



## Camp Circle of Love 2017

Dear Parent/Guardian,

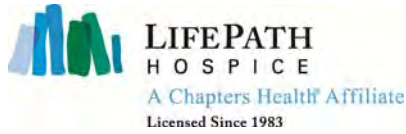
LifePath Hospice will be hosting its 25<sup>th</sup> Annual Camp Circle of Love for grieving children and teens ages six - through eighteen (high school) who have recently experienced the death of a loved one. Camp Circle of Love will be held at the Lakewood Retreat Center in Brooksville on April 28 – April 30, 2017 and transportation is provided to the camp via chartered buses. This is a place for grieving children to share their feelings with others and remember their loved one while participating in activities such as swimming, sports, arts and crafts, and much more!

If you are interested in your child attending Camp Circle of Love please complete the enclosed application and mail it to LifePath Hospice Attn: Circle of Love 3010 West Azelee Street, Tampa Florida 33609, fax it to (813-357-5085) or call (813) 877-2200 for more information. You will receive confirmation from us that your child's application has been received and then an appointment for a camper interview will be scheduled. Interviews are required for each child to determine appropriateness for the camp experience. There is a camp fee of \$1-\$25 (based on income), which is required to reserve your child's spot. The fee will be collected at the time of interview. If your child attended camp previously, please call for additional information before completing application and requesting an interview.

Attendance at Camp Circle of Love is first come, first serve, so please do not delay!

Sincerely,

Sarah King  
Camp Director



## LifePath Hospice 2017 Camp Circle of Love Application

### CAMPER INFORMATION *(Please print and complete in entirety)*

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

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

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

T-Shirt Size: YS YM YL S M L XL 2XL 3XL

### PARENT/ GUARDIAN INFORMATION

Name: (1) \_\_\_\_\_ (2) \_\_\_\_\_

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

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

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

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

E-Mail: \_\_\_\_\_

Person to Contact in Case of Emergency and Phone #: \_\_\_\_\_

**(Do not leave blank)**

### 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

Name of person who died (*list primary loss if more than one*) \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date of death: \_\_\_\_\_

Circumstances of death (*illness, sudden death, accident, involvement of child*):

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Behavior (*please describe-- problems in school, with peers, friends, family, fighting, excessive sadness, withdrawn from others, and any other behavior changes since the death*):

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

Has child attended Camp Circle of Love previously? Yes No If yes, what year? \_\_\_\_\_

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

Does your child have any sleep problems (*sleepwalking, fear of the dark, bedwetting, nightmares*)? Yes No

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

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Please list any interests/hobbies/talents your child has: \_\_\_\_\_

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Can your child swim? Yes No

I understand that the acceptance of my child at camp is contingent upon space availability and an assessment by a Bereavement Specialist.

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

**CAMP DATES ARE APRIL 28 – APRIL 30, 2017**

After completion of camper application(s) please return by fax, mail, or e-mail to:

**Mail: Attn: Circle of Love 3010 W. Azele St. Tampa, FL 33609**

**Fax: (813) 357-5085 (This fax comes to an e-mail box and will not be left on a machine)**

**Scan & E-mail: [lifepathhospiceevents@chaptershealth.org](mailto:lifepathhospiceevents@chaptershealth.org) Deadline for camp is **April 18, 2017**.** There is a sliding scale fee for camp based on income ranging from \$1 - \$25. Fee will be collected at the time of the camper interview.

## 2017 CAMP CIRCLE OF LOVE 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:

(If camper does not have a Primary Care Physician, please state that)

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 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 taken by your child make sure to 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 it 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><u>SYMPTOM</u></b>	<b><u>MEDICATION</u></b>	<b><u>PERMISSION</u></b> <b><u>(Please leave no squares blank.)</u></b>
Headache or general pain	Tylenol, ibuprofen	Yes <input type="checkbox"/> No <input type="checkbox"/>
Upset Stomach	Pepto Bismol	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diarrhea	Imodium AD, Kaopectate	Yes <input type="checkbox"/> No <input type="checkbox"/>
Menstrual cramps	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"/>
Coughs	Robitussin, Cepocol lozenges	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sinus Headache or Congestion	Dristan Cold, Sudafed, or Pseudoephedrine with Tylenol	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sunburn	Cool Gel or Burn Spray	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bee sting	Stingkill	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cuts or scrapes	Triple antibiotic ointment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sore Lips	Blistex	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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



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

On behalf of myself, as parent or legal guardian, and my child(ren) listed below attending Camp Circle of Love, presented by LifePath Hospice, Inc. (“LPH”), 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 Circle of Love organized by LPH.
  
2. I hereby acknowledge that sufficient information has been provided to me regarding the activities planned for Camp Circle of Love. I hereby acknowledge that certain risks of injury are inherent to participate in Camp Circle of Love activities. I understand that the safety and protection of the participants in Camp Circle of Love is paramount, and, therefore:
  - a. Agree that my child(ren) listed below will abide by all instructions, rules, or regulations provided by LPH staff and/or volunteers; and
  
  - b. Agree that my child(ren) listed below may be required to inventory belongings in the presence of LPH staff if the health or safety of other participants or staff and/or volunteers indicates the need.

**Acknowledging the foregoing, and in consideration for LPH granting my child(ren) access to Camp Circle of Love, I understand and agree, on behalf of myself and my child(ren) listed below, that LPH, 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 Circle of Love.**

A parent or guardian of a child attending Camp Circle of Love must sign below and write the following statement on the line provided:

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

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(Write statement on this line)

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Parent’s or Guardian’s Name (printed)

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Date

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Parent’s or Guardian’s Signature

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Relationship to Child(ren)

**Name(s) of child(ren) attending Camp Circle of Love:**

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**MEDIA RELEASE**

Upon occasion, videotaping and photography may occur during various Camp Circle of Love activities, and this material may be used by LifePath Hospice, Inc. (“LPH”) 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 Circle of Love. When LPH knows of such previously scheduled media activities, LPH 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 Circle of Love, as described above. I hereby release and discharge LPH 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.**

*\*Please note that a cabin picture and an all-camp picture will be taken for our children, volunteers, and donors to have as a keepsake. If permission is not granted below (unless with exception), your child will not be in their photo.*

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

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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

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

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





## LifePath Hospice CAMP CIRCLE OF LOVE 2017

### **RULES FOR CAMPERS:**

**We request that all parents, guardians, and campers read and obey the following rules. These rules have been developed to assure the safety of all campers and to assure that every camper has an opportunity to participate in the activities of his or her choice, without disruption.**

**Failure to comply will result in the camper being sent home with parental notification.**

### **GENERAL RULES:**

1. No camper may leave the assigned group without permission from the assigned counselor(s) – and at no time may a camper go alone. Campers will be assigned a "Buddy".
2. No smoking, drugs, or alcohol will be permitted.
3. Each camper is responsible to keep his/her assigned bed and area clean and to be responsible for the whereabouts of personal belongings.
4. All campers are asked to assist with the final cleanup in their assigned cabin at the close of camp and to be sure their personal belongings are packed.
5. Campers are assigned to cabins according to age and sex. Boys and girls are NOT permitted to go into cabins of the opposite sex.
6. No radios or CD/tape players, or cell phones are permitted. If campers need to be in touch with parents or guardians, phone calls can be arranged.

### **BEHAVIORAL RULES:**

1. **Stop Rule:** "Stop and I mean it." When someone is doing something that feels unsafe to anyone, that child/teen/adult can stop the activity immediately by saying, Stop and I mean it.
2. **Throwing Rule:** Throwing anything at someone other than in organized sports is not permitted.
3. **Put-Down Rule:** No hurting other people's feelings by making fun of them, name calling or put-downs. Respect each other and self.
4. **Hitting Rule:** No hitting of another person.
5. **Adult Rule:** Campers must be with an adult at all times.
6. **Blood Rule:** Campers are not to touch blood. In the event that bleeding occurs they are to tell an adult and the adult will clean up the blood.
7. **Privacy Rule:** The information shared between campers at Camp Circle of Love is private and confidential unless there is concern for someone's safety.
8. **I Pass Rule:** Campers can always "pass" if they do not want to talk or participate in an activity. However, they must remain with their cabin members at such times.

**Thank you for your cooperation. Working together we can have a fun and a productive weekend! -  
The Camp Circle of Love Staff**

# Camp Circle of Love

## 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 CIRCLE OF LOVE 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, cigarettes, 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 Circle of Love 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