



REGISTRATION PROCESS

- A separate registration form must be filled out for each child attending camp. To complete: 1) Save this file to your computer; fill it out by typing into the form and saving it; or 2) Print it out and fill it in by hand. Please use a pen and print clearly if completing the registration forms by hand.
- To submit: email the application to jsimmon3@fairview.org. If you've filled it out by hand, scan & send it; otherwise, mail it to the address below. Be sure to include a photo of your child—email a jpg file or attach a photo to the first page of the application.
- All returning Camp Erin®-Twin Cities campers will automatically be placed on the wait list, as first-time campers will be given priority.

All applications will be processed when the following items are received:

1. Registration Form, including a recent photo
2. Medical Information & Medication Distribution
3. Social & Bereavement Information
4. Information about the person who died
5. Camp & Media Consent Form

NOTE: A parent / guardian **signature** is needed in 3 spots. Please sign if you're submitting by mail or are scanning your application. If you're emailing only, you can sign the application at the pre-camp event.

Please email the **completed application** and **photo** to jsimmon3@fairview.org. Or, mail everything to:

**Fairview Ridges Hospital
Youth Grief Services — Jenny Simmonds
201 E. Nicollet Blvd.
Burnsville, MN 55337**

Questions or concerns? Call (952) 892-2111 or visit our website, www.fairview.org/youthgrief

**Camp Erin-Twin Cities
Camper Application
July 25-27, 2014**



CAMPER INFORMATION:

Male: Female:

First Name: _____ Last Name: _____

Name to be printed on name tag (if different): _____

Date of birth: ___/___/_____ Age: _____ Grade (Fall 2014) _____

Address: _____

City: _____ State: _____ Zip: _____

Please list brothers/sisters attending camp _____

Camper's Race/Ethnicity (optional) _____

How did you learn about Camp Erin? _____

**Attach a photo of
your child here**

**Or, you can attach a photo
(jpg file) with your
application if emailing.**

PARENT / GUARDIAN INFORMATION:

Parent / Guardian: _____

Parent / Guardian: _____

Address (if different from camper):

Address (if different from camper):

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

E-mail Address: _____

E-mail Address: _____

EMERGENCY CONTACT if parent / guardian can't be reached:

Name: _____ Relationship to camper: _____

Phone: _____ Alt. Phone: _____

Medical Information

Camper's First Name: _____ Last Name: _____

Does your child have a history of any of the following?	Yes	No
Food allergies (if yes, please list on the next page)		
Dietary restrictions (physician recommended)		
Asthma (please describe action plan and bring peak flow meter to camp)		
Physical limitations		
Epilepsy/convulsions/seizures		
Diabetes (please describe correction dose & medical protocol)		
Chronic ear infections		
Hearing impairment		
Nosebleeds		
Fainting		
Heart disease		
Recurring headaches or stomach aches		
Wears glasses or contacts		
History of bedwetting		
Sleepwalking, nightmares/night terrors		
History of serious illness (please explain)		
History of homesickness or concern with potential homesickness		
ADHD and/or ADD		
Asperger's/Autism Spectrum		
Anxiety		
Depression		

Please explain any "YES" answers above on the next page, including history, medical protocol (if applicable), regimes and helpful tips to aid us at camp.

Is your child currently under the close/continual care of a physician? Yes No

If yes, Physician's name _____ Phone _____

Clinic name _____

Some activities will be led and supervised by trained/certified staff during the weekend. Please check the following activities you do **NOT** want your child to participate in:

___ Swimming ___ Canoeing ___ Climbing Wall ___ Fishing (off dock)

Are child's immunizations up to date? Yes No Tetanus shot up to date? Yes No

Are there any other medical or mental health issues your child has experienced that we should be aware of? Yes No If yes, please explain (use the next page if you need more space):

Medication Disbursement Form Camp Nurse

Camper First Name _____ Last Name _____

Medical Authorization: In the event I cannot be reached, I authorize and direct any adult activities sponsor or group leader representing Camp Erin to give reasonable first aid or make other emergency medical decisions as well as transporting my child(ren) to a health care facility for treatment. I also authorize the staff of Camp Erin to designate a staff member to administer the prescription medication to my child(ren) pursuant to the medications listed on the Medication Disbursement Form.

All medicine must be given to the Camp Erin Camp Nurse upon arrival. The nurse will be in charge of giving the medicine to all child(ren) pursuant to your authorization. Unless otherwise noted, children and teens are prohibited from carrying the medication on their person, except for asthma inhalants if the parent(s) request that the child(ren) have it on his/her person.

With the nurse's approval, I give permission for my teen (age 15-18) to dispense his/her own non-controlled medication:

Yes No Type of medication(s): _____

Signature (Parent / Legal Guardian) _____ Date _____

Printed Name (Parent / Legal Guardian) _____

Medication _____
Reason Given _____ _____
Dosage _____ Side Effects: _____
When Given: <input type="checkbox"/> Morning <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime

Medication _____
Reason Given _____ _____
Dosage _____ Side Effects: _____
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Medication _____
Reason Given _____ _____
Dosage _____ Side Effects: _____
When Given: <input type="checkbox"/> Morning <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime

**Social & Bereavement
Information**

TELL US ABOUT YOUR CHILD:

Please describe your child's personality / character traits:

What are his/her hobbies or interests?

Is there anything we should know about your child functioning in group settings that will enhance his/her weekend experience?

Are there any specific concerns or information regarding your child's behavior that would be helpful to know prior to camp?

Are there any other changes your child is currently coping with? (i.e., changing schools, moving, new school, re-marriage, difficulty in school, etc.)

Has your child been in any support groups or counseling? Yes No
If yes, please explain:

Are there any other special needs, family customs, or cultural aspects to your child's grieving that would be helpful for us to know?

INFORMATION ABOUT THE PERSON WHO DIED:

Camper's Name: _____

Name of loved one who died: _____

Relationship of loved one to the camper: _____

When did the death occur (date)? ____/____/____ Age of person who died: _____

Was their loved one an active, reserve or National Guard military member or military veteran? Yes No

If so, what branch? _____

Cause of death: (Please explain any important details surrounding the death that could be helpful.)

Did the camper witness the death? Yes No

Did the camper live with the person who died? Yes No

Is the camper fully aware of the circumstances surrounding the death? Yes No

If not, please explain:

Please describe their relationship:

Is this your child's first experience with death? Yes No

If not, what other losses has your child experienced?

How would you describe your child's "coping mechanisms"? (How do they tend to express their grief and what has been helpful to their grieving/healing process?)

Please briefly describe whether there was a memorial service, funeral, cremation, burial or other ritual for your loved one, and to what extent your child was involved with these rituals:

(If your child is grieving more than one death, please complete this page for each person who has died.)

**Camp & Media
Consent Form**



CAMP CONSENT FORM

By signing this form, I give permission for my child to:

- Attend Camp Erin-Twin Cities
- Participate in weekend camp activities
- Go swimming (unless otherwise noted)

Does your child know how to swim? Yes No

Does your child need a floatation device at the pool?
(NOTE: All campers are required to wear a floatation device while canoeing or fishing)

Yes No

- Receive emergency medical care if necessary Yes No
- Receive over-the-counter medications administered by the Camp Erin Staff or Nurse, as needed Yes No

Parent / Guardian Signature: _____ **Date:** _____

MEDIA CONSENT FORM

At Camp Erin, we may interview, photograph, and/or videotape persons participating in the camp (including campers, staff and volunteers) so we can share memories of the weekend with the campers, volunteers, staff and our community. In some cases, thank you notes may be sent to Camp Erin donors with our warmest regards for their support. In other cases, interviews, photographs and/or videos may be used or distributed to encourage future campers, volunteers and/or donors to participate in Camp Erin.

I hereby authorize Camp Erin, Fairview Health Services and its officers, staff, volunteers, representatives and delegates (collectively, "Camp Erin") to photograph, interview, and/or videotape my child, _____ (child's name) for the purposes related to the camp as deemed reasonably necessary and appropriate by Camp Erin, including but not limited to Camp Erin operations; creation and distribution of materials so that campers may remember the camp; and marketing or fundraising. I further agree that Camp Erin may use or permit others to use negatives or prints prepared for such purposes and in such a manner as Camp Erin may deem necessary or appropriate.

Child's (camper's) full name: _____

Parent / Guardian Name (print)

Authority / Relationship to Child

Parent / Guardian Signature

Date