



Dear Parent/Caregiver,

Thank you for your interest in Camp Erin©, Santa Cruz, a weekend camp for grieving youth held annually in October. Please complete the enclosed application packet to be considered for a space in our 2019 camp taking place **Friday, October 4th to Sunday, October 6th 2019**, in Felton, CA.

We are pleased to be able to offer this camp *free of cost* to children and teens who meet the following criteria:

- are between the ages of 6 and 17
- do not require one-to-one support
- have experienced the death of someone close to them and are at least six months into their grief process

Provided in this application packet is the Camper Application and additional required forms which must be fully completed and returned in order to be reviewed by the Camp Erin, Santa Cruz Team. The priority deadline for applications is **Monday, July 1st, 2019**.

*** Please note, only **COMPLETED** applications will be considered. Acceptance into the Camp Erin, Santa Cruz program will be on a **first-come, first-served basis, prioritizing first time campers**. There are a limited number of spaces for participants. Once received, the Camp Erin Team will review each application, and follow up with a screening call. An in-person family interview will then be conducted in our Scotts Valley or Watsonville Office to determine camper fit, readiness, and provide additional information, resources and recommendations for each family.*

We encourage you to apply early, as we anticipate having an enthusiastic response. Hospice of Santa Cruz County is pleased to offer this wonderful opportunity to grieving youth for our 6th consecutive year.





You will find the following information attached:

- Frequently Asked Questions
- Camper Application and Bereavement History (please complete and return)
- Camp Erin/Eluna Consent & Release Agreement (please complete and return)
- Consent for Medical/Surgical Care/Emergency Treatment (please complete and return)
- **--Please be sure to attach a photocopy of current Health Insurance card for Camper**
- Custody Release Form (please complete and return)
- Camper Health Form (please complete and return)

Please note that **all campers and parents/caregivers are encouraged to attend a special Camp Erin “Save Your Spot” Meet & Greet party**, to be held 2-4pm, on **September 15th**. This event will provide an opportunity for campers, families, and volunteers to meet each other and receive additional important information about the Camp Erin, Santa Cruz weekend.

Please submit your completed application via email, fax or USPS by
Monday, July 1st:

Hospice of Santa Cruz County
Attn: Camp Erin
940 Disc Drive
Scotts Valley CA, 95066

Email: CampErin@HospicesSantaCruz.org
Fax: 831.430.9081

Should you have any questions or require any additional information, please do not hesitate to contact:

The Camp Erin Team at 831.430.3090 or by e-mail at CampErin@HospicesSantaCruz.org

We hope to see you at Camp!

Sincerely,

Your Camp Erin, Santa Cruz Team



Frequently Asked Questions

1. What is Camp Erin®?

Camp Erin is an overnight, weekend camp for children and teens who have experienced the death of someone close to them. Campers are separated into groups by age (and cabins by gender) allowing them to be with campers in their own age range. The weekend combines traditional, fun, high-energy camp activities with grief education, peer bonding, and emotional support facilitated by grief professionals and trained volunteers.

2. When/where will Camp Erin, Santa Cruz take place?

Camp Erin will be held **October 4-6, 2019** at Mount Hermon's Redwood Camp in Felton, CA, with activities beginning Friday afternoon and ending Sunday afternoon.

3. Who can attend Camp Erin?

Any child, age 6 to 17, who is grieving the death of someone close to them may attend Camp Erin. To ensure that each year we give as many youth as possible the opportunity to attend Camp Erin, **campers will be selected on a first come, first served basis, prioritizing first time campers.**

4. How much does Camp Erin cost?

Through grants, sponsors, fundraising efforts and the generous support of organizations in our community, Camp Erin is free to all campers.

5. Is Camp Erin a religious camp?

Camp Erin is not affiliated with any religious organization, and therefore, religious instruction will not be provided at camp. Children will be allowed, however, to grieve their loss in the way that is most appropriate and comfortable for them. No child will be prevented from accessing his/her/their faith during the weekend.

6. What activities are provided for campers at Camp Erin?

Children and teens grieve in many ways. They require physical activity as well as emotional outlets, coping skills and community-building to cope with loss. The goal of Camp Erin is to help normalize the grieving process for all campers, and show campers that they are not alone. Camp provides a safe space where campers can grieve with other youth who have also experienced a loss.

There will be ample activities for children and teens of all ages and abilities. Camp activities may include the following:

Music	Nature Walks	Bonfire/S'mores
Arts & Crafts	Swimming	Animal Therapy
Luminaries	Team Building Activities	Storytelling

7. Who runs Camp Erin?

Camp Erin is staffed by bereavement professionals from Hospice of Santa Cruz County (HSCC) and community volunteers who are professionally trained by HSCC staff.



8. How did Camp Erin get started? Why is it called Camp Erin?

Camp Erin is named in memory of Erin Metcalf, a young woman who developed liver cancer at the age of 15. Karen and Jamie Moyer, founders of The Moyer Foundation, (now the Eluna Network), met Erin during Spring Training in 1998, and they developed a special friendship with Erin and her family. In June of 2000, when Erin died at the age of 17, the Moyers wished to honor Erin's memory and her caring spirit. Because Erin had such a desire to help other children, the Moyers felt that a grief camp for children and teens would be an appropriate tribute to her caring spirit.

9. What are the selection criteria for campers to attend Camp Erin?

Potential campers will be required to fill out an application form containing personal, bereavement and medical information. Because we want to ensure the best possible experience for every Camp Erin participant, each applicant will be reviewed in detail and will include an interview before the application process is complete. ***A loss occurring 6 months previous to camp or longer is generally best in establishing camper readiness.*** Due to the large number of applications expected, campers will be selected on a first come, first served basis, prioritizing first time campers. In the event we have more applications than camper spots, we will add your child to a waiting list in the order that the application was received.

10. Will Hospice of Santa Cruz County provide transportation for the children to attend Camp Erin?

No, families must provide their own transportation to and from Mount Hermon's Redwood Camp in Felton, CA.

**If you have additional questions about Camp Erin, please contact (831) 430-3090
or email CampErin@HospiceSantaCruz.org.**



2019 Camp Erin® Santa Cruz Camper Application

Camp Erin® Santa Cruz is a free, annual weekend camp for children and teens (ages 6-17) who are grieving the death of someone close to them. It will be held **Friday, October 4th - Sunday, October 6th 2019** at Mt. Hermon's Redwood Camp in Felton, California.

For more information, please call (831) 430-3090, or email camperin@hospicesantacruz.org; you can also visit us online at www.hospicesantacruz.org

CAMPER INFORMATION (FILL OUT A SEPARATE APPLICATION FOR EACH CAMPER) PLEASE PRINT OR WRITE LEGIBLY

Camper's name: _____

Camper prefers to be called: _____ **Gender:** _____

Age (as of 10/4/19): _____ **Date of birth (MM/DD/YYYY):** _____ **Grade (Fall '19)** _____

Race/Ethnicity (We use this information to gather demographic statistics. Check all that apply.): African-American
 Native American Asian Caucasian Native Hawaiian or Other Pacific Islander Hispanic/Latino
 Multi-Racial Other: _____

School name: _____

Siblings (list names/ages): _____

PARENT/GUARDIAN: _____ **Relationship to camper:** _____

Mailing address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: Day: (____) _____ **Eve:** (____) _____ **Cell:** (____) _____

E-mail address (We use this to communicate important information with you): _____

What is the best time/way to reach you? (E.g., Afternoon/e-mail): _____

EMERGENCY CONTACTS: Please list two people *other than you* to contact in case of emergency at camp:

Emergency contact #1 name: _____ **Relationship to camper:** _____

Phone: Day: (____) _____ **Eve:** (____) _____ **Cell:** (____) _____

Emergency contact #2 name: _____ **Relationship to camper:** _____

Phone: Day: (____) _____ **Eve:** (____) _____ **Cell:** (____) _____

Has camper attended Camp Erin before? Yes (specify year(s)/ location): _____ No

Has the camper been involved with Hospice of Santa Cruz County (HSCC) youth grief support services before?

Yes (dates attended) _____ No

How did you hear about Camp Erin (check all that apply)?

HSCC School Web Advertisement Other (specify): _____

BEREAVEMENT HISTORY (ATTACH EXTRA SHEET IF YOU NEED MORE SPACE)

Name(s) of person(s) who died: _____

Relationship(s) to child/teen: _____

Date(s) of death: _____ **Age(s) of DECEASED at time of death:** _____

What was the cause of death? _____

Was the death anticipated? Yes No

Was the child/teen present at the time of death? Yes No

Did the child/teen live with the deceased? Yes No

Did the child/teen attend the funeral/memorial service? Yes No

If yes, what were your child's reactions to/comments about the service? _____

Do you and the child/teen talk about the deceased? Yes No

Has the child/teen been told the facts about the deceased's cause of death? Yes No

Did the child/teen receive counseling before or after the death? Yes No

If yes, please specify services received and length of service: (School Counselor, Grief Support, Pastoral counselling, etc.)

Describe the relationship between the child/teen and the deceased (e.g., close, distant, estranged): _____

How did the child/teen react to the death? _____

Describe how the child/teen indicates that he/she/they are grieving. _____

How would you describe your family's communication style regarding the death? (e.g., open, avoided, minimal): _____

Has the child/teen exhibited any of the following behaviors? (Check all that apply.)

- Depression
- Special fears
- Lying
- Stealing
- Destruction of property
- Ran away from home
- Discussed suicide
- Regression
- Nightmares
- Ongoing sleep disturbance
- Harmed self/cutting
- Harmed others
- Behavior problems (home)
- Behavior problems (school)
- Drug/alcohol use
- Inappropriate sexual behavior
- Withdrawn/isolating
- Preoccupation w/ own or others' death

Has the child/teen experienced any other deaths?

Yes No

If yes, please specify the deaths and describe the impact on the child:

Describe any other changes/stresses in the child/teen's life (e.g., divorce, illness, moving, family changes, finances).

Has the child/teen's behavior, or things they have said or done concerned you lately?

Yes No

If yes, please specify:

Was the deceased an active, reserve or National Guard military member or military veteran?

Yes No

If so, what branch? _____

Is either guardian an active, reserve or National Guard military member or military veteran?

Yes No

If so, what branch? _____

CAMP INFORMATION (ATTACH EXTRA SHEET IF YOU NEED MORE SPACE)

Have you and the child/teen talked about attending Camp Erin?

Yes No

What, if any, concerns do you have about the child/teen coming to camp?

What, if any, concerns does the child/teen express? _____

Has the child/teen ever:

- Spent a night away from home? Yes No
- Attended day camp? Yes No
- Attended overnight camp? Yes No

Swimming level: Beginner Intermediate Advanced Does not swim

List any special interests or hobbies child/teen has: _____

List any special medical needs or physical challenges the child/teen has (e.g., asthma, diabetes, mobility issues):

Is there anything we should know about the child/teen's religious beliefs or faith practice?

Is there anything else we should know to better serve your child/teen?

T-shirt size (check one): Child S Child M Child L
 Adult S Adult M Adult L Adult XL Adult XXL Adult 2X

Yearly family income: ___ less than \$36,900
 ___ \$36,900 and above?

NAME (Printed): _____

SIGNATURE: _____ DATE: _____

RELATIONSHIP TO CAMPER: _____

PLEASE RETURN TO:
Hospice of Santa Cruz County
Attn: Camp Erin
940 Disc Drive
Scotts Valley, CA 95066
Email: CampErin@HospiceSantaCruz.org
Fax 831-430-9081

CAMP ERIN CONTACT INFORMATION: Camp Erin, Santa Cruz
Hospice of Santa Cruz County
940 Disc Drive
Scotts Valley, CA 95066
Phone: (831) 430-3090



2019 CAMP ERIN® PHOTO, PUBLICITY AND LIABILITY CONSENT AND RELEASE

I, _____, understand that Eluna and Hospice of Santa Cruz County desire to use certain audio or visual works in which my child or I might appear (e.g. video or photographs) and certain information about my child or me, in connection with my child's or my participation in Camp Erin®, whether as a camper, employee or volunteer, to advertise, promote, distribute, market, research, obtain funding for and sell various services, including Camp Erin and its related activities. I have agreed to grant and by this Consent and Release (defined below) do hereby grant, certain rights to Eluna and Hospice of Santa Cruz County and release Eluna and Hospice of Santa Cruz County from certain liabilities, on behalf of myself (if I am a camper or employee or volunteer) or on behalf of my child (if I am the parent or guardian of a minor camper, employee or volunteer). This Consent and Release Agreement ("Consent and Release") confirms my and my child's grant of rights and our agreement as follows:

1. Grant of Rights. For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, on behalf of myself and my child, hereby grant to Eluna, Hospice of Santa Cruz County, and each of their respective employees, agents, representatives, contractors, successors, and assigns Eluna and Hospice of Santa Cruz County the perpetual, irrevocable, royalty-free, non-exclusive, worldwide, sublicensable right and license to: (a) use, edit, reproduce, modify, portray, publish, copy, distribute, publicly perform and display without restriction all or portions of my or my child's identity and my or my child's experience at Camp Erin, including without limitation my or my child's name, fictional names (if any), voice, signature, photograph, words, image, personality or other likeness of me or my child, and any audio and video recordings of me or my child or remarks and statements made by me or my child ("Images and Remarks"); (b) use copy, distribute, perform, display and create derivative works of my or my child's Images and Remarks or using or incorporating my or my child's Images and Remarks; and (c) create other materials or copyright protected works using or incorporating my or my child's Images and Remarks ("Promotional Materials"), in any form or manner, including any electronic or non-electronic medium now known or later devised, all in connection with Camp Erin for advertising, distribution, marketing, promotion, publicity, research, reporting or any other lawful purpose.

I waive any of my or my child's right to own, inspect, approve or receive any payment or attribution with respect to any works or Promotional Materials of Eluna or Hospice of Santa Cruz County using my or my child's Images and Remarks, any accompanying written copy or printed matter, or the use to which it is applied. I understand and agree that the Images and Remarks, and Promotional Materials containing or based on my or my child's Images and Remarks may be used without any restriction as to changes or alterations, and may be modified, used in derivative works, distorted, included in composites or otherwise used in unexpected contexts, manners, or forms, or may not be used at all, and I grant Eluna and Hospice of Santa Cruz County all necessary rights to do the foregoing. To the extent moral rights in my or my child's Images and Remarks or any Promotional Materials may not lawfully be waived, I hereby agree not to bring any actions or claims against Eluna or Hospice of Santa Cruz County therefor.

2. Contact. I agree to receive information/news/updates and other communications in hard copy, via electronic delivery, via telephone and other means from Eluna and Hospice of Santa Cruz County. I hereby consent to collection and disclosure of my mailing address, email address and phone number to Eluna and Hospice of Santa Cruz County for such purposes.

3. Release. I, on behalf of myself and my child, hereby fully and forever release, discharge, and agree to indemnify, defend and hold harmless Eluna and Hospice of Santa Cruz County, and each of their respective directors, employees and advisors (collectively, the "Released Parties") from any and all claims, demands, causes of action, damages (including, without limitation any direct, indirect, incidental, consequential, special or punitive damages), losses, expenses and liabilities (whether under contract, warranty or tort, including negligence (whether active, passive, or imputed)) relating to any claim that my child or I may have, now or in the future, based on: (a) any usage or adaptation of my or my child's Images and Remarks or portions thereof, or works or materials derived therefrom including, but not limited to, claims for libel, defamation, invasion of privacy or rights of publicity, infringement or violation of moral rights or any other right arising out of, or relating to, any utilization of my or my child's Images and Remarks, including by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, or based upon any failure or omission to make use thereof; or (b) death, personal injury, property damage, pecuniary or other loss, damage, cost or expense (collectively, "Harm") that may be suffered by my child, me or any third party as a result of, or in connection with, my or my child's participation in, volunteering for, or employment by Camp Erin. I AGREE TO INDEMNIFY AND HOLD HARMLESS EACH OF THE RELEASED PARTIES FROM AND AGAINST ANY AND ALL CLAIMS, COSTS, LOSSES, DAMAGES AND EXPENSES (INCLUDING REASONABLE ATTORNEYS' FEES) INCURRED BY ANY RELEASED PARTY ARISING OUT OF OR IN CONNECTION WITH ANY HARM OR RELEASED CLAIMS.

4. Representations and Warranties. I represent and warrant that: (a) my or my child's involvement or participation in Camp Erin is voluntary, (b) I understand that there is a risk of danger, bodily harm, injury, emotional stress, or death as a result of my or my child's participation in, volunteering for, or employment by Camp Erin, (c) I further understand that there is the potential for risks and dangers that may not be obvious or reasonably foreseeable at this time related to my or my child's participation in, volunteering for, or employment by Camp Erin, and (d) I voluntarily, on behalf of myself or my child, assume the risks, including, but not limited to, those outlined in items (b) and (c) above. I further represent and warrant that I have the power, capacity and authority to grant the rights to Eluna and Hospice of Santa Cruz County herein granted, that this Consent and Release constitutes my or my child's legal and binding obligation enforceable in accordance with its terms and that the grants of rights or any portions thereof will not conflict with any similar grants of rights agreements I or my child have made.

5. Binding Agreement. This Consent and Release expresses the entire understanding between Eluna, Hospice of Santa Cruz County, me and my child, and supersedes any prior agreements and discussions between us with respect to my or my child's Publicity Rights. In granting the rights herein, neither I nor my child have not been coerced or induced to do so by any representations or assurances by Eluna, its agents or representatives, or Hospice of Santa Cruz County and its agents or representatives. This Consent and Release may be amended only by written instrument signed by Eluna, Hospice of Santa Cruz County, and me. The provisions hereof shall be binding upon me, my child and my heirs, representatives, executors, administrators, and successors. Eluna and Hospice of Santa Cruz County may, in its sole discretion, assign or transfer some or all of this Consent and Release.

6. Governing Law. The laws of the State of Washington will govern this Consent and Release, without regard to choice of law principles. Actions or claims of any type related to this Consent and Release shall be brought in the appropriate court in the State of Washington, USA, and the parties hereby submit to the venue and jurisdiction of such court waive any objection thereto (irrespective of whether the individual signing this Consent and Release changes his or her state of residence).

7. Severability. If any provision of this Consent and Release Agreement is found to be unenforceable in any respect by a court of competent jurisdiction, it is my intention and understanding that this Consent and Release Agreement will nonetheless be enforced to the maximum extent to which it is found to be legally enforceable.

BY SIGNATURE BELOW, I AGREE AND ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND ACCEPTED THIS CONSENT AND RELEASE; THAT THE PROVISIONS CONTAINED HEREIN REPRESENT AN AGREED ALLOCATION OF RISKS WHICH ELUNA AND HOSPICE OF SANTA CRUZ COUNTY ARE RELYING UPON; THAT I HAVE SIGNED THIS CONSENT AND RELEASE VOLUNTARILY AND OF MY OWN FREE WILL; AND THAT I HAVE HAD AMPLE OPPORTUNITY TO ASK QUESTIONS REGARDING THE TERMS AND CONDITIONS OF THIS CONSENT AND RELEASE.

Agreed and Accepted: Camper or Volunteer or Staff Member or Parent/Guardian of any of the foregoing

Individual participating is a: Camper Volunteer Staff Member

Please initial if individual signing is the parent or legal guardian of the individual participating: _____

Camper Name: _____ Date of Birth: _____/_____/_____

Camper Email (optional – to receive camper newsletter): _____

Parent or Guardian / Volunteer / Staff Member Name: _____

Address: _____

City, State and Zip: _____

Phone Number: Mobile Home _____

Guardian/Volunteer/Staff Email: _____

Signature: _____ Date: _____



HOSPICE
OF SANTA CRUZ COUNTY

Consent for Medical / Surgical Care, Emergency Treatment and Medical Information Form

Name of Parent/Guardian: _____
First Middle Last

Mother _____ Father _____ Legal Guardian _____ (check one)

Name of Youth Camper: _____
First Middle Last

Gender _____ Birth Date of Camper: _____

As the parent/legal guardian of the above named youth, I give full authorization to Camp Erin© staff or agents to secure medical care or treatment for said youth. This treatment may include assistance from the nearest physician, medical clinic, hospital, trained nurse, EMT, or other health care professional in the event of illness or injury that requires immediate attention as determined by Camp Erin staff. In the event of an emergency and I cannot be contacted, I give permission to the treating medical institution and/or medical providers to render any medically necessary care for my child. I further authorize Camp Erin and its agents to disclose any and all information they deem appropriate and as necessary to secure appropriate care for my child. I agree that I am responsible for any such care rendered to my child and will indemnify and hold harmless Camp Erin for such care or related costs or expenses.

My child/teen has the following health issues and/or concerns: _____

My child/teen takes the following prescription and/or non-prescription medications: _____

My child/teen has the following allergies (including food, medication, and all other allergies): _____

Name of Health Insurance Carrier: _____

Address: _____

Telephone Number: _____

Policy Holder's Name: _____

Policy & Group Number: _____

Signature of Policy Holder: _____

Signature of Guardian _____

(Make copy of current insurance card and attach to packet)



Custody Release Form

Name of Camper: _____

Birth Date of Camper: _____

I am the parent or legal guardian of the camper identified above. I hereby authorize and direct Camp Erin©, its staff, and/or its volunteers to release my camper to the following person(s) during or at the end of Camp Erin for purposes of transporting, or otherwise assuming custody of the child camper: **(please name someone other than yourself)**

Name: _____

Address: _____

Phone Number: _____

Cell Phone Number: _____

If it is necessary for my child/teen to leave Camp Erin before the end of the program due to illness, injury, or behavioral issues, and I cannot be reached, I hereby give permission for my child/teen to be released into the custody of the person identified above. I understand that Camp Erin may require photo identification of anyone who picks up my camper from Camp Erin, including myself.

I hereby release Camp Erin, its staff, volunteers and representatives from liability for releasing my camper to the person identified above.

I understand and agree that, in the event of necessary health care or other emergency, Camp Erin may release my child/teen to health care professionals or other appropriate personnel.

I have read and understood this entire form, and I agree to be bound by the conditions of the agreement.

Name (Print)

Signature of Parent/Guardian

Date



CAMP ERIN© CAMPER HEALTH FORM

Please fill out to the best of your knowledge. Camp Leadership, including our Camp Nurse, may call to follow up if needed. Our nurse will review this form with you at camp check-in, Friday October 4th

Camper Name: _____

GENERAL HEALTH AND MEDICAL HISTORY

1. **Communicable diseases:** Check any communicable diseases the camper has had to date:

- Measles Chicken Pox Mumps Hepatitis A or B German Measles (Rubella)
- Other _____

Has the camper been exposed to chicken pox in the last 10 days? _____

2. **Allergies:** List all allergies the camper has by type. Please note severity of allergy and describe allergic reaction. If medication is required, please list type, frequency, and dosage.

Food allergies: _____

Plant allergies: _____

Animal/insect allergies: _____

Allergies to medication: _____

Other allergies: _____

3. Surgeries and serious or chronic illness:

Has the camper had any surgeries?

Yes

No

Has the camper had any serious or chronic illnesses?

Yes

No

If yes, please explain: _____

4. Medical conditions: Check any conditions that the camper is prone to:

Fainting Seizures Headaches Upset stomach Diarrhea Constipation

Heart problems Asthma/respiratory problems High blood pressure

Other _____

5. Child's physician name: _____ **Phone:** _____

Date child last seen by physician: _____

Reason: _____

6. **Medications:** List medications and specify what the medication is used for, when it should be taken, and what the dosage is. **ALL MEDICATIONS MUST BE IN ORIGINAL CONTAINER WITH THE CAMPER'S PRESCRIPTION**

If no medication is required- please draw line diagonally across this page

Medication name: _____ Used for: _____

To be taken at: _____ Dosage: _____

Other information: _____

Medication name: _____ Used for: _____

To be taken at: _____ Dosage: _____

Other information: _____

Medication name: _____ Used for: _____

To be taken at: _____ Dosage: _____

Other information: _____

Medication name: _____ Used for: _____

To be taken at: _____ Dosage: _____

Other information: _____

The following over the counter medications per manufacturer's recommendations:

- May the camper receive **Tylenol/Acetaminophen or Ibuprofen** as needed? Yes No
- May the camper receive **Benadryl/Diphenhydramine** for allergies as needed? Yes No
- May the camper use **sunscreen** as needed? Yes No
- May the camper use **insect repellent** as needed? Yes No
- May the camper receive **cough drops** as needed? Yes No
- May the camper receive **Albuterol Inhaler** with spacer? Yes No
- May the camper receive **Dextromethorphan** (Robitussin)? Yes No
- May the camper receive **antibiotic ointment** to open wounds as needed? Yes No
- May the camper receive **sterile saline** for eye rinse as needed? Yes No
- May the camper receive **Epinephrine** as needed? Yes No
- May the camper receive **Nasal decongestant spray** as needed? Yes No
- May the camper receive **Pepcid/Maalox** as needed for acid stomach? Yes No
- May the camper receive **Loratadine** as needed for allergies? Yes No

DON'T SIGN THIS NOW. The nurse will ask you to sign this at check-in on Friday, October 4th, after you have reviewed the medication needs of your child.

Parent/Guardian: I hereby authorize the nurse to give _____ the medication(s) listed and described above.

Parent/Guardian signature: _____

Parent Name printed: _____ Date: _____

7. **Medical considerations/restrictions:** Does the camper have any known physical, mental or social difficulties which may affect participation and/or for which consideration should be given? (If yes, please explain.) _____

Does the camper's activity need to be restricted in any way? (If yes, please explain.) _____

Are any other restrictions desired by participant, parent/guardian, or physician? _____

Is there any other specific information the camp should know about the camper? _____



CAMPER AND PARENT/ GUARDIAN SIGNATURES

Parent/guardian:

I verify that the above application and medical information is complete and accurate and that my child has no medical conditions or diagnoses that would prohibit him/her/them from safely participating in camp. I hereby authorize the calling of a physician to provide whatever emergency medical or surgical treatment is necessary including: X-rays, routine tests, hospitalization, anesthesia and/or surgery for the camper as named above in the event I cannot be reached in an emergency. This form may be photocopied for use out of camp.

Parent/guardian signature: _____

Parent/guardian name (print): _____

Date: _____

Camper: I will exercise good judgment in regard to my own health, safety, and well-being while at camp:

Camp Erin© Agreements

- ~ Everyone has the right to pass on any activity
- ~ We honor each person's right to his/her/their own opinion and culture
- ~ We respect time so that everyone has space to share
- ~ We speak in "I" statements, not "you" or "we"
- ~ We respect the camp property, other campers, volunteers and staff.
- ~ Personal sharing and personal information is confidential and kept at camp

Camper signature: _____

Camper name (print): _____

Date: _____