Hospice Services of Lake County -1862 Parallel Dr, Lakeport, CA 95453
Hospice Bereavement Camp - Application & Health History Form

Participant Name: (Please fill out application for each participant)

_____

Last **First** **Middle**

_____

Date of Birth **Age** **Current School Grade**

Day/Work Phone: _____ Evening/Home: _____ Cell: _____

Mailing Address: _____

In case of emergency and parent/guardian cannot be reached, contact:

Name: _____Relationship: _____

Telephone: Day_____ Evening/Home: _____Cell:_____

Health History (check all that apply for all those attending camp)

___ Allergies: (food, etc.)
___ Fear of Dogs
___ Constipation/Diarrhea
___ Diabetes
___ Emotional Problems
___ Fainting
___ Heart Disease
___ Menstrual Cramps
___ Nosebleeds
___ Special Dietary Needs
___ Wears Glasses
___ Asthma
___ Fear of Horses
___ Convulsions/Seizures
___ Ear Infections
___ Epilepsy
___ Hearing Impairment
___ Kidney Disease
___ Motion Sickness
___ Sickle Cell Anemia
___ Wears Contact Lenses
___ Other

Please explain any areas which have been checked and for which person (use other side if needed)

The health history included in this packet is correct so far as I know, and the persons herein described have my permission to participate in the prescribed camp activities, except as noted. If she/he appears to be ill, I will not send him/her to the program. I give my permission to administer general first aid to my child. I give permission to Hospice Services of Lake County to share the information contained in this registration packet with Camp Counselors and volunteers working with my child.

Print Name _____

Signature of participating Adult: _____ Date: _____

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Grief and Bereavement Background

Name of the person who died: _____

Relationship to you/child: _____

Date of death: _____ Cause of death: _____

Was person who died served by Hospice? _____Yes _____No

Have there been multiple deaths of loved ones experienced by your family?

_____

_____

_____

Is the family experiencing any other changes/stresses (e.g., divorce, unemployment, illness, moving financial hardships, etc?)

_____

_____

Where does your child go for support?

_____

_____

What feelings has your child expressed about the death/loss?

_____

_____

How did you hear about our Wings of Hope Bereavement Camp?

_____

_____

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Wings of Hope Family Bereavement Camp

Release of General Liability and Photography/Video Release

In consideration of the acceptance of my child/family at the Hospice Family Bereavement Camp, I hereby release and hold harmless Hospice Services of Lake County, its employees, volunteers, and other participants, and Saratoga Springs Retreat and Healing Center, from all claims for injury, illness, death, or maladies which may befall myself/my child/family in connection with our participation in the Bereavement Camp experience. This release of claims shall pertain not only to claims on behalf of myself/family but claims on behalf of the child's parents/relatives/caregivers.

I have read this agreement, I understand it, and by my signature below I agree to it on my own behalf, my child/family/caregiver and on the behalf of the child's parents/relatives.

_____ _____

Parent/Guardian Signature Date

Release for Photography/Video

I also understand that this camp experience is unique in its focus and the only one of its kind in this area of rural California. There is a possibility that the photographs and/or videos will be taken by a designated Hospice Photographer for grant-writing and promotional purposes. Please explain this potential to your child and to the rest of your family members/guardian/caregiver and ask her/his permission, as well.

I hereby give my permission for photographs and/or videos to be taken during activities at the Hospice Family Bereavement Camp for purposes of program promotion and scrapbook memories.

_____ _____

Parent/Guardian Signature Date

I Do Not give my permission for photographs and/or videos to be taken. With the understanding that Hospice Services of Lake County makes every effort to accommodate this request. However, there may be inclusions within the background of photos or video.

_____ _____

Parent/Guardian Signature Date