



**Registration for Camp Heart Strings/Camp Dreams**

**Mail to:** Visiting Nurse Hospice; 2180 Empire Blvd. Webster, NY 14580 or submit electronically to Michele Allman, LMSW at [URMHC-CampHeartstrings@urmc.rochester.edu](mailto:URMHC-CampHeartstrings@urmc.rochester.edu)

**Please submit completed application by: Saturday, June 1, 2019 (Please print legibly OR type)**

Camper's Full Name: \_\_\_\_\_

Name camper wishes to be called: \_\_\_\_\_

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

City, State ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_ Parent or Guardian Name: \_\_\_\_\_

Gender at birth: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade entering September 2019: \_\_\_\_\_ School District: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Sibling (s) Names                      Age                      Attending camp?                      Resides with camper?

Sibling (s) Names	Age	Attending camp?	Resides with camper?

**Who referred you to Camp Heartstrings?**

Flyer    School    Friend    PYS    Visiting Nurse Hospice/UR Medicine Home Care    Dreams from Drake    Other

Name: \_\_\_\_\_

Camper t-shirt size: youth medium, youth large, adult small, adult medium, adult large, adult extra-large

Has camper previously attended Camp Heartstrings/Camp Dreams? \_\_\_\_\_

**\*\*NOTE:** In case of emergency, we must be able to locate you or an emergency contact at any time during Camp Heartstrings/Camp Dreams. Please provide the names and contact information of two emergency contacts for camper.

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

May pick up camper at the end of each day: yes or no

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

May pick up camper at the end of the day: yes or no

Please note: Camper will only be released to those listed above at the end of camp each day.

Camper Name:

Grade (September 2019):

**Medical Insurance:**

Is the camper covered by family Health and Accident Insurance?  YES  NO

Name of Policy Holder \_\_\_\_\_

Relation \_\_\_\_\_

Health Insurance Carrier or Plan

Name \_\_\_\_\_

\_\_\_\_\_

Agent or Company \_\_\_\_\_ Phone

Number \_\_\_\_\_

Policy or Certificate Number \_\_\_\_\_ Group

Number \_\_\_\_\_

\*A photocopy of the front and back of health insurance card must be attached to this form.\*

***Bereavement History (please list each loss due to death separately)***

Name of the person who died:

\_\_\_\_\_

Relationship of the deceased to the camper:

\_\_\_\_\_

Date of Death:

\_\_\_\_\_

Cause of Death:

\_\_\_\_\_

How old was the camper at the time of the death?

\_\_\_\_\_

Did the camper witness the death?

\_\_\_\_\_

Does the camper know the details of the death?

\_\_\_\_\_

Did the camper attend the memorial service/funeral?  YES  NO

Explain what the camper has been told about the circumstances of the death

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Camper Name:

Grade (September 2019):

Other losses/experiences: i.e. Change in school, relocation of home, other losses: \_\_\_\_\_

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***Grief Reactions: Please explain how the camper is grieving:***

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|--|---|
| <ul style="list-style-type: none"><li>○ Withdrawal</li><li>○ Change in eating patterns</li><li>○ Verbally Aggressive</li><li>○ Does not want to talk about deceased</li><li>○ Difficulty concentrating</li><li>○ Physically Aggressive</li><li>○ Difficulty in school/change in grades</li></ul> | <ul style="list-style-type: none"><li>○ Wants to talk about deceased</li><li>○ Sleep changes</li><li>○ Bad Dreams</li><li>○ Increased anger</li><li>○ Crying</li><li>○ Self-injurious behavior</li><li>○ Physical illness such as stomachache</li></ul> |
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Additional Reactions:

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Has the camper received professional counseling support:  YES  NO

Does the camper display any behaviors in school? \_\_\_\_\_

Does the camper have a behavior plan in school for example an IEP, 504 plans, or receive special education services?

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Use this space to provide any additional information about the camper's behavior, physical, emotional, or mental health that the camp staff should be aware of.

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What has been helpful to the camper when he/she is distressed?

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Please list any allergies (including food allergies):

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Camper Name:

Grade (September 2019):

Are there any other medical concerns that our camp staff should be aware of?

Please be sure your child has all prescribed medications prior to coming to camp. There will not be a nurse present to dispense medications.

**Camp Notes:**

Each child's legal guardian is responsible for the camper's transportation to and from Camp Heartstrings/Camp Dreams at Nazareth College.

Please have your child bring an unframed photo of their special person at the start of camp. The photo will be returned.

Some of the activities at camp are outdoors. *Please provide sunscreen lotion if your child requires such protection.*

**Consents/Release of Liability:**

1. I give permission to administer basic First Aid to my child.
2. Take photographs of my child in connection with Camp Heartstrings / Camp Dreams. I authorize the above mentioned, their assigns and transferees to copyright, use and publish the image in print and/or electronic media and I also authorize the use of any statements, voice recordings, and /or video made in connection with the photograph and/or subject at the time taken. I agree that the mentioned entities may use such photographs with or without my child's name and for any lawful purpose, including for example such purposes as a camp yearbook for campers, fundraising materials, marketing materials, publicity, illustration, advertising, and Internet/website content.
3. I, the undersigned parent/guardian of \_\_\_\_\_ understand and agree that UR Medicine Home Care, Camp Heartstrings, Camp Dreams, Dreams from Drake, their Board of Directors, PYS and Nazareth staff, and volunteers are released from any legal responsibility and/or liability for any occurrences of either accidents or illnesses which may occur during the entirety of Camp Dreams/Camp Heartstrings activities.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_