): *(Example: Issues at school, grades declining, withdrawal from friends/family, fighting, excessive sadness, no interest in activities or hobbies, etc).*

\_\_\_\_\_

\_\_\_\_\_

Relationships:

Respectful, gets along well with peers and authority figures

Has been in trouble for bullying or other aggressive behaviors (expelled from school, referred to juvenile justice, law enforcement, troubled friendships, other? (Please explain below):

Comments: \_\_\_\_\_

Has your child seen a psychiatrist or mental health professional?    Yes    No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has your child ever spent the night away from home?    Yes    No

Does well when away from home

Gets homesick; If yes, what helps? \_\_\_\_\_

Does your child have any sleep problems (*sleepwalking, fear of the dark, bedwetting, nightmares*)?

Yes    No

If yes, please explain: \_\_\_\_\_

Child's interests/hobbies/talents: \_\_\_\_\_

Can your child swim?    Yes    No    Comments: \_\_\_\_\_

Does your child have any physical limitations?    Yes    No

If yes, please explain: \_\_\_\_\_

How does your child feel about coming to camp? \_\_\_\_\_

What concerns do you have about your child? \_\_\_\_\_

**I understand that the acceptance of my child at camp is not final until he/she is assessed by a representative of the Bethany Center, he/she is deemed appropriate for camp and space is available.**

Signature of Parent/ Guardian

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

## 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 (Include prescription and over the counter)	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 (Please answer all questions yes or no)
Headache or general pain	Tylenol or Ibuprofen	Yes No
Upset stomach	Pepto Bismol	Yes No
Diarrhea	Imodium AD or Kaopectate	Yes No
Menstrual Cramps	Ibuprofen	Yes No
Poison Ivy	Calamine Lotion, Cortaid, Caldyphen or Caldryl	Yes No
Itching, Hives	Benadryl	Yes No
Cough	Robitussin or Cepocol Lozenges	Yes No
Sinus Headache or Congestion	Dristan Cold, Sudafed, or Tylenol with Pseudoephedrine	Yes No
Sunburn	Cool Gel or Burn Spray	Yes No
Bee Sting	Sting kill, calamine lotion	Yes No
Cuts or Scrapes	Triple Antibiotic Ointment	Yes No
Sore Lips	Blistex	Yes 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: \_\_\_\_\_

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

Parent/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).**