

Thank you for your interest in attending this year's Camp Caring. The camp is being held on Saturday, July 13, 2024, at Chestnut Ridge Regional Park, 346 Chestnut Ridge Camp Road, Bruceton Mills, WV 26525.

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 or other Bereavement Staff 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.
- ❖ At this time previous campers are encouraged and permitted to attend again. Please note that this is subject to change, dependent upon number of new campers.
- ❖ Please be sure to read the important information on our request for a media consent and release.

For Questions Call: Grief Support Services Manager 1-800-350-1161 or email at

campcaring@wvcaring.org

Fax #- 304-864-6306

SUBMIT APPLICATION BY MAIL, EMAIL, OR FAX:

Camp Caring campcaring@wvcaring.org

PO Box 760

Arthurdale, WV 26520

CAMP CARING 2023 APPLICATION (DUE NO LATER THAN 7/01/2024

Camper Information

Name of Applicant:	DOB://	Sex: M	F	
Address:		<u>-</u>		
Best Contact Phone #	st Contact Phone # Shirt Size (circle/adult sizes) S M L XL 2XI			
School:	ol:Last Grade Attended:			
Where does child reside if different from above	_			
Emergency Contact:				
Parent/Guardian Information				
Name(s) of Parent(s)/Guardian(s):				
Relationship to Child:				
Address:(If different from child)	City/State/Zip:			
Home Phone:V	Work/Cell Phone:			
Adult Attending Camp with Child (complete if	different from Parent/Guardian info			
Name(s) of Parent(s)/Guardian(s):	Relationship to Child:			
Address:	City/St/Zip:			
(If different from child)				
DOB: Best Phone # to Contact:				
Please List Shirt Size For Each Adult Attending				
I				
in this packet with the Camp Caring Staff.				
Parent/Guardian Signature	Date:			

APPLICATION DEADLINE IS July 1, 2024

CAMP CARING MEDICAL HISTORY AUTHORIZATION AND CONSENT TO TREAT A MINOR FORM

Name of Child	DOB	Sex
Health History: (check if your child has	ever had any of th	ne following medical complication
Frequent ear infection	Diabetes	EpilepsyMononucleosis
Allergies: (check any of the following alle	ergies that pertain	to your child)
AsthmaFood		
Hay FeverInsect StingsPo	oison Ivy	Penicillin
Other Drug Last To	etanus Vaccinatio	on Date?
Activities that should be restricted or physical	ical limitations:	
Will your child be bringing any medication If Yes , please complete fill in information	-	NoYes
Name of Medication	Dosage	Times Taken
ALL MEDICATIONS BROUGHT TO NURSE AND WILL BE ADMINISTER		
Please check over-the-counter medications		
TylenolIbuprofenDecongestantAntacidArtificial TearsOther :	Cough Syrup Polysporin/F	Dramamine Hydrocortisone
I verify that all medications brought to can must be turned in to the Camp Nurse. I au or dispense medications including over-the	thorize the Camp	Nurse or designee to administer
Parent/Guardian Signature		Date

AUTHORIZATION AND CONSENT TO TREAT A MINOR

Parent/Guardian Signature	Date			
administering of said prescribed medication.				
employees or representatives of any responsibility f	or ill effects which may result from			
medication(s) prescribed by our families physician,				
I/We authorize and request West Virginia Caring, C				
PARENTAL AUTHO	RIZATION			
Parent/Guardian Signature	Date			
This form may be photocopied for use outside of the	e camp to secure treatment.			
Please list medical restrictions (if any):				
nearm care services.				
health care services.	.,			
and acknowledge that I will be responsible for the p				
Camp Caring to secure and administer treatment, in	cluding hospitalization, for the camper			
hereby give permission to the physician, dentist, or	other health care provider selected by			
related transportation for the camper. In the event I	cannot be reached in an emergency, I			
necessary for insurance purposes. I give permission	to Camp Caring to arrange necessary			
or routine tests, and ordering injections and/or surge	ery. I agree to the release of any records			
prescribed medications, and seek emergency medications	al treatment; including ordering x-rays			
Camper's name) routine health care, first aide, administer				
I hereby give permission and authorize Camp Carin	g staff/designees to provide to:			

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, space for 2 persons has 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, re	ecording, or video taken for publicity or promotional purposes for ablic relations, internal newsletter and web site for West Virginia
Name (please print)	
Signature:	Date:
WV Caring Representative:	Date:
Photo Permission and Re	elease for Adults and/or Guardians attending Camp Caring
	tending, space for 2 persons has been provided. If additional adults, Camp Caring Director will provide additional form.
my photograph, photo image, re	grant West Virginia Caring the permission to take and use ecording, or video taken for publicity or promotional purposes for ablic relations, internal newsletter and web site for West Virginia
Name (please print)	
Signature:	Date:
WV Caring Representative:	Date:

CAMP CARING

CAMP CARING INFORMED CONSTENT, 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
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)
Parent/Guardian Signature Date

BEREAVEMENT HISTORY

Camper Name

Name	Relationship to Camper	Date of Death	Age at Death	Cause of Death	Hospice Patient Yes or No?

Camper Interests

Hobbies, Leisure time activities, etc;
School (circle) : Public Private Homeschool
Favorite Subjects?
Least Favorite Subjects?
Current Music Preferences:
Favorite Foods:
Least Favorite Foods:
Got Pets? Y No If Yes, what kinds and their name(s)