



Hospice Support Care
1701 Fall Hill Ave Suite 109
Fredericksburg, VA 22401
(540) 361-7071

Dear Prospective Camper,

Thank you for your interest in Camp Rainbow. **This year's camp will be held May 18 - 20 at The Westview on the James Retreat Center, Goochland, VA.** Enclosed is an intake packet to obtain more information about your child. Please complete all forms and mail or drop them off at Hospice Support Care. I would like to have application **returned by April 13, 2012.** The following items are enclosed in the intake packet:

Registration form
Camper Health History
Consent Release and Assumption of Risk
Consent to Photograph and Publish

Once your application is received, you will be contacted to set up an intake appointment. This appointment will help determine if your child is appropriate for Camp Rainbow and if he/she is prepared to separate from family for the weekend. Once your child has been accepted into the program, you will receive more information about Camp Rainbow, including a schedule of activities, emergency contact numbers, maps, and the name and phone number of the Big Buddy assigned to your child.

If you, as a parent or family member, are interested in becoming a Big Buddy during Camp Rainbow, please contact us for an application or go to our website www.hospicesupportcare.org to print more information. Please note that as a Big Buddy you may not be assigned to your own child.

Camp Rainbow, like all programs and services with Hospice Support Care, is a free service to the community. Donations are always gratefully accepted.

If you require any assistance with these forms or have any questions, please do not hesitate to contact me at (540) 361-7071 or e-mail me at childrensbereavement@hospicesupportcare.org.

Thank you again for your interest in Camp Rainbow and continuing support of Hospice Support Care.

Sincerely,

Kim Rudat

Children & Teen Bereavement Program Coordinator



Hospice Support Care
 1701 Fall Hill Ave Suite
 109
 Fredericksburg, VA
 22401

Office Use Only

Application received: _____

Applicant contacted: _____

Big Buddy assigned: _____

Camper Registration Form

Date: _____

Child's Name: _____ Male Female
(First) (Middle) (Last)

Child's School: _____ Grade: _____ Date of Birth: _____

Parent/Guardian's Name(s): _____ Relationship: _____
(First) (MI) (Last)

_____ Relationship: _____
(First) (MI) (Last)

Address: _____
(Street) (City) (State) (Zip Code)

Home Phone: _____ Work: _____ Cell: _____

Preferred number (Circle one): Home/Work/Cell Best time to call: _____ AM/PM

Can we leave a message at this number?: Yes/No

Background Information:

Name of person who passed away: _____ Relationship: _____

Date of death _____ Cause of death _____

Describe the child's relationship with this person and how his/her life has been affected by the death:

Did the child attend the funeral? Yes/No/NA If yes, please explain any significant behavior: _____

What are your child's current supports? (i.e. school counselor, church, etc) _____

Is your child currently in or ever been in counseling or therapy? Yes/No Date started: ___/___/_____

Name of counselor/therapist: _____ Date of discharge (if applicable): ___/___/_____

Why did the child start counseling? _____

Has your child ever experienced any of the following?

- | | |
|--|--|
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Change of school |
| <input type="checkbox"/> Death of pet | <input type="checkbox"/> Close friend moved away |
| <input type="checkbox"/> Parental separation | <input type="checkbox"/> Parent's change of job |
| <input type="checkbox"/> Move to a new home | <input type="checkbox"/> Parent's remarriage |

Please give dates of any checked items: _____

Does your child currently have any of the following problems?

- | | |
|--|--|
| <input type="checkbox"/> Poor concentration | <input type="checkbox"/> Drop in grades |
| <input type="checkbox"/> Fears/nightmares | <input type="checkbox"/> Regression in behavior |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Excessive crying |
| <input type="checkbox"/> Sleep difficulties | <input type="checkbox"/> Loss of appetite/Overeating |
| <input type="checkbox"/> Fighting with friends | <input type="checkbox"/> Increased anger |
| <input type="checkbox"/> Disruptive behavior | <input type="checkbox"/> Refusal to talk about the situation |
| <input type="checkbox"/> Suicidal thoughts/Thoughts of death | <input type="checkbox"/> Low self-esteem |
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Oppositional behavior |
| <input type="checkbox"/> Anxiety/worry | <input type="checkbox"/> Frequent stomach aches/headaches |
| <input type="checkbox"/> Avoiding others | <input type="checkbox"/> Smoking/drug use |

Other: _____

How would you describe the child's temperament or personality? _____

What have you or your child done to cope with the loss? _____

Describe child's interests or hobbies: _____

Has the child ever spent the night away from home? Yes No

Has the child ever attended an overnight camp? Yes No

Describe any problems with separation from parents and/or family: _____

T-shirt size (child sizes): Small Medium Large X-Large XX-Large

I would prefer a Big Buddy who is: Male Female

(Every effort will be made to match you with a Big Buddy according to your preferences, but due to volunteer availability, we may be unable to accommodate your request)

How did you hear about us? _____

Signature of child

Date

Signature of parent/guardian

Date

Camper Health History

Name: _____ Date of Birth: _____

Family Physician: _____ Phone: _____

Please list and describe any allergies and/or illnesses: _____

Please list any current prescription or non-prescription medications that the child takes on a regular basis:

Medication name	Dosage	Time(s) Taken/To be Given	Reason prescribed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please include any additional medications and/or specific instructions on the back or a separate page.

My child can: Hold and self-administer meds Needs help managing and administering meds

I allow an appropriate Camp Rainbow staff member to give the following over-the-counter medications as needed:

- | | | |
|---|---|---|
| <input type="checkbox"/> Tylenol (headaches/minor pain) | <input type="checkbox"/> Ibuprofen (minor pain) | <input type="checkbox"/> Tums (upset stomach) |
| <input type="checkbox"/> Cloraseptic (sore throat) | <input type="checkbox"/> Halls (cough) | <input type="checkbox"/> Triple Antibiotic Ointment |
| <input type="checkbox"/> Caladryl (itching) | <input type="checkbox"/> Hydrocortisone (itching) | <input type="checkbox"/> Cream for sunburn |
| <input type="checkbox"/> Sudafed (allergies) | <input type="checkbox"/> Imodium (diarrhea) | <input type="checkbox"/> Benadryl (allergies) |

Has the child had a recent surgery or injury? Yes No

If yes, please explain: _____

Please describe any food, environmental, or medication allergies. _____

Date of last tetanus immunization: _____ Are all other immunizations up to date? Yes No

Describe any physical limitations: _____

Is the child able to swim? Yes No

In case of emergency, please contact:

(Name) (Phone) (Relationship)

In case of emergency, if it is believed that my child's life or health may be at risk, I consent to the following:

- Administration of medical treatment and/or surgical procedures deemed necessary by a medical doctor and/or medical facility
- The immediate administration of life-sustaining measures necessary under the circumstances
- I assume liability for any such medical expense involved

Signature: _____ Date: _____

Consent Release and Assumption of Risk Agreement

Everything reasonable has been done to assure that activities at Camp Rainbow are as safe as possible. However, these activities are not without risk. Any strenuous activity has inherent risks and may result in serious injury or death.

I realize that several activities during Camp Rainbow (including, but not limited to, hiking, fishing, swimming, etc) have inherent risks. I knowingly accept and assume this risk and agree to release Westview on the James and Hospice Support Care from any and all claims, damages, injuries, and expenses arising out of or resulting from my participation in all camp activities. I further agree to release said organizations from any and all action, claims, or damages in law or remedies in equity of whatever kind. I understand that "said organizations" include their agents and employees.

I, parent/guardian, hereby give my consent for all participants under 18 years of age for whom I am responsible, and whose names and ages are listed below. I have read the above release and assumption of risk agreement and agree to be bound to it.

Signature: _____ Date: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Hospice Support Care
1701 Fall Hill Ave Suite 109
Fredericksburg, VA 22401
(540) 361-7071

Authorization and Consent to Photograph and Publish

The undersigned hereby authorizes Hospice Support Care to photograph or permit other persons to photograph

Name(s): _____

The undersigned agrees that the photographs may be used for purposes including, but not limited to, charitable purposes, dissemination to staff and board members, publication in the newsletter and/or website. The photographs will be used in the promotion of Camp Rainbow and Hospice Support Care.

- I agree that my child's first name ONLY may be used in photograph captions.
 I do not want my child's first name to be used.

This form is optional. You are not obligated to provide consent to photograph. Only children whose parent/guardian has completed this form will be photographed, with the intention to publish. Children may be photographed without consent if such photos are used for a camper's memorabilia, scrapbooks, personal records, and other personal uses.

Signature: _____ Date: _____