



Caring Hearts Camp Application  
September 29<sup>th</sup> – 30<sup>th</sup>, 2017



Full Name of Camper: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Male

Female

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Relationship to child \_\_\_\_\_

Cell number \_\_\_\_\_ Home number \_\_\_\_\_ Work number \_\_\_\_\_

Parent's/Guardian's Email Address \_\_\_\_\_

**Emergency Contact #1 (if parent/guardian is unreachable):**

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Cell number \_\_\_\_\_ Home number \_\_\_\_\_ Work number \_\_\_\_\_

**Emergency Contact #2 (if parent/guardian is unreachable):**

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Cell number \_\_\_\_\_ Home number \_\_\_\_\_ Work number \_\_\_\_\_

Camper's Relationship to the deceased (It is the camper's \_\_\_\_\_): \_\_\_\_\_

Name of deceased \_\_\_\_\_

Date of death \_\_\_\_\_

Age of deceased \_\_\_\_\_

Cause of death \_\_\_\_\_

Was she/he living with the child at the time of death?  Yes  No

Is the child aware of the circumstances of the death? \_\_\_\_\_

Has the child attended Caring Hearts Camp in the past? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Where did you hear about Camp? \_\_\_\_\_

Please describe any other recent changes/losses/stresses if any, in the child's life (divorce, prolonged illness, relocation, loss of home, etc.)

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What are you most concerned about related to the child's grief?

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Is the child displaying any problematic behavior or do you have any behavioral concerns?

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Please provide any other information you feel we may need to know

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Hoodie Size for Child:

**Youth:**

**Adult:**

\_\_\_\_\_ Small (size 4 – 5)

\_\_\_\_\_ Small

\_\_\_\_\_ Medium (size 6 – 8)

\_\_\_\_\_ Medium

\_\_\_\_\_ Large (size 8 – 10)

\_\_\_\_\_ Large

\_\_\_\_\_ X-Large (size 12 – 14)

\_\_\_\_\_ X-Large

Sask. Health Card Number \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Does the Camper have any medical conditions? (ie. diabetes, asthma, seizures, hyperactivity, bedwetting, phobias, etc.)

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

Medication Required  None  As below

Name of drug: \_\_\_\_\_ Dosage \_\_\_\_\_

Name of drug: \_\_\_\_\_ Dosage \_\_\_\_\_

Name of drug: \_\_\_\_\_ Dosage \_\_\_\_\_

If your child is on a prescription medication, please bring the medication in the original container. The container should be clearly labelled with the child's first and last name, what the medication is and the time and dose to be given. Send just enough medication for the weekend.

I, \_\_\_\_\_ give permission for \_\_\_\_\_  
(parent/guardian) (camper)

to be given over-the-counter medications by the Camp nurse if required. (ie. Tylenol, Advil, Gravol, antacids, cough syrup, antidiarrheal, antihistamines, other)

Does the camper have any allergies? (ie. food, drugs, bee stings, animals)

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Does the Camper have an epi-pen? \_\_\_\_\_

Date of last Tetanus injection \_\_\_\_\_

*In case of a serious accident or illness, x-rays, special drugs, the services of a physician, dentist, hospital or other related services, the charges will be billed to the parent/guardian.*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian (please print) \_\_\_\_\_