



## Camp Circle of Love 2018

Dear Parent/Guardian,

LifePath Hospice is excited to host our 26<sup>th</sup> annual Grief Camp for children and teens ages 6 to 18 (still in high school) who have experienced the death of a loved one. Camp this year will be held **Friday March 23 through Sunday March 25, 2018**. The weekend is full of therapeutic activities designed to help children understand, process and cope with grief while also having a traditional camp experience that includes activities like campfires and s'mores, zip lining, sleeping in a cabin and much more.

Counselors will be assisted by specially trained and screened volunteers. Your child will share a cabin with other children in the same age range and the same gender, with adult cabin chaperones. To maintain security and enhance the camp experience, 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. Camp Circle of Love will be held at the Lakewood Retreat Center in Brooksville, transportation is provided to and from the camp via chartered buses.

If you are interested in your child attending Camp Circle of Love please complete the application and email it to [lodriguesa@chaptershealth.org](mailto:lodriguesa@chaptershealth.org) or print it and mail it to LifePath Hospice Attn: Circle of Love, 3010 West Azeele 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 a parent/ camper interview will be scheduled. Interviews are required for each child in order 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 the application and requesting an interview.

Applications for Camp Circle of Love are processed in the order they are received so **do not delay!! Get your application in ASAP**. We hope to see you at camp!

Sincerely,

*Corinne*

Corinne Gaertner

Camp Director



**LIFEPATH**  
H O S P I C E

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Licensed Since 1983

**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: _____             |
- Check as items are received**
- |  |   |   |                                   |
|--|---|---|-----------------------------------|
| <input type="checkbox"/> Media Release | <input type="checkbox"/> Medical Form/Release | <input type="checkbox"/> Release of Liability | <input type="checkbox"/> Donation |
|--|---|---|-----------------------------------|

## 2018 Camp Circle of Love Application

Friday, March 23 to Sunday, March 25, 2018

**Application Deadline: Friday March 16, 2018**

Application **must** be completed and signed **in ink**. Please complete the full application and be sure that you have questions, please call 813-877-2200 to speak with a member of the LifePath Hospice (LPH) 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 LPH in the past?  Yes  No If yes, year: \_\_\_\_\_

Have you and your child received services from 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

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

## 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 works 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 LPH? 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 Circle of Love?

## 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: \_\_\_\_\_

\_\_\_\_\_

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 camper 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 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. 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, Caldypfen 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 Circle of Love

## 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 the pool.
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 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 Circle of Love and Lakewood Retreat 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. Information about Camp Send Off and pick up on Sunday will be provided at the camp interview. Please plan to be at camp send off no later than 3:00 pm.

**PHOTO/MEDIA RELEASE**

Upon occasion, videotaping and photography may occur during various camp activities and this material may be used by LPH 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 Circle of Love. When LPH Hospice knows of such previously scheduled media activities, LPH 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 Circle of Love, as described above. I hereby release and discharge LPH 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 the photo.*

- 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 LifePath Hospice Camp Circle of Love, presented by LifePath Hospice, Inc. (LPH), 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 Circle of Love organized by LifePath Hospice.
2. I hereby acknowledge that sufficient information has been provided to me by LPH regarding the activities planned for Camp Circle of Love. I agree that my child listed below will abide by all instructions, rules, or regulations provide by LPH 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 LPH granting my child(ren) access to Camp Circle of Love, I understand and agree, on behalf of myself and my child listed below, that LPH, 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 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 for each child that is attending camp:

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

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

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

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

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

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

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