



Thank you for your interest in attending this year's Camp Caring. The camp is being held on **Saturday, November 11th at 8:30 am - 6:00pm at the Faith Christian Fellowship in Morgantown, WV (Monongalia County).**

Please complete the attached registration form and return it as soon as possible to secure your space. Once your application has been reviewed and accepted, Camp Director will interview your child. All information and material needed for camp will be provided at contact or through the mail.

Please note this important information:

- ❖ The registration forms must be completed and signed in order for your child to attend camp. Incomplete information will cause a delay in processing your child's application and may result in your child being unable to attend camp, as space is limited.
- ❖ Each child will be interviewed by Camp Director before acceptance into the camp is finalized.
- ❖ If your child requires special accommodations (i.e., dietary restrictions/physical limitations), please let us know immediately. We will make every effort to accommodate special needs.
- ❖ Please plan on bringing your child to camp. Arrival time will be provided with additional camp information.
- ❖ Adults are able to attend Camp as well and participate in the adult classes.
- ❖ All campers can attend camp only once, so that others have the same opportunity.
- ❖ Please be sure to read the important information on our request for a media consent and release.

**SUBMIT APPLICATION BY MAIL, EMAIL, OR FAX:**

Camp Caring

campcaring@wvcaring.org

Fax #- 304-599-1125

3363 University Avenue

Morgantown, WV 26505

**Camper Information**

Name of Applicant: \_\_\_\_\_ DOD: \_\_/\_\_/\_\_\_\_  
Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Age (at time of application): \_\_\_\_\_ Sex (please circle): Male Female

School: \_\_\_\_\_ Last Grade Attended: \_\_\_\_\_

Where does child reside if different from above.

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

Shirt Size (please circle one): Small Medium Large X-Large XX-Large  
*(Please note that these are adult sizes)*

**Parent/Guardian Information**

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

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_  
(If different from child)

City/State/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

**Adult Attending Camp with Child**

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

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_  
(If different from child)

City/State/Zip Code: \_\_\_\_\_

DOD: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Number: \_\_\_\_\_

Please List Shirt Size For Each Adult Attending Camp:

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Shirt Size: Small    Medium    Large    X-Large    XX-Large

I \_\_\_\_\_, give permission to West Virginia Caring to share the information in this packet with the Camp Caring Staff.

Parent/Guardian

Signature: \_\_\_\_\_

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

**APPLICATION DEADLINE IS NOVEMBER 3rd, 2017**

# EMERGENCY INFORMATION SHEET

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

**Parent/Guardian Name:** \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**Name and ID number of Health Plan:**

Health Plan: \_\_\_\_\_

ID Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

*In case of emergency, the camp should notify:*

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of Child \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

**Health History:** (check if your child has ever had any of the following medical complications)

\_\_\_ Frequent ear infection                      \_\_\_ Diabetes                      \_\_\_ Epilepsy  
\_\_\_ Mononucleosis

**Allergies:** (check any of the following allergies that pertain to your child)

\_\_\_ Asthma                      \_\_\_ Food \_\_\_\_\_  
\_\_\_ Hay Fever                      \_\_\_ Insect Stings                      \_\_\_ penicillin  
\_\_\_ Poison Ivy                      \_\_\_ Other Drug \_\_\_\_\_

Will your child be bringing any medication?    \_\_\_ No    \_\_\_ Yes If  
yes, please complete box below:

Name of Medication	Dosage	Times Taken

**ALL MEDICATIONS BROUGHT TO CAMP MUST BE TURNED INTO THE CAMP NURSE AND WILL BE ADMINISTERED BY HER OR HER DESIGNEE.**

Please check over-the-counter medications that may be administered:

- Tylenol                       Ibuprofen                       Cough Syrup                       Decongestant  
 Dramamine  
 Antacid                       Polysporin                       Hydrocortisone                       Artificial tears  
 Other \_\_\_\_\_

I verify that all medications brought to camp are listed on this form and that all medications must be turned in to the Camp Nurse. I authorize the Camp Nurse or designee to administer or dispense medications including over-the-counter medications.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Date of last Tetanus Vaccination \_\_\_\_\_

Activities that should be restricted or physical limitations:  
\_\_\_\_\_

**AUTHORIZATION AND CONSENT TO TREAT A MINOR**

I hereby give permission and authorize Camp Caring staff/designees to provide to: (Camper's name) \_\_\_\_\_ routine health care, first aide, administer prescribed medications, and seek emergency medical treatment; including ordering x-rays or routine tests, and ordering injections and/or surgery. I agree to the release of any records necessary for insurance purposes. I give permission to Camp Caring to arrange necessary related transportation for the camper. In the event I cannot be reached in an emergency, I hereby give permission to the physician, dentist, or other health care provider selected by Camp Caring to secure and administer treatment, including hospitalization, for the camper and acknowledge that I will be responsible for the payment of all charges related to the health care services.

Please list medical restrictions (if any):

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

This form may be photocopied for use outside of the camp to secure treatment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**PARENTAL AUTHORIZATION**

I/We authorize and request West Virginia Caring, Camp Caring nurse to administer the medication(s) prescribed by our families physician, and in so doing relieve the camp, its agents, employees or representatives of any responsibility for ill effects which may result from administering of said prescribed medication.

Signature: \_\_\_\_\_

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

*This signed release is required for camp attendance.*

**Photo Permission and Release for Adults and/or Guardians attending Camp  
*Caring***

Please fill out for each adult attending, two forms have been provided. If additional adults will be attending, Camp Caring Director will provide additional form.

I, \_\_\_\_\_ grant West Virginia Caring the permission to take and use my photograph, photo image, recording, or video taken for publicity or promotional purposes for future promotional use in its public relations, internal newsletter and web site for West Virginia Caring.

Name (please print) \_\_\_\_\_

Signature: \_\_\_\_\_

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

West Virginia Caring Representative: \_\_\_\_\_

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

**Photo Permission and Release for Adults and/or Guardians attending Camp  
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Name (please print) \_\_\_\_\_

Signature: \_\_\_\_\_

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

West Virginia Caring Representative: \_\_\_\_\_

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



# CAMP CARING

## CAMP CARING INFORMED CONSENT, AGREEMENT, RELEASE OF LIABILITY AND PHOTO PERMISSION/RELEASE

### Informed Consent

I hereby give permission for my child, (camper's name), \_\_\_\_\_ to attend Camp Caring on, \_\_\_\_\_ and I understand that Camp Caring goal is to help facilitate the bereavement process of my child and provide support for him/her in expressing feelings of grief.

\_\_\_\_\_ Parent/Guardian Initials

### Parent/Guardian Agreement

I understand that reasonable precautions are taken to insure that all programs and activities are conducted in a safe and responsible manner by Camp Caring (a program of West Virginia Caring) staff/designees. I understand and accept that the Camper may be exposed to potential hazards while at Camp and participating in

Activities including but not limited to the natural setting of the Camp and activity sites, weather changes, plants, and insects. \_\_\_\_\_ Parent/Guardian Initials

### Waiver and Release of Liability

As parent or guardian of my child, I agree that I will not hold Camp Caring, (a program of West Virginia Caring.), its employees, officers, directors, volunteers, agents and contractors liable for any personal injury, property damage, loss of insurance. I agree to release and hold harmless Camp Caring, its employees, officers, directors, volunteers, agents and contractors from all liability incurred as a result of my child's participation in camp, and that these terms serve as a release for myself and members of my family.

\_\_\_\_\_ Parent/Guardian Initials

### Photo Permission and Release

Camp Caring is granted permission to take and use any group or individual photograph, photo image, recording, or video taken during a camp session for publicity or promotional purposes.

\_\_\_\_\_ Parent/Guardian Initials

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

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

\_\_\_\_\_  
Parent/Guardian Signature

# BEREAVEMENT HISTORY

**Child Name:** \_\_\_\_\_

NAME	RELATIONSHIP TO CAMPER	DATE OF DEATH	AGE AT DEATH	CAUSE OF DEATH	HOSPICE PATIENT YES OR NO