



HPH

H O S P I C E

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Dear Parent/Guardian,

HPH Hospice is excited to host our 25th annual Grief Camp for children and teens ages 5 to 17, who have experienced the death of a loved one.

Camp REACH OUT, which stands for **Remembering Everything About Coping, Hope, Openness, Understanding and Trust**, will be held this year from **Friday, March 2 through Sunday, March 4, 2017**.

We are looking forward to carrying on the wonderful traditions started back in 1993. Since our inception, camp has offered more than 1,500 children a chance to come together to learn about grief alongside other children also experiencing loss. Parents and children alike have told us how valuable an experience camp is to helping children cope with sorrow, heartache, and loss.

In addition to a weekend full of therapeutic activities specifically designed to help children understand, process, and cope with the grief; your child will also get to participate in the traditional joys of camping including: playing outside games, sleeping in a cabin, campfires, dining together in the "mess hall," swimming, and much more. Guided by professionally trained counselors and assisted by specially trained and screened volunteers, your child will create treasured memories they will hold close for a long time to come.

Camp REACH OUT will be held at Lakewood Retreat in Hernando County. Your child will share a cabin with other children in the same age range and the same gender, as well as three adult cabin chaperones. To maintain security, cellphones and other electronic devices are not permitted. Camp Coordinators will have cell phones for those campers who need to make a call home. Meals and snacks are provided. Bus transportation to camp will be available from four separate locations within three counties. Campers will join with their families at Lakewood Retreat on Sunday morning for a closing ceremony designed to build strong family connections and support.

Please download and complete the online application at chaptershealth.org/campreachout. Email your completed applications to BrooksB@chaptershealth.org or mail to 12139 Majestic Blvd Hudson FL 34667. Cabin spaces are limited and applications are accepted on first-come, first-served basis. Please send in your application as soon as possible. Once your child has been accepted to camp you will receive a letter of acceptance and more details.

Application deadline is Friday, February 16, 2018. For additional applications or questions, please call our Bereavement Department at 727-816-3647.

Sincerely,

Megan Bruno, LMHC CT

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HPH Bereavement Supervisor

Camp REACH OUT 2018 Fact Sheet

- Informational meetings will be held in four locations, Dade City, Hudson, Lecanto and Brooksville. This is a chance for parents to come and learn about camp, our activities, and have any questions they have about their children and grief answered. Dinner and children's activities will be provided. Please plan to attend one of the following sessions:
 - Dade City, Monday, February 12, 2018 from 6:00 to 8:00 p.m.
 - Lecanto, Tuesday, February 13, 2018 from 6:00 to 8:00 p.m.
 - Brooksville, Thursday, February 15, 2018 from 6:00 to 8:00 p.m.
 - Hudson, Saturday, February 17, 2018 from 10:00 to 12:00 p.m.

If you cannot attend one of these sessions, please call 727-816-3647.
- Each cabin has a cabin leader who is a trained counselor or volunteer with HPH 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.
- 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 REACH OUT 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. If campers bring these devices they will be held by camp staff until the end of the weekend. Also, please do not bring valuables or money to camp!
- Lakewood Retreat is a wonderful place! For more information you can visit their website: <http://lakewoodretreat.org/>
- All children who have not participated in grief programs with HPH Hospice prior to camp are required to have a camper interview. Once your application has been received, a counselor will call you to discuss your child's application and schedule an appointment.
- If you have additional questions, please call us at 727-816-3647.

Office Use Only

Date Rec'd: _____
 App Media Medical ROL
Letter: _____
Cabin: _____
Bus: _____

2018 Camp REACH OUT Application

Friday, March 2 to Sunday, March 4, 2017

Application Deadline: Friday February 16, 2018

Application **must** be completed and signed **in ink**. Please complete the full application and be sure that you **have signed and dated all the yellow areas**. A separate application is needed for each child attending camp. If you have questions, please call 727-816-3647 to speak with a member of the HPH Hospice Bereavement Department.

CAMPER INFORMATION:

Camper Name: _____ Date of Birth: _____ Grade: _____

Gender: _____ Name of School: _____

Child's Address: _____ City: _____ ZIP: _____

Home Phone: _____ Work: _____ Cell: _____

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

Counselor Name: _____ Reason: _____

Has your child attended camp with HPH Hospice in the past? Yes No If yes, year: _____

Have you and your child received services from HPH Hospice 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

Will other siblings or relatives also be attending camp? Yes No Names: _____

SPECIAL NEEDS OR LIMITATIONS This will not impact their attendance at camp

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

PARENT/GUARDIAN INFORMATION

Parent/Guardian: _____ Relationship: _____

Parent/Guardian: _____ Relationship: _____

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

Other contact person: _____ Relationship: _____

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

I will attend the parent meeting at (check one): Dade City Lecanto Hernando Hudson

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 illness and death: _____

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

Other: _____ Did your loved one die under the care of HPH Hospice? 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? (please check)

- 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 REACH OUT? _____

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 complete both*

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: _____

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 the camper takes. Medications the camper will be using at camp should be sent with the camp in separate containers labeled with the name of the medication, dosage, times to be given, camper name and prescribing physician's name. You will review your child's medications with the camp nurse at registration. Please send enough medication to last the duration of camp, and do not mix medications in the same container.

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 I have provided, first aid and emergency care.

Signature: _____ Date: _____

Over-the-Counter Medication Release

Camper's Name: _____ Date of Birth: _____

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 names above if they deem it necessary. 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 I or my child has not had in the past shown any allergic or other adverse reaction to any of the medications which you are authorized 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	Stingkill	<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 REACH OUT

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.
4. Not using 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 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. Swimming is permitted in the pool only.
11. Respect the dress code of Lakewood Retreat at all times. Only modest one piece swimsuits are permitted.
12. Adhere to the designated bed times and wake up and be at meals in a timely fashion.
13. Always treat others the way I want to be treated.

I agree to follow the rules of Camp REACH OUT 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 up my child from camp and will do so in a timely manner.

Camper Signature: _____ **Parent Signature:** _____

TRANSPORTATION: TO CAMP ONLY

Bus transportation will be available TO camp from the following HPH Hospice Team offices. Campers riding the bus **MUST be at the local designated office by 4:30pm as buses leave promptly at 5pm.**

Dade City – 37445 Clinton Ave HPH Outreach Center

Hudson – 12139 Majestic Blvd. Center for Grieving Children

Spring Hill/Brooksville – 12260 Cortez Blvd

Lecanto – 2939 West Gulf to Lake Hwy *** **Campers must arrive by 4:00pm, buses depart at 4:30pm*****

Campers who are NOT riding the bus to camp should arrive at camp no earlier than 5:15pm and no later than 6:00pm.

If your child will be riding the bus, from which of the following bus locations will your child depart?

- Dade City Hudson Spring Hill/Brooksville Lecanto I will bring my child to Lakewood Retreat

*Parents are responsible for attending closing ceremonies on **Sunday starting at 10:00 a.m. and transporting your child home after camp concludes at approximately 12:30 p.m.***

PHOTO/MEDIA RELEASE

Upon occasion, videotaping and photography may occur during various camp activities and this material may be used by HPH 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 REACH OUT. When HPH Hospice knows of such previously scheduled media activities, HPH Hospice 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 REACH OUT, as described above. I hereby release and discharge HPH 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. 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:** _____

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 HPH’s Camp REACH OUT, presented by HPH Hospice, Inc., a wholly owned affiliate of Chapters Health System, Inc. , I hereby agree as follows.

1. I hereby give permission for my child(ren) listed below to attend Camp REACH OUT organized by HPH Hospice.
2. I hereby acknowledge that sufficient information has been provided to me by HPH Hospice regarding the activities planned for Camp REACH OUT. I agree that my child(ren) listed below will abide by all instructions, rules, or regulations provide by HPH 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 HPH Hospice granting my child(ren) access to Camp REACH OUT, I understand and agree, on behalf of myself and my child(ren) listed below, that HPH Hospice, 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(ren) listed below attend Camp REACH OUT.

A parent or guardian of a child attending Camp REACH OUT 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 the lines above)

Parent/Guardian Name (printed)

Date

Parent/Guardian Signature

Relationship