

**Camp Good Grief
2019
Saturday, April 6th
at First Presbyterian
Church in Eden**



Camper Application

(Please return application no later than March 15th)

Camper's Name: _____

Address: _____ City: _____ Zip: _____

Date of Birth _____ Age _____ Circle One: Male Female

Grade in School for 2018-2019 _____ Current School Attending: _____

Parent/Guardian's Name _____

Telephone _____ E-Mail _____

If guardian, relationship to camper _____

Camper's nickname (if any) _____

How did you learn about camp? _____

Is transportation an issue and/or barrier that could prevent child from attending camp? No Yes

Please include as many details as possible when answering the following questions. Feel free to use additional space on back or add an extra sheet of paper if necessary

1. Name of child's special someone who died? _____

2. Describe the relationship between the child and the deceased:

3. Date death occurred: _____

4. Cause of death? _____

5. Age of person who died? _____

6. Was the child present at the time of death? Please explain

7. Child's age at the time of loved one's death? _____

8. Did the child attend the funeral/memorial service? How did they react? Please describe (you may use space on back or attach an extra sheet of paper if necessary)

9. Why do you think the child is still grieving? Please explain:

10. Has your child received any professional support from a psychologist, psychiatrist, pastoral counselor or school counselor? If yes, for how long? _____

11. Have there been any stressful changes in your child's life such as divorce, illness, a recent move? If yes, please describe _____

12. Has your child experienced the death of a pet? _____

13. Has your child experienced any of the following since their loved one's death?

- | | |
|---|---|
| <input type="checkbox"/> Afraid to go to sleep | <input type="checkbox"/> Anger toward parent/guardian |
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Clinging to parent/guardian |
| <input type="checkbox"/> Bed-wetting | <input type="checkbox"/> Difficulty with school work |
| <input type="checkbox"/> Fighting with sibling(s) | <input type="checkbox"/> Cruelty to animals |
| <input type="checkbox"/> Destructive behavior | <input type="checkbox"/> Using drugs/alcohol |
| <input type="checkbox"/> Feelings of isolation at home/school | <input type="checkbox"/> Refusing to talk about death |

14. Please note anything special that you feel we should know about your child or the recent death in your family

In case of emergency and parent/guardian is not available, please contact:

NAME _____ Relationship _____

Best phone number to reach emergency contact _____

Please check all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Allergic to insect bites | <input type="checkbox"/> Emotional Problems | <input type="checkbox"/> Allergies (please list below) |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Special dietary needs | <input type="checkbox"/> Wears contacts | <input type="checkbox"/> Wears glasses |

Are there any medications your child is currently taking? If so, please list name of medication and what medical condition it is being taken for:

Other comments:

Please return application no later than March 15th, 2019 to
Hospice of Rockingham County
PO Box 281, Wentworth, NC 27375,
Fax: (336) 427-9030 or email mchospice@triadbiz.rr.com