

# Camp Sunshine

“Where HOPE outshines grief”



CAMPER APPLICATION PART 2 - please print  
(To be completed by the Parent/Legal Guardian)

\_\_\_\_\_  Female  Male  
Legal Name of the Camper

\_\_\_\_\_ Birth Date (MM/DD/YYYY) Age \_\_\_\_\_  
Name to appear on camp name badge

\_\_\_\_\_ Relationship \_\_\_\_\_  
Parent/Legal Guardian Name

\_\_\_\_\_ Town \_\_\_\_\_ Postal Code \_\_\_\_\_  
Address

\_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Phone (Home)

\_\_\_\_\_  
Your email address

How do you think this camp will benefit your child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Bereavement History**, please include as many details as possible when answering the following questions. Your care and concern will help us a great deal.

Who was the person that died? (Name) \_\_\_\_\_  
Relationship to the child \_\_\_\_\_  
Date of death \_\_\_\_\_  
Age of the person who died \_\_\_\_\_  
Cause of death \_\_\_\_\_  
Was the child present when the person died?  Yes  No

What was the relationship like between the child and their loved one who died?

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Did the child attend the funeral/memorial?  Yes  No

How does your child show that he/she is grieving? (ie sadness, anger, acting out, changes in eating and sleeping patterns, withdrawn, school performance, etc.)

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Have there been any other changes/stresses in the child's life? (Such as divorce/ separation, friend or family member moving, illness, changing schools, or other losses)  Yes  No If "yes", when did the changes occur? \_\_\_\_\_

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Other information you believe might be helpful for Camp Sunshine staff to know:

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### Health History

In case of an emergency and the parent/guardian cannot be reached, please notify:

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Name	Relationship	Daytime Phone

Medications: My camper  will NOT  WILL take daily medication while at camp.

If your child **WILL** be taking medication during Camp Sunshine, please provide to us:

1. Child's Doctor Name & Phone # \_\_\_\_\_
2. Bring the Medication in its original container, with a Medication schedule (time of day that medication is to be taken and dose).

3. Your permission to have our Camp Director supervise and schedule the taking of all medication by your child.

Check any conditions that apply to your child:

- Asthma     Epilepsy     Kidney Problems     Heart Problems  
 Diabetes     Allergies     Eating Disorder     Other \_\_\_\_\_

If you checked allergies, please complete list below:

1. Allergic to: \_\_\_\_\_  
Treatment/Medication: \_\_\_\_\_  
2. Allergic to: \_\_\_\_\_  
Treatment/Medication: \_\_\_\_\_  
3. Allergic to: \_\_\_\_\_  
Treatment/Medication: \_\_\_\_\_

Will your child be bringing an EPI pen?     Yes     No

Does your child use an inhaler?     Yes     No

Please list any special dietary restrictions or needs:

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

Please list any physical activities in which your child should NOT participate.

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

*NOTE: All of the information collected is for Sunshine Camp personnel to help make Camp a safe and successful experience for your child. It will be held in strictest confidence.*

### PERMISSION/AUTHORIZATION

I give permission for the Camp Director to supervise my child's prescription medication schedule (correct dose and correct times) that I have provided to Camp Sunshine.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

In the event of an emergency, I give Camp Sunshine authorization to seek emergency care at the local hospital. In the event that either I or my alternate

emergency contact is not available, I give permission for the Doctor at the hospital to provide proper treatment and appropriate care for my child as deemed necessary. I agree that I am responsible for care rendered to my child and will indemnify and hold harmless Camp Sunshine staff, volunteers, service providers, directors, and medical staff.

I certify that the information submitted on this application is accurate.

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Parent/Legal Guardian

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Date

I agree to allow photos or video of my child to be taken at camp and be used for promotion of Sunshine Camp and for training purposes. The personal information collected by St Paul Regional FCSS is necessary to operate our Camp Sunshine program. This collection is authorized by section 33 of the Freedom of Information and Protection of Privacy Act.

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Parent/Legal Guardian

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Date

There will be a special  
**Closing Celebration & Ceremony of Remembrance**  
on Friday, **July 11th at 3:00 pm** which your family is invited to attend. Campers will be preparing the ceremony and it will be an important part of their grief journey. Please indicate the number of family members who will attend #\_\_\_\_\_

Thank You!