2019 Camp Angel Teen Retreat Application

Guardian Angel Foundation is proud to sponsor the 15th annual Camp Angel Teen Retreat at Camp Tecumseh in Brookston, IN and the 1st Camp Angel Teen Retreat at The Ark Christian Ministries in Converse, IN. Camp Angel Teen Retreat provides a supportive environment for teens in grades 6th through 12th to share their feelings of loss with other teens and caring adults. Teens are assigned to an adult "buddy" and will also be part of a small group. These small groups will participate in fun, therapeutic events especially designed to help the teens take home a new understanding of their feelings and how to cope in safe and healthy ways. They will interact with their buddy, group leaders and other campers throughout the weekend. Through this interaction with fellow campers and caring adults, campers learn that their feelings of grief and loss are normal.

Camp Angel Teen Retreat is paid for entirely by community donations made to Guardian Angel Foundation so that campers may attend free of charge. Teens participate in sharing sessions, arts and crafts, campfire and songs, and recreational activities. Opportunities are provided to discuss life and death, feelings, memories, ways of saying goodbye, and tools for coping. ***Space is limited*** so please return the application ***as soon as possible***. Applications should be returned at least two weeks prior to camp, to Guardian Angel Hospice, 513 W. Lincoln, Kokomo, IN 46901 or to Guardian Angel Hospice, 1221 S. Creasy Lane, Suite J, Lafayette, IN 47905. Feel free to contact us at 1.800.338.4043 with any questions or concerns you may have. Email may also be sent to sguinn@gahospice.com.

Sincerely,

Camp Angel Committee

I would like to attend:

- ☐ Spring Teen Retreat at The Ark Christian Ministries in Converse, IN on April 26 - 28, 2019
- ☐ Fall Teen Retreat at Camp Tecumseh in Brookston, IN on September 20 - 22, 2019

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Camper's Information:

Child's Name: _____ Nickname: _____

T-shirt Size (circle one): Youth S Youth M Youth L Adult S Adult M
Adult L Adult XL Adult XXL Adult XXXL

School grade as of August 2019: _____ Age: _____ Birth Date: _____

School Attends: _____

Gender: ☐ Female ☐ Male

Has this teen ever attended Camp Angel? ☐ Yes ☐ No

Has this teen attended any other grief camp or support group? ☐ Yes ☐ No

Parent's Information:

Parent/Guardian name: _____

Relationship: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Emergency Contact:

Emergency Contact Name: _____

Relationship: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Bereavement History:

Please include as many details as possible when answering the following questions. Add extra pages if necessary.
Name of the person deceased: _____ Date of Death: _____

Was the deceased on services with Guardian Angel Hospice? ☐ Yes ☐ No

How was the person related to the child? _____

(Continued on next page)

Bereavement History (con't):

What was the cause of death? _____

Age of your child when the death occurred? _____

Where did this person die? ☐ Home ☐ Hospital ☐ Other: _____

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

Did the child attend the showing/funeral/memorial service/burial? ☐ Yes ☐ No

What was your child's reaction to or comments about that experience?

_____

_____

_____

Has your child received professional counseling? ☐ Yes ☐ No

Is he/she currently receiving professional counseling? ☐ Yes ☐ No

Approximately how many weeks did your child attend counseling? _____

Please explain how your child indicates that he/she is grieving?

_____

_____

Has your child experienced multiple deaths? ☐ Yes ☐ No

If yes, please describe: _____

Have there been any other major changes/stresses in your child's life? (re-marriage, divorce, relocation, illness, loss of a pet): _____

_____

In what way do you hope Camp Angel Teen Retreat will help your child?

_____

_____

Has your child had any behavior changes since the death?

☐ Isolation ☐ Lashing out in anger ☐ Extreme sadness ☐ Substance Abuse

☐ Self-destructive behaviors ☐ Difficulty concentrating

☐ Other: _____

Camp Angel Teen Retreat Indemnification Agreement

1. I,_____, hereby give my permission for my child, _____to attend Camp Angel on _____. I understand that the camp's goal is to help facilitate the bereavement process of my child and provide support for him/her in expressing feelings of grief.
2. I give permission for my child to be photographed, videotaped, or interviewed during Camp Angel under staff supervision. This material may be used for future publicity of Camp Angel including the news media. I understand that If I choose "No", my child's photo *may* still be taken by other campers as mementos, but will not be used by Camp Angel for promotional purposes. ☐ Yes ☐ No
3. I give my permission for my child to participate in arts and crafts projects that may be photographed, copied, replicated or use of the actual product to be displayed publicly with Guardian Angel Hospice, Guardian Angel Foundation, their events and mailing. ☐ Yes ☐ No
4. The following information about my camper may be shared with other campers for post-camp communication purposed. Fill in only the information you are willing for other campers to view. Guardian Angel Hospice will not monitor or be responsible for any correspondence between campers and volunteers.
   ☐ No, not at all ☐ Campers Only ☐ Volunteers Only ☐ Both

Name: _____

Address: _____

Phone: _____

Email: _____

Facebook name: _____

Twitter Name: _____

LIMITATIONS

Camp Angel provides bereavement education and teaches coping skills to grieving children. It is an adjunctive program intended to complement and support licensed, professional counseling or treatment programs that campers may acquire elsewhere. Camp Angel does not provide counseling, psychological, psychiatric, or other health care services to the children who attend camp. As part of its program, Camp Angel will compile and provide a list of additional, local resources available to the campers and/or their parents and guardians who seek further assistance with their grief.

Camp Angel serves bereaved children whose primary difficulty is to work through grief-related problems, which may or may not be related to any psychological, psychiatric or medical diagnosis of the children who apply to attend our bereavement camp. Camp Angel may not, therefore, be appropriate for all prospective campers. Accordingly, Camp Angel reserves the right to screen applicants to determine a child's readiness to participate in grief activities and interact with peers.

RELEASE

In consideration of the above-named child being granted permission by Guardian Angel Hospice, Inc to attend Camp Angel, I agree, for myself and on behalf of my child, to indemnify and hold harmless Guardian Angel Hospice, Inc., Guardian Angel Foundation and/or LOCATION for any and all claims, demands, actions, and judgments whatsoever of every name and nature, both in law and equity, which my child ever had or now has may have against Guardian Angel Hospice Inc., Guardian Angel Foundation and/or LOCATION for all personal injuries, either physical or emotional, known or unknown, and injury to property (real or personal) sustained by my child's person or property during his/her attendance at Camp Angel, including but not limited to, injury caused by arising from Guardian Angel Hospice, Inc., Guardian Angel Foundation and/or LOCATION. I understand that this means I agree not to sue any or all of the released parties in connection with Camp Angel.

Please mark which LOCATION your child will be attending:
☐ The Ark Ministries, Converse, IN ☐ Camp Tecumseh, Brookston, IN

I, the undersigned, have read this release and understand all of its items.

Signed, _____ Date: _____

Counselor Services Release of Information Form

I, _____, give Camp Angel Committee permission
(parent, guardian please print. If this does not apply to your child, please mark N/A on the above line)

to contact the counselor of _____, in order to help
(Camper's name/please print)

determine how this camper will respond to being away from home, how they might interact with other children and behavioral issues that might arise. This information is needed in order to determine that the child can, at this time, benefit from this camp experience. I understand that it is also necessary to determine how their special needs might affect other campers so that all campers benefit from their weekend at Camp Angel Teen Retreat.

By signing, I also understand that information obtained will only be used by the camp selection committee for purposes of camper selection and if chose for camp, to Camp Angel Teen Retreat staff/volunteers only as deemed necessary to help best meet the campers needs.

Signature of Parent/Guardian: _____ Date: _____

Counseling Service Provider: _____

Counseling Service Address: _____

Counseling Service Phone: _____

Camper Medical History

Please answer the following questions about your child's medical history so that necessary preparation can be made. The information you provide will not be considered in the camper application process. The more information we have, the better we will be able to care for your child.

IMMUNIZATION: please check if immunization has been given, Give date of last tetanus if known

Measles, Mumps, Rubella: _____ DPT: _____

Measles Booster: _____ Primary Series: _____

Polio: _____ Booster: _____

Primary Series: _____ Last Tetanus Booster: _____

Booster: _____ Pneumovax (If applicable): _____

Hepatitis B: _____ H. Flu Vaccine (HIB): _____

Any recent surgery/illness? _____

Dietary Restrictions/Needs? _____

Food Allergies: _____

Medication Allergies: _____

Insect Sting Allergies: _____

Other Allergies: _____

Limitations:

- ☐ Diabetes
- ☐ Seizures
- ☐ Asthma
- ☐ Nightmares
- ☐ Impairment: _____
- ☐ Motion Sickness
- ☐ Fainting
- ☐ AIDS/HIV
- ☐ Bleeding Disorders
- ☐ Hearing Impairment
- ☐ Vision Impairment
- ☐ Sleep Walking
- ☐ Menstrual Problems
- ☐ Phobias: _____

Does your child wet the bed? ☐ Yes ☐ No

If yes, how often? _____

Behavioral Disorders: _____

_____

Emotional Problems: _____

_____

Level of assistance required for personal hygiene care:

☐ Independent ☐ Minimal ☐ Moderate ☐ 1:1

Weight: _____ Height: _____

Camper Medical History (Con't)

Primary Care Physician: _____

Phone Number: _____

Any other information to help us care for your child?

_____

_____

_____

_____

_____

LIST OF MEDICATIONS: Please list the medications that your child is taking. If there are none, please write NONE.

Medication	Dosage	Special Instructions

INSURANCE INFORMATION - Someone from the Camp Committee will call for this information after the child has been accepted to camp.

Provider: _____

Adult Insured: _____ Policy Number: _____

Parent/Guardian Signature: _____ Date: _____

Camp Angel Nurse Signature: _____ Date: _____