



Dear Parent/Guardian,

Thank you for your interest in **Camp Hope 'N' Cope 2018**. Enclosed you will find an application packet for camp, which will be held on **Saturday, August 18 from 8:00 am to 9:00 pm**. We will be taking the first 25 applicants who meet the noted criteria. This application packet gives you the opportunity to share information with us that we need to make this camp experience most rewarding for everyone involved. Please complete and return the entire packet **no later** than **Friday, July 27, 2018** to be considered as a camper.

Please, if possible, attach a photo of your child to the application.

We have many children apply for camp each year and are only able to accommodate 25. We choose the children based on specific criteria (see enclosed form). While we don't like to turn away children, at times it is necessary to do so. If your child meets the criteria but is not invited to Camp Hope 'N' Cope this year, please apply again next year. We would love to have your child join us for a camp in the future. You will be notified either way after your application has been received and reviewed.

Camp Hope 'N' Cope will be held at the Mt. Aetna Camp and Retreat Center, 21905 Mt. Aetna Road, Hagerstown, MD.

We will be asking for the children to arrive at the Hospice of Washington County Office, 747 Northern Avenue, Hagerstown, on the Saturday morning of camp at 8:00 am. Please plan to be back at the Hospice office at 9:00 pm to meet with Hospice staff to learn more about how the day went. Children and Volunteers will be arriving, by bus, to meet at the Hospice office shortly thereafter. As much as we love your children and enjoy spending time with them, please make arrangements to have them picked up at 9:00 pm. If at all possible, it is important that your child be able to stay for the duration of the camp to be able to take full advantage of all the activities.

If you have any questions about the application or about Camp, please call (301) 791-6360 Monday-Friday, 8:00 am-4:30 pm. It is understandable, especially if this is your child's first camp, coupled with the fact that he/she is grieving, that you may be somewhat anxious about the events of the day. We want to relieve any anxieties that you may have and invite you to call us to discuss. We are happy to meet with you and your child prior to camp to help alleviate any anxieties. We are holding an important meeting for children wishing to attend camp, along with their parent/guardian, on **Wednesday, August 1 at 6:00 pm**. Please plan to attend so we can get to know your child and answer any questions either of you may have about the camp experience. We look forward to meeting you.

Sincerely,
Cathy Campbell
Manager of Bereavement Services.....and the Bereavement Team

Love, Laughter and Leisure are the basic needs of all children, especially those who have experienced the death of a loved one.

Camp Hope 'N' Cope is a special camp experience designed with this in mind, offering support and guidance. We provide individual attention to your child and allow him/her to trust and to feel as comfortable as possible in sharing painful feelings associated with grief, as well as sharing the special, comforting memories.

The camp is designed to gently teach coping skills and help build self-esteem and trust. It also offers a safe, comfortable environment for children to express their grief. Through interactions with other children and adults, the children experience the universality of loss and learn that they are not alone in their grief.

Licensed Counselors are part of the camp experience, leading both large and small group discussions on issues such as anger, guilt and letting go. The children also participate in Camp teambuilding to build self-confidence, teamwork and trust. Many other recreational activities are built into this Camp, making it a real camp experience. The children enjoy games, arts and crafts, ball games, drama, and remembrance.

Throughout the day we use workbooks to draw pictures and write stories. This has proven to be a very useful tool, especially for children who are not so verbal with their grief. Many of the activities offered allow for informal discussions between the child and adult, and among the children themselves.

A day camp is just a small time frame, but we know we can truly make a difference in the life of a child in this short time period. The intention is to lay the foundation of communication, knowledge, and coping skills, upon which the families can continue to build. Discussions can be held with the parents (guardians) and children both before and after the camp to teach them about their child's grief journey and how they, as caregivers, can be most supportive.

We have specially-trained volunteers on hand to provide support and encouragement to your child. We conduct a criminal background check on every volunteer who attends camp.

Approximately 25 children are invited to attend each camp. Children develop valuable skills, form wonderful relationships, learn commemorative ways to honor the memory of their loved one and come away from the camp having their hearts deeply touched.

Criteria for Children Attending Camp Hope 'N' Cope...

- Ⓢ Must be in age range of 6-13 years of age.
- Ⓢ Must have experienced the death of a loved one.
- Ⓢ Washington County children are our first priority.
- Ⓢ Must complete and return the application prior to the deadline date (see letter).
- Ⓢ Child must not have a history of or demonstrate any physical or verbally abusive behavior that could endanger others.
- Ⓢ Children attend Camp Hope 'N' Cope for one session only, unless there has been another significant death since the last camp experience.
- Ⓢ If more than one child per family is eligible to attend, siblings are encouraged to attend the same session.

After carefully considering the child's history (emotional relationship with the deceased or other individual, nature of the death or loss, support systems in place, etc.), the final decision of applicants accepted is at the discretion of the Camp Hope 'N' Cope Directors.



Camp Hope 'N' Cope Camper Application

Camper Information

(One application per child)

Camper's Full Name _____

Nickname _____

Address _____

City _____ Zip _____

Telephone _____

Age (Between 6yrs and 13 yrs) _____ Male _____ Female _____

Date of Birth _____

Siblings: _____ Age: _____

School _____ Grade _____

School Counselor's name _____

Telephone # _____

Has your child ever attended Camp Hope 'N' Cope in the past? Yes _____ No _____ If so, when?

Has your child attended any bereavement camp in the past? Yes _____ No _____

If so, when and where? _____

Has your child received grief counseling? _____ if yes please give place and date: _____

Parent/Guardian Name _____

Address _____

City _____ Zip _____

Phone Number _____ (cell) _____ (home) _____

Email Address _____

PERSON TO CONTACT IN THE EVENT OF AN EMERGENCY:

NAME _____

RELATIONSHIP TO CHILD _____

PHONE NUMBER _____

ALTERNATE CONTACT PERSON _____

RELATIONSHIP TO CHILD _____

PHONE NUMBER _____

Please provide the following information to help camp staff to work with your child on his or her specific needs. Use additional paper if needed.

Please describe the deceased loved one(s) or individual for whom child is grieving:

Name of loved one(s) _____

Relationship to child _____ Date of death _____

Cause of death _____

Circumstances surrounding the death or loss:

Was the loved one in the Hospice of Washington County program? Yes ___ No ___

Please describe any important changes which have occurred in your child's life since the death or loss, such as moving to a new home, changing schools, etc.

Please describe any significant changes or problems in your child's behavior since the loss, such as sleep changes, eating problems, behavior problems, and changes in school grades or activities, changes in relationships with family members and or friends.

CAMPER HEALTH INFORMATION

CAMPER NAME: _____

IN CASE OF EMERGENCY: CAMP STAFF WILL CALL PARENT OR EMERGENCY CONTACT

Parent/Legal Guardian Name Phone

Emergency Contact Phone

INSURANCE INFORMATION:

Insurance carrier:

Policy # Group #

PHYSICIAN INFORMATION:

Camper's Physician Physician's Phone

Camper Weight Camper Height Date of Last Tetanus Shot Hepatitis B Series Y or N

Camper carries an Epi-pen Y or N Allergies Y or N (If yes please list. Include all food allergies)

Is your child currently taking medication? _____ if yes please give the name of medication(s).

Please note: All prescription medications to be given to your child must be in the original pharmacy bottle with the name of child and the medication on the bottle.

Medical, Behavioral or Emotional Health Diagnosis OR Special Needs **Y** or **N**. Please List Below

Are there any other special needs or concerns that could help us better provide for your child? **Y** or **N**

PARENT/LEGAL GUARDIAN AUTHORIZATION: I certify that this child is in good health and may participate in ordinary camp activities. I give permission to Camp Hope 'N' Cope staff to provide routine health and/or first aide care if necessary; to administer prescribed medications and to seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance. (Please sign in ink)

Date _____ Parent/Legal Guardian Signature _____

How did you learn about *Camp Hope 'N' Cope*? _____

T-SHIRT SIZE

Child Size _____small _____medium _____large
Adult Size _____small _____medium _____large _____xl

CONSENT FOR INFORMATION RELEASE

I, _____, hereby authorize the release of photographs and information of myself/my child to Hospice of Washington County, its agents, employees, and volunteers for media purposes. This release is expressly intended to release Hospice of Washington County personnel, including volunteers, from liability in the case that any photograph or information is used in a Hospice of Washington County related story. This authorization is on-going and is without limitation or restriction.

Signature of Parent/Legal Guardian Date _____
Witness Date

Address _____
Witness Date

CANCELLATIONS: Once your child’s application has been received and accepted it is imperative that your child attends this camp experience. (Afterall his or her spot could have been filled by another child). **Please make every effort to contact us if your child cannot attend Camp Hope ‘N’ Cope by no later than July 25, 2017.**

Parent/Legal Guardian Signature Date

Return to: Bereavement Department
 Hospice of Washington County
 747 Northern Avenue
 Hagerstown, MD 21742

Please note:

If your child takes prescription medications the attached form needs to be completed by your child's physician and signed by both you and the physician.

The form needs to be brought back to the Hospice office the Saturday morning of camp. It is to be handed into our Camp Hope 'N' Cope nurse.

We will not be able to take your child(ren) to camp without the completed form, or will not be able to administer the medication while at camp.

Thank you.

To be filled out by physician ordering medication and returned to parent for delivery to Camp Nurse

Name of Camper: _____

The following medications must be given during camp: (**Medication MUST come to camp in the original bottles**).

MEDICATION

DOSAGE

TIME(S) TO BE GIVEN

1. _____
2. _____
3. _____

Administration (Specify water, milk, food, etc.)

For medications listed above, list all the side effects which should be observed by camp personnel.

1. _____
2. _____
3. _____

List any reasons for not giving medication at the prescribed time (vomiting, fever, drowsiness, convulsions, etc.) _____

Physician's Signature

Date

I authorize and request Camp Hope 'N' Cope personnel to administer the medication(s) prescribed by our physician, and in so doing relieve the camp, it's agents, employees, or representatives of any responsibility for ill effects which may result from the administration of said prescribed medication.

Parent/Guardian Signature

Date

Authorization of Over the Counter Medication

In the event your child complains of a headache or fever you would like us to administer

one dose of Tylenol/Motrin for children. _____.

In the event your child complains of stomach ache/nausea, you would like us to

administer one dose of Pepto-Bismol. _____.

If deemed necessary by nurse, administer one dose of Benadryl. _____.

Please sign below on line and initial beside each of the above statements should you wish to have these administered to your child.

Parent/Guardian Signature

Date

Child's Name Printed _____

Parent/Guardian Name Printed _____