



Camp Chrysalis

Comprehensive Healthcare. We're There.

CAMP APPLICATION

Child's Name: _____

Age: _____ Date of Birth: ____/____/____ Gender: Female Male

Address: _____ City: _____ State: _____ Zip _____

Phone: (____) _____

School: _____ Teacher: _____ Grade: _____

Parent or Legal Guardian: _____

Responsible Adult (*if different from above*): _____

Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Email: _____

Emergency Contact

Name: _____ Phone: (____) _____ Cell: (____) _____

Adult responsible for dropping off child: _____

Phone: (____) _____ Cell: (____) _____

Adult responsible for picking up child: _____

Phone: (____) _____ Cell: (____) _____

How did you hear about camp? Please mark all that apply

Flyer from school: _____

Newspaper article/advertisements: _____

TV/Radio: _____

Other (please explain): _____

VNA/Hospice Camp Chrysalis Child's Bereavement History

Child's Name: _____ Child's Age: _____

Please indicate as many details as possible when answering the following questions. Attach extra pages if necessary.

1. Who was the person who died? (Full Name) _____
2. Date of death: _____ Cause of death: _____
3. If the death occurred prior to last year, what has happened that indicates that the child is still grieving?

4. Age of child at time of the death: _____
5. What was the relationship like between the child and their loved one who died? _____

6. Where did this person die? Home _____ Hospital _____ Explain: _____

7. Was the child present at the time of death? Explain: _____

8. Did the child attend the funeral/memorial service? _____
9. Have there been multiple deaths of loved ones experienced by this child? If "yes", please explain nature of death and relationship of the person who died. _____

- 10A. Has this child received any professional support? (i.e. psychologist, psychiatrist, pastoral counselor, school counselor). If yes, how long was professional support provided?
Yes _____ No _____ Explain: _____
- 10B. Has the child experienced any of the following? Please check all that apply:

<input type="checkbox"/> frequent anger issues	<input type="checkbox"/> fighting on play ground
<input type="checkbox"/> isolates himself/herself	<input type="checkbox"/> troubles in the classroom
<input type="checkbox"/> drop in grades	<input type="checkbox"/> trouble working in a group
11. Any other changes/stresses in this child's life? (i.e. divorce, illness, relocation) _____

12. Any further comments that you would like to make? _____

VNA/Hospice Camp Chrysalis Health and Information Form

Child's Name: _____
Last
First
Middle

Date of Birth: _____ Age: _____ Gender: _____

Parent/Legal Guardian's Name (Attending Camp): _____

Day Phone #: _____ Evening Phone #: _____

(MUST BE FILLED OUT)

*It will not effect whether your child will be permitted into Camp.
It will enable us to provide the safest environment for your child.*

Please list any (your child's) medical conditions that we should be aware of: _____

Please list any (your child's) food allergies that we should be aware of:

Is your child on medications? If so, please fill out the information below:

MEDICATION: _____ (RX _____ NON-RX _____)
 DOSE: _____
 REASON FOR TAKING: _____

ACTIVITIES:

We will be participating in outside sporting and art activities following the morning activities of Camp Chrysalis. Camp volunteers will oversee the safety of your child while using the facility. Please make arrangements for the proper supplies necessary for your child's safety and comfort.

Shirt Size (please circle): Child: S M L XL Adult: S M L XL

REMEMBER TO BRING:

- | | | |
|-----------------------|---|----------------------|
| _____ Old Shoes | _____ Change of Clothes | _____ Great attitude |
| _____ Old Shirt/Smock | _____ Bug Spray <i>(if needed)</i> | |
| _____ Sunscreen | _____ Allergy Medications (Given to Camp Nurse) | |

Parent / Legal Guardian Permission Statement

The history included in this packet is correct so far as I know, and the person herein described has my permission to participate in all prescribed camp activities except as noted. If he/she appears to be ill, I will not send him/her to the Program. I give permission to the CAMP CHRYSALIS staff to share the information contained in this packed with the volunteer(s), counselor(s) and appropriate staff who will be working with my child.

Signature: (Please specify if Parent or Legal Guardian) _____

Date: _____

INFORMED CONSENT, RELEASE AND IDENTIFICATION AGREEMENT

1. I, _____ hereby give permission for my child, _____ to attend **CAMP CHRYSALIS**. I understand that the goal is to help facilitate the bereavement process of my child and provide support for him/her in expressing feelings of grief.
2. In consideration of the above-named child being granted permission by VNA/HOSPICE to attend **CAMP CHRYSALIS**,

I, for myself and on behalf of my child, release and discharge VNA/Hospice, its agents, employees, volunteers and officers from all claims, demands, actions and judgments, which my child or I ever had or now may have against VNA/Hospice for all personal injuries, either physical or emotional, known or unknown, and injury to property, real or personal sustained by my Child's person or property, during his or her attendance of **CAMP CHRYSALIS**, whether the injury is caused by negligence or any other fault.

3. Also, in consideration of the above-named child being granted permission by VNA/HOSPICE to attend **CAMP CHRYSALIS**.

I agree to indemnify and hold harmless VNA/Hospice for any and all claims, demands, actions and judgments whatsoever of every name and nature, both in law and equity, which my child ever had or now has or may have against VNA/Hospice for all personal injuries, either physical or emotional, known or unknown, and injury to property, real or personal, sustained by my child's person or property during his or her attendance at **CAMP CHRYSALIS**, including but not limited to, injury by or arising from VNA/Hospice's own negligence.

I, the undersigned, have read this release and understand all of its terms.

Date

Parent/Guardian

Date

Parent/Guardian

Photographic/Video Consent and Release VNA Hospice Camp Chrysalis

I do hereby consent and agree that the Visiting Nurse Association of the Treasure Coast Inc., its employees or agents have the right to take photographs or record video of me (and/or my property) and to use these in any and all media, now or hereafter known, and for any purpose whatsoever. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to the Visiting Nurse Association of the Treasure Coast Inc., its agents and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims or interest I may have to control the use of my identity or likeness in the photographs and agree that any uses described herein may be made without compensation or additional consideration of me.

I represent that I am at least 18 years of age, and have read and understand the foregoing statement, and am competent to execute this agreement.

Print Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Guardian (required for minor): _____

SIGNATURE: _____

