

# CAMP ANGEL

## CAMPER INFORMATION FORM

Guardian Angel Hospice Foundation and Angels for Kids are proud to sponsor Camp Angel on September 21-23, 2012 at Camp Tecumseh near Delphi, IN. Camp Angel provides a supportive environment for children ages 6 -16 to share their feelings of loss with other children and caring adults. Children are assigned to groups of 4-5 with other children of the same gender and in the same relative age group. These small groups are facilitated by two or three adults whose duties include leading activities, being available for discussion/support and monitoring the safety/well being of campers in their respective groups. Through this interaction with fellow campers and caring adults, campers learn that their feelings of grief and loss are normal. Camp Angel is paid for entirely by community donations and campers attend free of charge, including transportation to/from camp. Children 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***. Please note that camper spaces will be first given to children who have never attended Camp Angel. However, return campers may be allowed to attend based upon an evaluation of case-by-case situations and availability of spaces. Applications should be returned by August 15<sup>st</sup>, to Guardian Angel Hospice, 513 W. Lincoln Rd., Kokomo, IN 46902. Feel free to contact us at 765-453-7702 with any questions or concerns you may have, or email me at [keddy@gahospice.com](mailto:keddy@gahospice.com).

Sincerely,

Kay Eddy, MSW, LSW  
Camp Angel Coordinator

# Camp Angel Application

Child's name \_\_\_\_\_ Nickname \_\_\_\_\_

T-Shirt Size: Youth Sm. \_\_\_\_\_ Youth Med. \_\_\_\_\_ Youth Lg. \_\_\_\_\_ Adult Sm. \_\_\_\_\_ Adult Med. \_\_\_\_\_  
Adult Lg. \_\_\_\_\_ Adult XL \_\_\_\_\_ Adult XXL \_\_\_\_\_ Adult XXXL \_\_\_\_\_

School Grade as of August 2011 \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

School Attended \_\_\_\_\_ Sex: Female \_\_\_\_\_ Male \_\_\_\_\_

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**Parent/Guardian** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zipcode** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

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Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Has this child ever attended Camp Angel? Yes \_\_\_\_\_ No \_\_\_\_\_

Has this child attended any other grief camp or support group? Yes \_\_\_\_\_ No \_\_\_\_\_

# Bereavement History

Please include as many details as possible when answering the following questions. Add extra pages if necessary.

Name of the person deceased \_\_\_\_\_

How was the person related to the child \_\_\_\_\_

What was the cause of death \_\_\_\_\_ Age of your child when 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

Are they 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 still 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 will help your child? \_\_\_\_\_

\_\_\_\_\_

Has your child had any behavior changes since the death?

Isolation \_\_\_\_\_ Lashing out in anger \_\_\_\_\_ Extreme Sadness \_\_\_\_\_ Self-destructive behaviors \_\_\_\_\_ Substance Abuse \_\_\_\_\_ Difficulty Concentrating \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# Camp Angel Indemnification Agreement

1. I, \_\_\_\_\_, hereby give my permission for my child, \_\_\_\_\_ to attend Camp Angel on September 21-23, 2012. 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 \_\_\_\_\_

## RELEASE

3. 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 and/or Camp Tecumseh 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 and/or Camp Tecumseh 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 and/or Camp Tecumseh. I understand that this means I agree not to sue any or all of the released parties in connection with Camp Angel.

## Limitations

4. 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 the 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.

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

Signed \_\_\_\_\_ Date \_\_\_\_\_