Camp Erin Portland
2020 Camper Registration

Friday, August 14th – Sunday, August 16th, 2020

Camper Information

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

Child's Name:_____ _____ Date of Birth: _____
Last, First (legal) Preferred Name or Nickname Month, Day, & Year

Home Address: _____
Street Address City, State, Zip

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

Current Age: _____ Gender: _____ Pronouns Used: _____

School Name: _____ Current School Grade: _____

Child's T-Shirt Size: ☐ 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 2XL ☐ Adult 3XL

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 is the best way to reach you? ☐ Email ☐ Text Message ☐Phone Call ☐Other:_____

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

Would you or your camper benefit from interpreter services?_____ If yes, what language?_____

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

_____

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 - *We will always contact you first in an emergency.*

If we can't reach you, 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 ☐ In This Together (formerly Me, Too Grief Group) ☐ Physician ☐ Friend ☐ Internet ☐ Other: _____

Office Use Only: Date Received: _____

Child's Name: _____

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

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

Relationship(s) to child: _____

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

Was the deceased a significant caregiver of the child? ☐ Yes ☐ No

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? _____

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

What was the cause of death(s)?_____

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 a funeral or memorial event? ☐ Yes ☐ No
If yes, what were the child's reactions to/comments about the event? _____

_____

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
☐ Intrusive thoughts or images
☐ Unusual/inappropriate sexual behavior
☐ Behavior problems at school
☐ Suspension or expulsion
☐ Behavior problems at home
☐ Running away from home
☐ Lying
☐ Anxiety when separated from caregiver
☐ Headaches, stomachaches
☐ Stealing
☐ Intense fears
☐ Peer difficulties
☐ Drug/alcohol/tobacco use
☐ Sleep Walking
☐ Nightmares
☐ Bedwetting (if yes, how can we help them at camp?) _____

☐ Other behaviors of concern: _____

Please use this space to describe specific behaviors or provide additional information for the checked boxes above:

_____

_____

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:

☐ Relocation/Move ☐ Remarriage ☐ Physical Illness/Mental Illness ☐ Other:_____
☐ Divorce ☐ Finances ☐ Loss of Friends ☐ Other:_____
☐ Change in Caregiver ☐ 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 ☐ In This Together (formerly Me, Too grief group) ☐ Dougy Center ☐ Clergy ☐ Other: _____

What supports (if any) are currently provided? _____

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

How does your child feel about coming to camp? ☐ Looking forward ☐ Unsure ☐ Does not want to attend

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

_____

What, if any, concerns does **<u>the child</u>** express? _____

_____

Has the child ever: Spent a night away from home? ☐ Yes ☐ No
Attended day camp? ☐ Yes ☐ No
Attended overnight camp? ☐ Yes ☐ No

Swimming Level: ☐ Beginner ☐ Intermediate ☐ Advanced ☐ Does not swim

What are the child's hobbies or interests? _____

_____

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

_____

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

_____

Who are supports 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: _____

Our goal at Camp Erin is to accommodate the different needs of our campers and to learn how we might best support those needs.

Does the child have environmental allergies or allergies to medications? ☐ Yes ☐ No
If yes, please list the allergen(s) and describe the reaction(s): _____

_____

_____

Please describe **in detail** any food allergies or dietary restrictions the child has: _____

_____

_____

Has the child had any type of medical diagnosis (ex: medical condition, mental health condition, ADD/ADHD, etc.)? ☐ Yes ☐ No
If yes, please describe: _____

_____

Please list any medications the child is currently taking: _____

_____

Does the child experience recurring headaches, stomachaches, or nosebleeds? ☐ Yes ☐ No
If yes, please describe: _____

_____

Does the child experience any of the following:			**Please describe:**
Language needs	☐ Yes	☐ No	_____
Physical limitations/differently-abled	☐ Yes	☐ No	_____
Hearing or vision impairment	☐ 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: _____

_____

Parent/Guardian Signature *(must be signed by the legal guardian)*

I, the undersigned, certify that I am the legal guardian of _____ and that all information provided in this document is true to the best of my knowledge.
Child's Name

_____ _____
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) 215-0370 – *Attn: Camp Erin*
Phone: (503) 215-5879

Camp Erin Portland is committed to maintaining an environment free from all forms of discrimination and does not discriminate with regard to race, color, creed, national origin, age, sex, sexual orientation, gender identity, immigration status, marital status, or the presence of any sensory, mental, or physical disability. We ask that all participants, families, facilities, staff, volunteers, and other involved parties also support this intent. Anyone unwilling to adhere to this non-discrimination policy will be referred to other service providers.