



Caring Hearts Camp Application  
May 3<sup>rd</sup> – 5<sup>th</sup>, 2019



Beside you through grief's journey

Full Name of Camper: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

How does this child identify? Male  Female

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Relationship to child \_\_\_\_\_

Cell number \_\_\_\_\_ Home number \_\_\_\_\_ Work number \_\_\_\_\_

Parent's/Guardian's Email Address \_\_\_\_\_

**Emergency Contact #1 (if parent/guardian is unreachable):**

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Cell number \_\_\_\_\_ Home number \_\_\_\_\_ Work number \_\_\_\_\_

**Emergency Contact #2 (if parent/guardian is unreachable):**

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Cell number \_\_\_\_\_ Home number \_\_\_\_\_ Work number \_\_\_\_\_

# **Your Loss**

Name of the Deceased & relationship to Camper \_\_\_\_\_  
\_\_\_\_\_

Date of death \_\_\_\_\_

Age of deceased \_\_\_\_\_

Cause of death \_\_\_\_\_

Was she/he living with the child at the time of death?  Yes  No

Is the child aware of the circumstances of the death? \_\_\_\_\_

Has the child attended Caring Hearts Camp in the past? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Where did you hear about Camp? \_\_\_\_\_

Please describe any other recent changes/losses/stresses if any, in the child's life (divorce, prolonged illness, relocation, loss of home, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please use the following scales to describe any changes you have noticed in your camper since the loss:

## ***Emotional Concerns***

1-----5-----10

Not noticeably distressed                      Upset, but coping                      Extremely distressed

Please explain:

\_\_\_\_\_  
\_\_\_\_\_

## ***Behavioural Concerns***

1-----5-----10

Not behaving much differently                      Noticeable behaviour changes                      Challenging behaviour

Please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Physical Symptoms/Changes/Concerns**

1-----5-----10  
Sleeping/eating/health unchanged      Noticeable changes      Major changes/disruptions

Please explain:

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**Social Concerns**

1-----5-----10  
No noticeable change      Noticeable isolation, clinginess, etc.      Major relational changes

Please explain:

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What are you most concerned about related to the child's grief?

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Is the child engaging in behaviour that would make it difficult for them to be part of a group?

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Other notes about the child or their grief experience:

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# Health Information

Sask. Health Card Number \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Does the Camper have any medical conditions or mobility needs? (diabetes, asthma, seizures, hyperactivity, bedwetting, phobias, wheelchair, ventilator etc.)

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If this camper requires a caregiver to assist them due to mobility or medical concerns, please provide caregiver's name that will be accompanying this child \_\_\_\_\_

Medication Required  None  As below

Name of drug: \_\_\_\_\_ Dosage \_\_\_\_\_

Name of drug: \_\_\_\_\_ Dosage \_\_\_\_\_

Name of drug: \_\_\_\_\_ Dosage \_\_\_\_\_

*If your child is on a prescription medication, please bring the medication in either a clearly marked prescription container or in pharmacy bubble packs.*

Does the camper have any allergies? (ie. food, drugs, bee stings, animals)

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Does the Camper have an epi-pen? \_\_\_\_\_

Date of last Tetanus injection \_\_\_\_\_

*In case of a serious accident or illness, x-rays, special drugs, the services of a physician, dentist, hospital or other related services, the charges will be billed to the parent/guardian.*

Hoodie Size for Child:

**Youth:**

**Adult:**

\_\_\_\_\_ Small (size 4 – 5)

\_\_\_\_\_ Small

\_\_\_\_\_ Medium (size 6 – 8)

\_\_\_\_\_ Medium

\_\_\_\_\_ Large (size 8 – 10)

\_\_\_\_\_ Large

\_\_\_\_\_ X-Large (size 12 – 14)

\_\_\_\_\_ X-Large

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian (please print) \_\_\_\_\_





## Conditions of Enrollment/Consent

Please read this form and sign at the bottom.

RETURN THIS FORM ALONG WITH APPLICATION

May 3<sup>rd</sup> – 5<sup>th</sup>, 2019

1. The Caring Hearts Camp (CHC) Director and/or Dallas Valley Ranch Camp reserves the right to dismiss a camper who, in their opinion, is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of the Camp. Should this occur, it will be the parent's/guardian/s responsibility to retrieve the camper from CHC.
2. The parents/guardians submitting this application are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to the Camp Director, including a photocopy of the section of any Court Order referring to visitation rights.
3. While every precaution shall be taken to ensure the welfare and protection of the campers, Caring Hearts volunteers, facilitators and board members along with the Dallas Valley Ranch Camp directors, staff members and employees are hereby released from any and all liability in the event of any accident or misfortune that may occur to the applicant camper.
4. In the event that a camper requires special medication, x-ray or treatment beyond that which is possible at the Camp, the parent(s)/guardian(s) will be notified immediately and will be responsible for any additional expense for additional care or transportation.
5. In the event of a surgical emergency, every effort will be made to contact family, however if the Camp Director is unable to locate a family member, I give permission to the physician assessing the child named on this form to hospitalize, secure proper treatment for and order injection, anesthesia or surgery as required.
6. I give permission for Caring Hearts to use any photograph my child is in for future promotional and/or educational materials. \_\_\_\_\_ **YES** \_\_\_\_\_ **NO (Check One)**
7. I give permission for Caring Hearts to videotape my child at Camp to use for future promotional and/or educational materials. \_\_\_\_\_ **YES** \_\_\_\_\_ **NO (Check One)**

8. The parent(s)/guardian(s) hereby agree to reimburse Dallas Valley Ranch Camp for any damage caused by the applicant camper.

9. I have read the accompanying material outlining the various camp activities and give permission for my child to take part in these activities.

10. I have read all the material in the application package and I hereby accept the conditions of enrolment.

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent(s)/Guardian(s) Name \_\_\_\_\_

Parent(s)/Guardian(s) Signature: \_\_\_\_\_

**PLEASE SEND COMPLETED APPLICATION & CONSENT TO  
ONE OF THE FOLLOWING:**

**EMAIL: [camp@caringheartssk.ca](mailto:camp@caringheartssk.ca)**

**MAIL: 200-2150 SCARTH ST.  
REGINA, SK S4P 2H7**