EverHeart
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Camp Encourage Application

Dear Parent or Guardian,

Please complete the following application,medical record form, and waiver with the understanding that your child is not accepted in the Camp Encourage program until we receive this completed form at the EverHeart Hospice office and you receive acknowledgment from our camp director. **The application deadline is June 1, 2022.** Applications may be returned by mail, email, or in person to our Greenville office.

As the parent or guardian of _____, I hereby give my permission for my child to participate in the supervised camping program of EverHeart Hospice. I release the Camp staff, management, said Camp, and EverHeart Hospice from liability, except covered by insurance, for any injury or illness which may be sustained by him/her while enrolled and present at the Camp. In case of a medical emergency, my child will be transported to Wayne Healthcare. After every reasonable effort has been made to contact parent, guardian, family physician, or one of the alternative contacts named below, I hereby give my permission to the receiving facility to secure appropriate and proper medical treatment for my child, named above.

_____

Print Parent or Guardian Name

_____ _____

Parent or Guardian Signature Date

_____ _____

Address, City, State & Zip Phone Number

_____

Email Address

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PERSONAL/MEDICAL RECORD :

Name of Camper: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Date of Birth: _____ Age: _____ Sex: ☐ Male ☐ Female

School Attending: _____ Grade: _____

Please list your child's religious affiliation, if any (Optional): _____

Please indicate your child's shirt size:

Youth: ☐ Small (6-8) ☐ Medium (10-12) ☐ Large (14-16)

Adult: ☐ Small ☐ Medium ☐ Large ☐ X-Large

Phone number and/or address of where you can be reached while your child is at Camp? _____

_____

Please provide two (2) alternative contacts that you authorize to act on your behalf in case you cannot be reached in an emergency. Please indicate who will be picking your child up from the workshop if it is not your self.

Contact 1:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____

☐ Contact 1 is picking my child up from the workshop

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Contact 2:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____

☐ Contact 2 is picking my child up from the workshop

Family Physician:_____ Phone: _____

Preferred Hospital: _____ Phone: _____

Health Insurance Provider and ID#: _____

Date of Last Tetanus Shot: _____

Date of COVID-19 Vaccination:

1st Dose: _____ 2nd Dose: _____ Booster: _____

Does this child have any known physical, mental or social difficulties for which special consideration may be given at Camp?

_____

_____

Health History (check all that apply):

☐ ADD/ADHD
☐ HIV/AIDS
☐ Emotional Problems
☐ Autism
☐ Asthma
☐ Fainting
☐ Convulsions/Seizures
☐ Developmentally Delayed
☐ Constipation/Diarrhea
☐ Ear Infections
☐ Motion Sickness
☐ Diabetes
☐ Fears/Phobias
☐ Nosebleeds
☐ Heart Disease
☐ Allergies (food, animals, insect bites or stings)
☐ Hearing Impairment
☐ Hepatitis
☐ Kidney Disease
☐ Menstrual Cramps
☐ Sickle Cell Anemia
☐ Glasses/Corrective Lenses
☐ Nightmares/Night Terrors
☐ Other: _____

*As a courtesy to other campers, please do not send your child to camp if he/she has a fever or other communicable disease (lice, poison ivy, scabies, ringworm, etc...) that can be transmitted to others or is of extreme discomfort to your child.

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Please explain any information we need to know to care safely for your child: _____

_____

Does your child have any special dietary needs? Please indicate what they are: _____

_____

BEREAVEMENT HISTORY

Name of loved one who died: _____

Date of Death: _____ Relationship to Child: _____

Cause of Death: _____

Where did the person die? ☐ Home ☐ Hospital ☐ Nursing Home

Explain Circumstances: _____

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

Other changes/stresses in the child's life?

☐ Divorce or separation
☐ Moving
☐ Friend Moving
☐ Other Deaths? If yes, who? _____
☐ Pet Death
☐ Parent changing job/loss of job
☐ Other trauma: _____

How did the child handle these changes? _____

_____

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Please explain how your child indicates he/she is grieving: _____

_____

Has the child received professional support? (Psychiatrist, psychologist, pastoral or school counselor)
Explain:

_____

_____

Has your child attended Camp Encourage or other grief camps in the past? ☐ Yes ☐ No

*If yes, has your child experienced an additional loss since last attendance to camp? ☐ Yes ☐ No

Please identify present behaviors at home or school:

☐ Less Interactions
☐ Emotional Outbursts
☐ Dropping Grades
☐ Cries frequently
☐ Bed wetting
☐ Changes in appetite
☐ Fear of dark
☐ Changes in sleep
☐ Nightmares
☐ Inability to concentrate

Child's Living Situation:
☐ Single-Parent (Mother)
☐ Single-Parent (Father)
☐ Two Parent Home
☐ Grandparent(s)
☐ Other Relative
☐ Guardian

Please rank your time slot preference in order from 1 to 3. A staff member will contact you to confirm your assigned workshop time.

____ Friday, June 17th 9:00 AM - 1:00 PM
____ Friday, June 17th, 4:00 PM - 8:00 PM
____ Saturday, June 18th 9 AM - 1:00 PM

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PARENT OR GUARDIAN STATEMENT:

I give permission to EverHeart Hospice to have pictures taken at Camp Encourage which may be used for publication. ☐ Yes ☐ No

I believe all of the answers to the questions above are true and that my child is in good health and is able to participate in all the normal activities of Camp Encourage.

_____

Print Parent or Guardian Name

_____ _____

Parent or Guardian Signature Date

Application deadline is June 1st, 2022. Applications may be submitted by mail, email or in person to our Greenville Location during regular business hours. Please include attached waiver with application.

EverHeart Hospice
C/O Camp Encourage
1350 N. Broadway St.
Greenville, OH 45331

Email:
bereavementservices@ehhospice.org

Questions may be directed to our Camp Director at 937-316-0005.

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Assumption of Risk and Waiver of Liability Regarding Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a global pandemic by the World Health Organization, and a National Emergency related to the COVID-19 global pandemic was declared on March 13, 2020. COVID-19 is extremely contagious and may be spread through multiple pathways.

To mitigate the risks associated with COVID-19 at **Camp Encourage** ("Camp"), EverHeartHospice requires all Camp participants to adhere to the following Safety Guidelines while attending the Camp:

- Any person experiencing symptoms of COVID-19 is not permitted to attend the Camp; these symptoms include congestion or runny nose, headache, fever, chills, muscle or body aches, cough, shortness of breath or difficulty breathing, fatigue, new loss of taste or smell, sore throat, nausea or vomiting, and diarrhea.

- EverHeart Hospice reserves the right to screen Camp participants for COVID-19 symptoms, which may include conducting temperature checks and asking Camp participants if they are experiencing or have recently experienced any COVID-19 symptoms, before allowing a participant to attend the Camp.

- EverHeart Hospice reserves the right to deny entry to the Camp to any participant who refuses to comply with EverHeart Hospice's COVID-19 screening or who is experiencing any COVID-19 symptoms.

By signing this Release, I, on behalf of myself, my children, my parents, my heirs, assigns, and personal representatives, agree as follows:

1. I understand that there is presently community spread of COVID-19 in the states of Ohio and Indiana.

2. I recognize that EverHeart Hospice is taking reasonable precautions and has put in place preventive measures to reduce the spread of COVID-19. I expressly agree to strictly comply with the COVID-19 Safety Guidelines instituted by EverHeart Hospice to reduce the spread of COVID-19, and that my failure to do so will result in EverHeart Hospice dismissing me or the minor listed on this Waiver as a participant at the Camp.

3. I understand that such risks cannot be eliminated entirely, and that although reasonable precautions are taken, I or the minor listed on this Waiver may become infected with COVID-19. I also understand the health risks associated with COVID-19 infection, and that infection by COVID-19 may be serious with the potential for significant negative health effects, to myself and/or others, including hospitalization, long-term complications, or death.

4. I acknowledge the contagious nature of COVID-19 and agree to accept and assume all risks associated with COVID-19 related to participation at this Camp, despite the risks of COVID-19.

5. I, ON BEHALF OF MYSELF, MY CHILDREN, MY PARENTS, MY HEIRS, ASSIGNS, AND PERSONAL REPRESENTATIVES HEREBY VOLUNTARILY WAIVE, RELEASE, AND FOREVER DISCHARGE ANY AND ALL CLAIMS AGAINST EVERHEART HOSPICE, ITS AGENTS, SERVANTS, EMPLOYEES, INSURERS, DIRECTORS, OFFICERS, SUCCESSORS, AND ASSIGNS, THAT RELATE IN ANY WAY TO COVID-

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19, INCLUDING BUT NOT LIMITED TO ANY CLAIM ARISING FROM OR RELATING TO EXPOSURE TO, INFECTION WITH, OR OTHER HARM RELATED TO COVID-19 WHILE PARTICIPATING AT THIS CAMP AND/OR AS A RESULT OF PARTICIPATION, AND ALSO INCLUDING HARM RELATED TO SPREAD OF COVID-19 TO MY FAMILY MEMBERS OR OTHERS ("COVID Claim") AS A RESULT OF PARTICIPATION AT THIS CAMP.

6. I further covenant and agree not to institute any legal action against EverHeart Hospice for any COVID Claim released by this Assumption of Risk and Waiver of Liability Regarding Coronavirus/COVID-19 ("Waiver"). I agree that should any COVID Claim be made against EverHeart Hospice in contravention of this Waiver, including but not limited to derivative claims, I will protect, defend, and completely indemnify (reimburse) EverHeart Hospice for any such COVID Claim and expenses, including attorneys' fees and costs incurred by EverHeart Hospice in defending itself or security indemnity hereunder.

I have read the Waiver and understand that by signing the Waiver I have consented to be bound by its terms, including the waiver/release of any legal right I may have to sue EverHeart Hospice for any costs it incurs because a COVID Claim is brought in violation of this Waiver. I agree that any violation of the Waiver and its terms and conditions, as determined by EverHeart Hospice, may result in loss of the ability to attend the Camp or future EverHeart Hospice events.

I am signing this Waiver freely, voluntarily, and competently.

Name of Participant/Minor (please print): _____

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____ Date _____