2019 Summer Grief Day Camps

Dear Parent/Guardian:

Thank you for your interest in our Summer Grief Day Camps through Chesapeake Life Center at Hospice of the Chesapeake. The day camps are designed for children who are grieving the death of a loved one. The goal of the day camps is to provide a safe place for your child to learn about the grief process, share feelings, memories and coping strategies, and to meet other children who are going through a similar experience.

Please take time to discuss the possibility of camp with your child before submitting an application form. We find that children do much better when they are part of the conversation about camp. If your child is reluctant to want to attend a “grief” day camp, it is understandable. Your child will have an opportunity to develop new friendships and discover that despite the sadness of loss, they can laugh, have fun, and engage in life in new ways.

Enclosed is a camper registration packet and list of important dates. In the meantime, if you have any questions, please call The Chesapeake Life Center (CLC) at 410-987-2129. Thank you for your inquiry.

Sincerely,
Susan Coale, LCSW-C
Director, Chesapeake Life Center
Hospice of the Chesapeake, Inc.

**Children's Grief Day Camp**

**Description:** Come to the College Park Airport and the Aviation Museum for an interactive workshop experience where children, ages 6-12, can explore their grief, make friends, and have a lot of fun! Through art, play, conversations, and support, children will develop new ways that help with the difficult task of grieving, while learning they are not alone. Includes an activity in the Aviation Museum.

**Date/Time:** Saturday, August 17
10:00 a.m. - 3:00 p.m.

**Cost:** $40/Participant

**Location:**
College Park Airport Operations Building
1909 Corporal Frank Scott Drive
College Park, MD 20740

*Adjacent to the College Park Aviation Museum*
NEXT STEPS

1. Confirm you can commit to the dates listed below.
2. Review camp costs and scholarship information.
3. Complete the attached camper registration packet and materials:
   a. Camper Registration (complete, sign and date)
   b. Health History Form (complete, sign and date)
   c. Camper Expectations and Rules (for camper to sign and date)
   d. Parental/Guardian Guidelines (for guardian to sign and date)
   e. Informed consent and indemnification agreement (complete, sign and date)
   f. Medical Over the Counter Permission / Emergency Contact (complete, sign, and date)
4. Mail completed registration packet, materials, and payment to the Chesapeake Life Center.
5. CLC staff will notify you no later than two weeks after receipt of materials of acceptance and will mail additional materials that you may find beneficial to support your child.

Note: The Chesapeake Life Center may contact the parent/guardian to set up a phone call or face-to-face meeting if there are additional questions or concerns.

KEY DATES
Please confirm you can commit to the following dates before you submit your registration packet:

Camp Date/Time: Saturday, August 17
10:00 a.m. - 3:00 p.m.

Parent/Guardian Meeting:

Tuesday, August 6, 2019 6:30 – 8 pm, Largo Office
9500 Medical Center Drive, Suite 250
Largo, MD 20774

We will offer a meeting for parents and guardians to explore children’s grief reactions and answer questions about the upcoming program. This meeting is not mandatory, but strongly encouraged. The meeting is for adults only, so please find child care if necessary.

Scholarships: Community donations allow us to offer limited discounts for families with demonstrated need. Please contact the Chesapeake Life Center to discuss options. If you would like to offer a donation beyond the registration fee to help another camper, please let us know.

MAIL CAMPER APPLICATION TO:
ATTN: Chesapeake Life Center / 2019 Summer Grief Day Camps
90 Ritchie Hwy.
Pasadena, MD 21122
Contact 410-987-2129 if you have any questions.
Chesapeake Life Center - Summer Grief Day Camps
CAMPER REGISTRATION

Camper’s Name: ________________________________________________________________

Gender: ___________________ Age: _____ Birthdate: ____ / ____ / ____

School Attended: ___________________ Grade & School for Fall 2019: ______________

T-Shirt Size: ____________

Parent/Legal Guardian: ________________________________________________________

Relationship to Camper: ____________________________________________________

Address: _________________________________________________________________

City: ___________________________ State: ________ Zip: _______________________

Home Phone: _______________ Work Phone: ___________ Cell Phone: __________

Parent or Guardian’s E-mail address: ____________________________________________

How did you find out about our Summer Grief Day Camp offerings? ______________

What is the name of the special person who died? _______________________________

Age: _______________ Relationship to camper: ________________________________

Date of death: _______________ Cause of death: ________________________________

Age of camper at time of death: ________________________________________________

Where did the person die?  ☐ Home  ☐ Hospital  ☐ Other: _______________________

Was the person a patient of Hospice of the Chesapeake?  ☐ Yes  ☐ No

Has the camper ever received support services at The Chesapeake Life Center?  ☐ Yes  ☐ No

Explain the circumstances of the death, the camper’s reaction and whether the camper was present at that time:

Describe the relationship between the camper and their loved one who died:
Did the camper attend the funeral/memorial service?  □ Yes  □ No

If so, describe their reaction to the service:

How would you describe the way your camper is grieving?

My camper is able to share about his/her loss:
□ NEVER  □ RARELY  □ SOMETIMES  □ OFTEN  □ ALWAYS

How would you describe the family’s communication style regarding the death?
□ OPEN  □ ADEQUATE  □ VERY LITTLE  □ AVOIDED  □ NONE

My camper shares memories of the person/people who died:
□ NEVER  □ RARELY  □ SOMETIMES  □ OFTEN  □ ALWAYS

Please place an “X” if the camper has exhibited any of the following since the death of the loved one:

<table>
<thead>
<tr>
<th>Lack of energy</th>
<th>Behavior Problems at school</th>
<th>Friend difficulties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawn/isolation</td>
<td>Headaches</td>
<td>Lying</td>
</tr>
<tr>
<td>Depression</td>
<td>Stomach aches</td>
<td>Stealing</td>
</tr>
<tr>
<td>Suicidal talk</td>
<td>Sleep disturbance</td>
<td>Change in self esteem</td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>Bad dreams</td>
<td>Wetting the Bed</td>
</tr>
<tr>
<td>Causing harm to self/others</td>
<td>Worry about safety</td>
<td>Change in school grades</td>
</tr>
<tr>
<td>Sadness</td>
<td>Change in appetite</td>
<td>Trying to be “perfect”</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Belief that they caused death</td>
<td>Running away</td>
</tr>
<tr>
<td>Hyperactivity</td>
<td>Drug/Alcohol use</td>
<td>Cursing</td>
</tr>
<tr>
<td>Change in relationships with parents/guardians</td>
<td></td>
<td>Frequent fighting</td>
</tr>
</tbody>
</table>

Please write any special needs, family customs or cultural aspects related to the camper’s grief that would be helpful for camp staff to be aware of:

Have there been any other significant losses in the camper’s life? (divorce, moving, changing schools, fire, theft)
□ NO  □ YES  when: ____________________ who: ____________________

when: __________ who: ____________________
when: ______________ who: ____________________

Has the camper ever been hospitalized for psychiatric/emotional problems?
□ NO  □ YES  when: ____________________ where: ____________________

Has the camper ever attempted suicide?
□ NO  □ YES  when: ____________________
To better understand the needs of your camper, please let us know if s/he receives any special support services at home or at school:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

At any time has the camper taken medication for mood or behavior management?

☐ NO  ☐ YES
when: ________________ medication name(s) ______________________
when: ________________ medication name(s) ______________________
when: ________________ medication name(s) ______________________
when: ________________ medication name(s) ______________________

Camper’s Interests: Place an “X” next to all that apply

<table>
<thead>
<tr>
<th>Music</th>
<th>Instruments</th>
<th>Animals (specify)</th>
<th>Sports (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Superheroes</td>
<td>Art</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Movies</td>
<td>Food (specify)</td>
</tr>
<tr>
<td></td>
<td>Beach</td>
<td>Science</td>
<td>Travel</td>
</tr>
<tr>
<td>Books</td>
<td>Videogames</td>
<td>Art</td>
<td>Other:</td>
</tr>
</tbody>
</table>

How do you believe/hope camp will help?

Anything else that is important for us to know about the camper?

Do you or the camper have any specific questions about the day camp?

Signature X________________________________________ Date: _____________________
Chesapeake Life Center - Summer Grief Day Camps
HEALTH HISTORY FORM

Camper’s Name: ____________________________________________

Health History – check those that apply
☐ Asthma
☐ Constipation / diarrhea
☐ Emotional problems
☐ Fainting
☐ Heart disease
☐ Menstrual cramps
☐ Nosebleeds
☐ Special dietary needs
☐ Wears glasses/contacts (circle)
☐ Recent hospitalization (List dates):__________
☐ Bed wetting
☐ Other (specify)

☐ Allergies (list) :
☐ Convulsions/ seizures
☐ Ear infections
☐ Epilepsy
☐ Hearing impairment
☐ Kidney disease
☐ Motion sickness
☐ Sickle cell anemia
☐ ADD/ADHD
☐ Previous suicide attempts
☐ Mobility challenges

Please list current medications and purpose for medications (those taken daily or on an as needed basis).

Is your camper in any group or individual counseling at this time?  ☐ Yes  ☐ No
If so, for what purpose: ______________________________________________________________

Are there any significant medical needs, concerns, or accommodations we should be aware of?
_______________________________________________________________________________

Are there any special dietary considerations or food allergies that we should be aware of?
_______________________________________________________________________________

Parent/Legal Guardian Permission Statement
The health 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 she/he appears to be ill, I will not send her/him to the program. I give permission to the Chesapeake Life Center staff to share the information contained in this packet with the volunteer(s) and counselors who will be working with the camper. I give permission to administer prescriptions and or first aid to my camper and authorize emergency transport to the nearest acute care facility if necessary.

Signature – please specify if parent or guardian  ____________________________ Date


2019 Chesapeake Life Center – Summer Grief Day Camps
Camper Expectations and Rules

In order to create a safe place during the Summer Grief Day Camps, please review and commit to the following expectations and rules:

1. I will cause no harm to myself or others; this includes physical and emotional harm including hurtful language.
2. I will treat other Campers and Camp Staff with respect.
3. **No cell phones allowed at camp**, if for any reason the camper needs a cell phone it will be held by the camper’s small group facilitator at all times and is to be used only in an emergency.
4. We request items such as radios, iPads, video games, money and other valuables remain at home. Chesapeake Life Center is not responsible for missing items.
5. For Phoenix Rising Teen Day Camp - Safety Rules while at Arlington Echo: 
   a) No one is allowed at the docks unsupervised.
   b) A life jacket must be worn at all times while down at the docks.
6. No camper is to leave their group at any time unless accompanied by a camp staff member or group facilitator.

Failure to meet these expectations will result in a discussion with camp staff in order to retain the Safe Place for all campers. Any continued occurrences will result in a phone call to the parent/guardian and could result in the camper having to leave camp.

**Parent Signature:**

**Camper Signature:**
2019 Chesapeake Life Center Summer Grief Day Camps
Parental/Guardian Guidelines

To ensure a safe and productive weekend for the camper, please acknowledge and commit to the following:

1. I understand that I cannot take photos of other children, except photos of my camper, with no other children in the background.

2. I will be accessible by phone during the hours that my child is at a Chesapeake Life Center Day Camp (for emergencies) and will be able to pick my camper up within reasonable (1 hour) range of time if camper needs to leave the day camp.

3. I will drop my camper off at the appointed time and pick up at appointed time.

4. I acknowledge that staff of the Chesapeake Life Center will release my camper(s) to only those persons authorized on the Emergency Contact form.

5. I understand that camp space is available on a first come first served basis. Once a camp group has reached capacity, campers will be placed on a Wait List.

6. The Chesapeake Life Center has a Zero Tolerance policy on bullying. Bullying in any form will NOT be tolerated and will result in immediate dismissal without refund.

7. I will ensure my camper wears closed-toe shoes for camp and brings a photo of their loved one(s).

8. Camp acceptance is not confirmed until payment is received.

9. ALL medications, including Over-The-Counter medication, must be given to and distributed by the camp nurse.

***Cell phones are not allowed at camp. If a camper needs to reach a parent/guardian, they will be instructed to let camp staff know. If a parent/guardian needs to reach a camper, please call Amy Stapleton, Manager of Bereavement Services at 667-210-9305.

Parent/Guardian Signature__________________________________________________________
INFORMED CONSENT AND INDEMNIFICATION AGREEMENT

CONSENT

I, ________________________________________, hereby give permission for my child, _______________________________________, to attend the Chesapeake Life Center Summer Grief Day Camp. I understand that the camp’s goal is to help facilitate the grief process of my child and provide support for him/her in expressing feelings of grief.

I give permission for my child to be photographed or video graphed during the Chesapeake Life Center Summer Grief Day Camp. I understand that these photographs will remain in the property of Chesapeake Life Center of Hospice of the Chesapeake and they may be now or in the future used for promotional and/or educational purposes, including on the Hospice of the Chesapeake website.

☐ Yes ☐ No

I give permission for my child’s written materials to be used for promotional or education purposes.

☐ Yes ☐ No

INDEMNIFICATION AGREEMENT

In consideration of the above-named child being granted permission by Hospice of the Chesapeake to attend Chesapeake Life Center Summer Grief Day Camp:

I agree to indemnify and hold Hospice of the Chesapeake, its employees, agents, officers, directors and volunteers harmless from any and all claims, demands, actions, and judgments whatsoever of every kind and nature, both in law and equity, which my child or ward and his or her guardians, representatives, heirs or successors, ever had or now has or may have, known or unknown, against Hospice of the Chesapeake, its employees, agents, officers, directors and volunteers for (i) personal, physical or emotional injury or damage and (ii) any injury or damage to or loss of property sustained by my child during his or her attendance at Camp Nabi/ Phoenix Rising.

I agree to indemnify and hold Hospice of the Chesapeake harmless from any and all claims, demands, actions, and judgments whatsoever of every kind and nature, both in law and equity for any injury or damage to any other person or other person’s property caused by, related to or in connection with my child’s or ward’s attendance at Chesapeake Life Center Summer Grief Day Camp.

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

________________________________________  __________________________
Parent / Guardian                                    Date
MEDICAL OVER THE COUNTER PERMISSION SLIP

I give permission for the nurse at Camp Nabi or Phoenix Rising to administer over-the-counter medication (i.e., Tylenol, Advil, Aleve, Benadryl, Pepto-Bismol), or apply insect repellant to the camper (child’s name) ________________________________

Parent/Guardian Signature ________________________________ Date ________________________________

Print Name ________________________________ Witness ________________________________

CAMPER EMERGENCY CONTACT INFORMATION

Camper Name: ____________________________________________

Emergency Contacts:
#1 Name: ___________________ Number: ___________________ Relationship: ______________
#2 Name: ___________________ Number: ___________________ Relationship: ______________

Allergies: ________________________________________________

Medications & Dosage: ____________________________________________

Any conditions that we should be aware of: ____________________________________________