

# CAMP HOPE 2023



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. **Space is limited to 50 kids based on eligibility.**)

Camper First Name: \_\_\_\_\_ Called By: \_\_\_\_\_

Camper Last Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

T-Shirt Size: **Youth** - S \_\_\_ M \_\_\_ L \_\_\_ **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:

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

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

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

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

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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.). \_\_\_\_\_

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

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

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

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Anything else you think we should know? \_\_\_\_\_

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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 22<sup>nd</sup>, 2023**

**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: \_\_\_\_\_