



**GOOD SHEPHERD**  
H O S P I C E

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Dear Parent/Guardian,

The Bethany Center of Good Shepherd Hospice is hosting our 16th annual 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 March 31 – April 2, 2017.**

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 send the enclosed application and the \$10 fee to:

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

If your child has **not** participated in Bethany Center activities, you will be contacted for a camper interview. This is required before acceptance to camp.

If your child has participated in Bethany Center activities, a camper interview may not be necessary; we will let you know.

Acceptance to camp is based on space availability and the child's ability to participate in the program. 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 10<sup>th</sup>.** 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 2017 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 back ground screening. Generally, each cabin has one adult for every two-three children.
- Each cabin has a bathroom, shower and heater if needed. Air conditioning has been added to most of the cabins.
- 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, IPods, or 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 who have not participated in Bethany Center programs prior to camp are required to have a camper interview. If you have not been contacted for a camper interview by March 22<sup>nd</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.



*Office Use Only*

Date Rec'd: \_\_\_\_\_  
App Media Medical ROL  
Fee: \_\_\_\_\_ Letter: \_\_\_\_\_  
Cabin: \_\_\_\_\_  
Bus: \_\_\_\_\_

# 2017 Camp Brave Heart Application

March 31 – April 2, 2017

### CAMPER INFORMATION:

Name (and nickname, if applicable): \_\_\_\_\_

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

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

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

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

### PARENT/ GUARDIAN INFORMATION:

Name of Parent/Guardian living with child: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

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

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

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

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

Has permission to pick up from camp? Yes No

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

Name of person who died:	Relationship to Child:	Date of Death:	<b>Please explain what caused the death:</b> Was death the result of illness or accident; sudden or long term illness? What happened?
1.			
2.			

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

\_\_\_\_\_  
Date



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## **PARENTAL CONSENT AND RELEASE OF LIABILITY**

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

1. I hereby give permission for my child(ren) listed below to attend Camp Brave Heart organized by GSH’s Bethany Center for Grieving Children (“**Bethany Center**”).

2. I hereby acknowledge that sufficient information has been provided to me by the Bethany Center regarding the activities planned for Camp Brave Heart. I hereby acknowledge that certain risks of injury are inherent to participate in Camp Brave Heart activities. I understand that the safety and protection of the participants in Camp Brave Heart is paramount, and, therefore:

a. Agree that my child(ren) listed below will abide by all instructions, rules, or regulations provided by Bethany Center staff and/or volunteers; and

b. Agree that my child(ren) listed below may be required to inventory belongings in the presence of Bethany Center staff if the health or safety of other participants or staff and/or volunteers indicates the need.

**Acknowledging the foregoing, and in consideration for GSH granting my child(ren) access to Camp Brave Heart, I understand and agree, on behalf of myself and my child(ren) listed below, that GSH, Chapters 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(ren) listed below attend 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:

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

\_\_\_\_\_  
(Write statement on this line)

\_\_\_\_\_  
Parent's or Guardian's Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Relationship to Child(ren)

**Name(s) of child(ren) attending Camp Brave Heart:**

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

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

**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).**



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## MEDIA RELEASE

Upon occasion, videotaping and photography may occur during various Camp Brave Heart activities, and this material may be used by Good Shepherd Hospice, Inc. (“**GSH**”) or Chapters Health System, Inc. (“**Chapters**”) in future marketing and publicity. In addition, the news media may wish to photograph, videotape and/or interview participants for news coverage of the 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, videotaped and/or interviewed, and/or agree to your child(ren) or ward(s) identified below being photographed, videotaped and/or interviewed, please mark the appropriate box and sign below:

**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 GSH and Chapters, and each of those entities officers, directors, employees, volunteers and agents, from any and all claims and demands arising out of or in connection with the use of the videotapes or photographs, including without limitation any and all claims for libel or invasion of privacy.**

\_\_\_\_ I give FULL permission

\_\_\_\_ I DO NOT give permission

\_\_\_\_ I give permission with the following EXCEPTIONS:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**If signing on behalf of your child(ren) or ward(s) who are participating in Camp Brave Heart, please identify each child and/or ward below (use additional sheets if necessary):**

Child/Ward: \_\_\_\_\_ Relationship: \_\_\_\_\_

Child/Ward: \_\_\_\_\_ Relationship: \_\_\_\_\_

Child/Ward: \_\_\_\_\_ Relationship: \_\_\_\_\_



# Camp Brave Heart

## CODE OF CONDUCT

These rules are in place for your safety and the safety of others at camp. When we all work together, we will have a fun and unforgettable weekend!

# CAMP BRAVE HEART IS A NO BULLY ZONE

Bullying is when a person is repeatedly hurt emotionally and/or physically by another person or group of people.

### Bullying can be displayed as:

- physical assaults or aggression that hurt people physically
- verbal and/or physical threats
- excluding someone from a group intentionally
- spreading rumors or gossiping
- teasing, put-downs or making fun of another person
- rude body language, gestures or faces
- getting others to “gang up” on another person

### I promise that I will :

1. Be respectful of all people and the facilities at camp by not being a part in any of the behaviors described above
2. Take direction from my cabin leader and other adults at camp in a respectful manner
3. Use language that is not threatening, hurtful or puts another person down
4. Not use threatening body language (hitting, punching, shoving, etc.)
5. Respect one another’s belongings – in other words if it is not mine, I won’t touch it unless I have permission!
6. Stay with my group at all times. I will not leave the group without an adult
7. Tell an adult in my cabin if I see someone being bullied
8. Not bring alcohol, illegal drugs, tobacco products of any kind or form, or any other unauthorized substances or devices to camp
9. Not share another person’s story even after camp
10. Always treat others the way I want to be treated

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

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Camper Signature

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Parent/Guardian Signature

## 2017 CAMP BRAVE HEART MEDICAL RELEASE

Camper's Name: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Primary Emergency Contact (Parent/Guardian)	Alternate Emergency Contact (DO NOT LEAVE BLANK)
Name:	Name:
Day time Phone:	Day time Phone:
Night time Phone:	Night time Phone:
Relationship to Camper:	Relationship to Camper:
Camper's Doctor:	Phone Number:
Any medical problems?	

Has your child ever had a reaction or allergy to any medications?  Yes  No  
 If yes, which medication(s) \_\_\_\_\_  
 What type of reaction? \_\_\_\_\_

Does your child have any **food** allergies?  Yes  No Any **other** allergies?  Yes  No  
 If yes, allergic to \_\_\_\_\_  
 What type of reaction does your child have? \_\_\_\_\_

**MEDICATIONS** Does your child take medication(s)?  Yes  No

Name of Medication (include prescription and over-the-counter medications)	Dose	When Taken	Date Medication Started	Reason for Medication

PERMISSION TO ADMINISTER ABOVE THE MEDICATIONS, FIRST AID AND EMERGENCY CARE TO MY CHILD IS HEREBY GIVEN:

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

**Note:** All medications must be given to the Camp Nurse at camp check-in and reviewed with the Nurse. **If there have been any recent changes in medications please tell the nurse.** All medications must be in prescription containers and be clearly marked with the above information.

## OVER-THE-COUNTER MEDICATION RELEASE

**Camper's Name:** \_\_\_\_\_

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

I hereby certify that I or my child has not in the past shown any allergic or other adverse reaction to any of the medications which you are hereby authorized to administer.

<b>SYMPTOM</b>	<b>MEDICATION</b>	<b>PERMISSION</b> <small>(Please leave no squares blank.)</small>
Headache or general pain	Acetaminophen, Ibuprofen	Yes <input type="checkbox"/> No <input type="checkbox"/>
Upset Stomach	Pepto Bismol, TUMS	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diarrhea	Imodium AD, Kaopectate	Yes <input type="checkbox"/> No <input type="checkbox"/>
Menstrual cramps (girls only)	Acetaminophen, ibuprofen	Yes <input type="checkbox"/> No <input type="checkbox"/>
Poison Ivy	Calamine Lotion, Cortaid, Caldyphen or Caldryl	Yes <input type="checkbox"/> No <input type="checkbox"/>
Itching, Hives	Benadryl	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cough	Robitussin, Cough/Throat lozenges	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sinus Headache or Congestion	Acetaminophen, Ibuprofen	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sunburn	Cool Gel or Burn Spray	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bee/wasp sting	Benadryl spray/liquid	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cuts or scrapes	Triple antibiotic ointment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sore or Chapped Lips	Blistex, Lip balm, petroleum jelly	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_