

CAMP HOPE



HOSPICE
of South Georgia, Inc.

Hope, Dignity, Love.

Registration/Medical Release Form

(Registrations will be made on a first-come, first-served basis. Complete one registration packet per camper. Please use a pen and print information clearly. All applications will be processed when received in our office. Please attach a recent photo of your child.)

Camper First Name: _____ Called By: _____

Camper Last Name: _____ Birthday: _____ Age: _____

Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

T-Shirt Size: Child S ___ M ___ L ___ XL ___ Adult S ___ M ___ L ___ XL ___ XXL ___ Other ___

School Child is Attending: _____ Grade: _____

Please list other family members attending Camp Hope:

Names: _____

Does your child have a religious affiliation? Yes No Preference: _____

Does your child have any allergies (food, bees, etc.) that we should know about? _____

Does your child require special accommodations, (i.e. dietary restrictions, physical limitations)? We will make every effort to accommodate special needs. _____

Please list any existing medical conditions: _____

List current Medications: _____

Will any of these medications need to be given to camper while in our care? Yes No

If so, list the medication, dosage amount and time to be given: _____

(Medications must be in original prescription containers.)

Please provide the following information about your child's grief:

Name of loved one:

Relationship to child: _____ Date of Death:

Was the person who died a Hospice patient? Yes No

Did your child live with this person? Yes No

Child's age at time of the death: _____ Cause of death:

Briefly describe the circumstance leading up to the death, including the nature of the death and the length of illness, if any:

How did your child react to this special person's illness and/or death? _____

What have been your observations of the child since this time? _____

Did your child attend the funeral or memorial service and how did he/she cope with that experience? _____

Describe the relationship between your child and the person who died (i.e. close, distant, strained, loving, etc.). _____

Please list any other significant losses in your child's life and approximately when they occurred (i.e. family members, pets, friends, divorce, move, etc.). _____

Describe your child's support network of family, friends, school, and community. Who does your child confide in? Share secrets with? _____

Does your child have any attention, behavior, or learning difficulties? Please specify. _____

Please tell us about your child's personality, character traits, interests and activities (sports, games, dolls, crafts, educational, etc.): _____

Anything else you think we should know? _____

Please describe any problems your child has with the following:

Grades:

School attendance: Getting

along with friends:

Getting along with family members:

Sleep problems (sleepwalking, bedwetting, nightmares):

How did you learn about our camp program?

What are your expectations for Camp Hope? _____

My signature below indicates that I have read and completed the application/registration in its entirety and that I wish for my child to be invited to Camp Hope. To the best of my knowledge, the information I have provided on this form is true and accurate.

Parent or Guardian Name (please print)

Signature _____

Relationship to child: _____ Date signed: _____

COMPLETE REGISTRATION AND RETURN TO HOSPICE OF SOUTH GA, INC. BY September 21, 2018 TO:

Hospice of South Georgia, Inc.
1625 Sunset Blvd.
Jesup, GA 31545

For questions call 912-588-0080

For office use only:

Date received: _____

Forms completed: _____

Child accepted:

Date notified of acceptance: _____

Transportation arranged: _____