

Jaime's Tree House



Attach Child's Photo Here
(REQUIRED)

Child Camper Information

Thank you for your interest in the 2018 Jaime's Tree House Bereavement Day Camp to be held from 9 AM to 3 PM on Friday, October 19, 2018 at **Palmetto Equestrian Therapeutic Riding Program (also known as PET Program)** located at **4000 Hurricane Church Road in Clinton, South Carolina.**

So that we may learn more about you, please complete and return the following application & forms. **The application deadline is Monday, October 15, 2018.**

T-Shirt Size:

Youth: Sm Med Lg **Adult:** Sm Med Lg XL XXL XXXL

Child's Name: _____ **Name on name tag:** _____

Sex: F M Age: _____ Birthday: _____ Grade (current): _____

School Name/City: _____

Hobbies/Sports: _____

Names and Ages of Brothers and Sisters:

Name of loved one who died: _____ Relationship to camper: _____

Date of death: _____ Cause of death: _____

Other loved ones who have died: _____

Other associated Campers: _____

Jaime's Tree House

CAMPER'S PLEDGE

- 1. I pledge that I will do my best to take part in all of the camp activities, learning all I can and letting the other campers take full advantage of the program, too.
- 2. I understand that if I am unable to benefit from Jaime's Tree House, or if I am unable to allow other campers to fully take part in things, I may be asked to take a "time out," or see my parent or guardian, or if needed, to return home.
- 3. I pledge that if I have any medicine which I am supposed to take at school and/or at home, I will take it at Camp, so that I can be at my best.
- 4. I pledge that if I have any special problems at Camp, I will let one of the Counselors know. I understand that my needs are very important and that I am at Camp to learn all I can and also have a lot of fun.

Camper signature: _____
 Parent/guardian signature: _____/Date _____

Photography / Story Audio-Visual Release Form

I hereby affirm that I am the Parent/Guardian of: _____ and hereby consent to the use of any pictures, photographs, news stories or audio-visual of the aforementioned minor for reproduction of the same in any form including marketing, illustration or publication for Jaime's Tree House Day Camp, Hospice of Laurens County or Palmetto Equestrian Therapeutic Riding Program.

Signature of Parent/Guardian: _____ Date: _____

Relationship to child: _____

Jaime’s Tree House

Camper Questions

(Please print)

What has been the hardest thing about losing your loved one? _____

Whom do you talk to about the death of your loved one? _____

What other kind of losses have you had and when? (pet, divorce, moving, changing schools, etc.) _____

Parent/Guardian Questions

(Please print)

1. In your opinion, how has the camper coped with his/her loss? _____

2. Does the camper have any limitation (physical or emotional) that may affect his/her camping experience? _____

3. Has this camper previously attended Jaime’s Tree House or any other bereavement or grief programs? If yes, please identify when and where.

4. How did you learn about Jaime’s Tree House Bereavement Day Camp? Please be specific:

Guidance Counselor: (Name of school & Counselor) _____

Physician: (Name) _____

Hospice agency/employee (Name of Hospice): _____

Other (be specific): _____

Friend

Relative

Pastor/Youth Ministry

This Page Intentionally Blank.

Jaime's Tree House

RESTRICTIONS WHILE AT CAMP

Special Diet (please explain reason and foods) _____

Physical Activities (ex., athletics, running, etc.) _____

Other: _____

Camper Medical Information/Part C

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is the camper allergic to bee stings? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, does the camper have an "Epi-Pen?" | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the camper know how to self-administer the "Epi-Pen?" | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the camper use an inhaler? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, does the camper need supervision for use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the camper have your consent to keep the inhaler with him/her? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does the camper have any LIFE THREATENING food or other allergies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If Yes, Please List: _____.

Medical Treatment Consent

In the event that I cannot be reached or present, I hereby authorize Hospice of Laurens County to execute any and all documents including necessary consents, agreements, and releases on my behalf which might be required by any medical center to perform any treatment on account of any accident or illness sustained or incurred by my child while attending Jaime's Tree House Day Camp. I understand that in the event that emergency hospital treatment is needed, my child will be transported to an area medical center. I understand that I will be responsible for the costs of any medical treatment provided to my child.

I further agree that in my child's attending Jaime's Tree House, I will indemnify and hold harmless Jaime's Tree House, Hospice of Laurens County and Palmetto Equestrian Therapeutic Riding Program from any legal action sought by, or on my behalf by any person on account of any injury or damage sustained or suffered by my child while attending Jaime's Tree House or undergoing medical treatment; and I hereby waive any right of legal action by, or on behalf of, me or my child against Jaime's Tree House, Hospice of Laurens County and Palmetto Equestrian Therapeutic Riding Program Staff or Volunteers.

Signature of Parent/Guardian _____ / _____ / _____
Relationship to the child Date