



Camp *Kids Path*[®]



Mountain Valley is offering two opportunities for a two-day grief camp
Please register to attend at mtnvalleyhospice.org/support/kids-path

Camper Registration Packet

- use separate packet for each camper -

Please choose your location for camp by checking box

- Wilkes Family YMCA - June 8 & June 9, 2023
- Mount Airy Wesleyan Church July 27 & July 28, 2023

Camp Kids Path Registration

(Please use a separate form for each camper)

Camper's Name: _____ Preferred Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Parent/Guardian: _____

Address: _____

Phone # (Home): _____ (Work): _____ (Cell): _____

Emergency Contact Information/Pick up List

Emergency contact if Parent/Guardian cannot be reached

1. Name: _____ Relationship to child: _____

Daytime Phone: _____ Evening Phone: _____

2. Name: _____ Relationship to child: _____

Daytime Phone: _____ Evening Phone: _____

Pick Up List

(Other than Parent/Guardian, please list anyone, who may pick up your child. Only those listed will be able to pick up your child.)

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

T-shirt Order

Camp T-shirts will be ordered this year. Please check the size shirt your child will need.

Youth Sizes S M L XL

Adult Sizes S M L XL

Grief History

Child's Name: _____

Has camper previously attended Camp Kids Path? Yes No When? _____

Name of person who died: _____

Date of loss: _____ Cause of death: _____

Relationship to child: _____

Age of child at the time of death: _____ Age of person who died: _____

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

Have there been any other deaths of loved ones experienced by this child? Yes No

Has your child received any professional support?

Kids Path Counseling Yes No

School Counseling Yes No

Mental Health Counseling Yes No

Have there been any other changes or stresses in your child's life? (Divorce, illness, relocation, etc.) Yes No
Please describe:

Any other information that you would like us to know about your child's grief:

Health and Behavioral History

Childs Name: _____

Age: _____ Sex: _____ Drug Allergies: _____

Environmental Allergies: _____

Food Allergies: _____

Dietary Restrictions: _____

Reactions to any allergies listed above:

Health History (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Depression | <input type="checkbox"/> Menstrual cramps |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Motion Sickness |
| <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Nose bleeds |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> OCD |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Fainting | <input type="checkbox"/> ODD |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Glasses/contact lenses/Impairment | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> Constipation/diarrhea | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Sickle Cell Anemia |
| <input type="checkbox"/> Convulsions/seizures | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Sleep disorders |
| <input type="checkbox"/> Defiance | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Other: _____ |

Please explain any "yes" answers to the above questions. Indicate any information that may be useful to the camp staff, including the camp nurse. Also indicate any activities to be encouraged or restricted.

Does your child need any special equipment at camp or have a One-to-One worker, who will attend camp with your child? Yes No

Has your child been in trouble with the law? Yes No

Answering yes does not mean your child will be excluded from camp but will help us better provide for your child's needs and the other children at camp. Please describe:

Please list any medications your child takes on a regular basis and would need during camp hours. Include medication name, dosage, and time needed.

_____	_____
_____	_____
_____	_____

Consent & Release

Consent to Attend Camp

I (Parent/Guardian), _____, hereby give permission for (Child's Name) _____ to attend Camp Kids Path on _____.

I understand that the goal of camp is to help facilitate the grief process of my child and provide support for him/her in expressing their feelings of grief.

I further that in consideration of my child attending Camp Kids Path, I will indemnify and hold harmless Mountain valley Hospice & Palliative Care or Camp Kids Path from any legal action sought by or on my behalf of any person on account of any injury or damage sustained or suffered by my child while attending Camp Kids Path or undergoing medical treatment, I hereby waive any right of legal action by or on behalf of me and /or my child against Mountain Valley Hospice & Palliative Care or Camp Kids Path.

Consent for Medical Treatment

In the event that I cannot be reached or be present, I hereby authorize Mountain Valley Hospice & Palliative Care staff to execute any and all documents including any necessary consents, agreements, and releases in my behalf which might be required by any medical facility to perform any treatment on account of any accident or illness sustained or incurred by (Child's Name), _____, while attending Camp Kids Path. I understand that in the event that emergency medical treatment is needed, my child will be transported to a local hospital emergency department. I understand that I will be responsible for the costs of any medical treatment provided to my child.

Photo/Story/Audio-Visual Release

I hereby affirm that I am the parent/guardian of (Child's Name) _____, and I consent to the use of Mountain Valley Hospice & Palliative care and Camp Kids Path, photographs, news stories or audio visual of my child for reproduction of the same in any form including, marketing, illustrations, education, or publication.

Yes No

Parent/Guardian Permission Statement

The health history included in this packet is correct so far as I know, and the person herein described has my permission to participate in all prescribed camp activities except as noted. If he/she appears to be ill, I will not send him/her to the program. I give permission to Camp Kids Path staff to share the information contained in this packet with the volunteer(s) & counselors who will be working with my child.

Signature of Parent/Guardian: _____

Date: _____

MVHPC Representative: _____

Date: _____

Camper Rules

Child's Name: _____

1. Please wear tennis shoes or other closed toed shoes. Please no flip flops. This is for the safety of the child. You may bring flip flops to wear at the pool.
2. Children should dress appropriately in shorts and modest shirts. Sneakers should be worn to protect feet. We will be having activities outside.
3. Each child is allowed to express their own unique feelings about death in a safe environment.
4. Each child has the right to need other people to help them with their grief, especially grown-ups who care about them.
5. Please be considerate of other campers' feelings as they work through their own grief.
6. Leave all electronic devices at home. There will be a variety of activities to keep campers busy. Camp staff will have phones if needed.
7. All participants will respect each other and camp staff. Name-calling, insulting, fighting, foul language, disrespectful behavior and violence are never acceptable. Dismissal from camp may result after two verbal warnings.
8. A parent/guardian called for a behavior problem resulting in dismissal must make sure their child is picked up within one hour of being called.
9. Please keep our camp facilities clean. Be mindful to keep all belongings together and all trash in the garbage cans.
10. If it's not yours, then be respectful of the owner and do not touch.

Please indicate any dietary restrictions: Vegetarian/Other: _____

Please list any other special needs or requests (fear of animals, water, clowns, etc.):

How did you hear about camp?

By registering for this camp, you are agreeing to abide by the rules and understanding of the Camp Kids Path and you have discussed these rules with your child/children. You understand that attendance to Camp Kids Path is based upon mutual respect and consideration between campers and staff.

I have read and understand this form:

Parent/Guardian: _____

Date: _____

Camper: _____

Date: _____

What to Bring

(Please remove this page to keep, so you will know what to bring on camp day)

1. **Bring an item that belonged to or was given to you by your loved one. (This can be a picture or an object.)**
2. Bring a swimsuit or swim trunks with you to camp. There will be water activities at camp.
3. Wear Tennis Shoes. Flip Flops may be brought and worn during water activities.
4. Bring a towel for water activities.
5. Bring **ONE** change of clothes. **T-shirt will be provided.**

It is not necessary to bring food or drinks from home. All meals and snacks will be provided.