Camp Erin Portland
2018 Camper Registration

Friday, August 10th – Sunday, August 12th, 2018

The Moyer Foundation and Providence Hospice of Oregon

Camper Information

(Please fill out a separate registration form for each child)

Child's Name:_____ _____ Birthday: ___/___/___
Last, First (legal) Preferred Name or Nickname

Home Address: _____
Street Address City, State, Zip

Mailing Address (if different): _____
Street Address/PO Box City, State, Zip

Age: _____ Current School Grade: _____ Gender: _____ Pronoun Preference: _____

Child's T-Shirt Size (please mark **one**): ☐ Youth Small (6-8) ☐ Youth Med (8-10) ☐ Youth Large (10-12) ☐ Youth XL (12-14)
☐ Adult Small ☐ Adult Med ☐ Adult Large ☐ Adult XL ☐ Adult XXL

Caregiver Information

What is your relationship to the child? ☐ Parent ☐ Grandparent ☐ Other _____

Are you the legal guardian? ☐ Yes ☐ No (Form must be signed by a legal guardian)

Parent/Guardian Name(s): _____ _____

Parent/Guardian Phone: Cell: _____ Day: _____ Eve: _____

Parent/Guardian Email: _____

Does your family have access to the internet? ☐ Yes ☐ No Can we send you text messages? ☐ Yes ☐ No

What languages are spoken in the child's home?_____

Who currently lives in the home with the child (list age & relationship to child)? _____

_____

What is the best time/way to reach you? (E.g., afternoon/e-mail/text):_____

Are there any others (not legal guardians) that we are permitted to talk to about your child? ☐ Yes ☐ No

If yes, please list their name(s) here: _____

Is the child's guardian(s) or parent(s) active, reserve, or National Guard military member or veteran?
☐ Yes, active military member ☐ Yes, military veteran ☐ No

If yes, which branch of the military? _____

Emergency Contact Information

*(Please list **two people other than you** to contact in case of an emergency)*

Emergency Contact #1 Name: _____ Relationship to Child: _____

Phone: Cell: _____ Day: _____ Eve: _____

Emergency Contact #2 Name: _____ Relationship to Child: _____

Phone: Cell: _____ Day: _____ Eve: _____

How did you hear about Camp Erin? Check all that apply
☐ Hospice ☐ School ☐ Me, Too Program ☐ Physician ☐ Friend ☐ Internet ☐ Other: _____

Would you like to receive an email with information about ongoing bereavement programs and community supports available for you and your family? ☐ Yes ☐ No

Office Use Only: Date Received:_____ Reviewed By:_____ Screener:_____

Bereavement History *(Please attach an extra sheet if you need more space.)*

Name(s) of person(s) who died: _____

Relationship(s) to child: _____

Was the deceased an active, reserve, or National Guard military member or veteran?

☐ Yes, active military member ☐ Yes, military veteran ☐ No

If yes, which branch of the military? _____

Date(s) of Death: _____ Age(s) of deceased at time of death: _____

Age of child at time of death: _____ Date of Birth of person(s) who died: _____

What was the cause of death?_____

Had the deceased received hospice services? ☐ Yes (specify hospice name): _____ ☐ No

Was the death anticipated? ☐ Yes ☐ No

Did the child live with the deceased at the time of death? ☐ Yes ☐ No

Did the child see the deceased after the death? ☐ Yes ☐ No

Was the child present at the time of death? ☐ Yes ☐ No

Where did the person die? (e.g. home, hospital) _____

Would you or the child describe the cause/type of death as traumatic? ☐ Yes ☐ No

Was this the child's first experience with death? ☐ Yes ☐ No
If no, please comment on other deaths the child has experienced: _____

_____

Did the child attend the funeral/memorial service? ☐ Yes ☐ No
If yes, what were the child's reactions to/comments about the service? _____

_____

Did the child have the opportunity to say goodbye to the person before the death? ☐ Yes ☐ No
Please provide more detail if applicable: _____

Do you and the child talk about the deceased? ☐ Yes ☐ No If yes, how openly? _____

Describe the relationship between the child and the deceased (e.g. close, distant, conflicted): _____

_____

Describe how the child has reacted to the loss or indicates that they are grieving: _____

_____

Check any/all of the following behaviors the child has exhibited in the past 6 months or that are of concern to you:

☐ Depression
☐ Withdrawal/Isolation
☐ Suicidal thoughts/talk
☐ Suicide attempt
☐ Causing harm to self
☐ Causing harm to others
☐ Destruction of property
☐ Unusual/inappropriate sexual behavior
☐ Behavior problems at school
☐ Suspension or expulsion
☐ Behavior problems at home
☐ Running away from home
☐ Lying
☐ Intrusive thoughts or images
☐ Stealing
☐ Headaches, stomachaches
☐ Intense fears
☐ Peer difficulties
☐ Drug/alcohol use
☐ Anxiety when separated from caregiver

☐ Ongoing sleep disturbances (please circle: sleep walking, bedwetting, nightmares, other: _____)

☐ Other behaviors of concern: _____

Please use this space to describe specific behaviors or provide additional information: _____

_____

_____

_____

Child's Name: _____

Has the child said or done anything specific recently that has concerned you? ☐ Yes ☐ No
If yes, please describe: _____

_____

Have there been other changes/stressors in the child's life? ☐ Yes ☐ No
If yes, check all that apply:

☐ Illness	☐ Remarriage	☐ Loss of Friends	☐ Other:_____
☐ Relocation/Move	☐ Finances	☐ Change in Caregiver	☐ Other:_____
☐ Divorce	☐ Loss of Pet	☐ Change in sleeping arrangements	

Please describe: _____

_____

_____

Has the child ever experienced abuse or trauma of any kind? ☐ Yes ☐ No
If yes, please describe: _____

_____

_____

Has the child received counseling/grief support services before or after the death? ☐ Yes ☐ No
If yes, what types? (please check all that apply)

☐ School Counselor ☐ Therapist ☐ Me, Too ☐ Dougy Center ☐ Clergy ☐ Other: _____

Is support currently provided? ☐ Yes ☐ No

What type of school does the child attend?

☐ Public ☐ Private ☐ Parochial ☐ Home ☐ Alternative (describe):_____ ☐ Other: _____

Was the school counselor notified that the child experienced a loss? ☐ Yes ☐ No

Camp Information *(Please attach an extra sheet if you need more space.)*

Have you and the child talked about them coming to Camp Erin? ☐ Yes ☐ No

What, if any, concerns do **you** have about the child coming to camp? _____

_____

What, if any, concerns does **the child** express? _____

_____

Has the child ever:	Spent a night away from home?	☐ Yes	☐ No	Swimming Level:	☐ Beginner
	Attended day camp?	☐ Yes	☐ No		☐ Intermediate
	Attended overnight camp?	☐ Yes	☐ No		☐ Advanced
					☐ Does not swim

List any special interests or hobbies the child has: _____

_____

What activities or behaviors help the child cope with difficult feelings? _____

_____

Is there anything we should know about the child's religious beliefs or faith practice? _____

_____

Who is a support to the child? (i.e. teacher, older sibling, etc.) _____

_____

What else should we know to best support the child? _____

_____

_____

Medical Information *(Please attach an extra sheet if you need more space.)*

Child's Name: _____ Date of Birth: _____

Does the child have any of the following:			**Please describe:**
A history of serious illness or surgeries	☐ Yes	☐ No	_____
Asthma	☐ Yes	☐ No	_____
Dietary restrictions	☐ Yes	☐ No	_____
Convulsions/seizures	☐ Yes	☐ No	_____
Diabetes	☐ Yes	☐ No	_____
Hearing impairment	☐ Yes	☐ No	_____
Nosebleeds	☐ Yes	☐ No	_____
Recurring headaches	☐ Yes	☐ No	_____
Recurring stomachaches	☐ Yes	☐ No	_____
Allergies (food, medicine, and/or other)	☐ Yes	☐ No	

Please describe **in detail** any allergies (food, medicine, and/or other) the child has: _____

_____

_____

Please list any medications the child is currently taking, including quantity and frequency: _____

_____

_____

Is it possible that the child might wet the bed while at camp? ☐ Yes ☐ No
If yes, how can we best help him/her? _____

_____

Does the child experience any of the following:			Please describe:
Language needs	☐ Yes	☐ No	_____
Physical limitations/differently-abled	☐ Yes	☐ No	_____
Difficulty interacting with children/adults	☐ Yes	☐ No	_____
Sensitivity to external stimuli	☐ Yes	☐ No	_____

Please describe any other needs that we should be aware of: _____

_____

_____

Has the child been diagnosed with Autism Spectrum Disorder, a mood disorder, or ADD/ADHD? ☐ Yes ☐ No
If yes, please describe: _____

_____

_____

Parent/Guardian Signature (<u>must be signed by the legal guardian</u>)
I, the undersigned, certify that I am the legal guardian of [child's name] _____ and that all information provided in this document is true to the best of my knowledge.

_____ _____
Parent/Guardian Signature Date

Relationship to Camper: _____

Please return to:

Providence Hospice
Attn: Camp Erin Coordinator
6410 NE Halsey Street, Suite 300
Portland, OR 97213

Email: CampErinPortland@providence.org
Fax: (503) 215-4846 – *Attn: Camp Erin*
Phone: (503) 215-5879