



# 2018 Camp Erin® Tampa Bay Camper Application



Suncoast Kid's Place will be hosting Camp Erin Tampa Bay which is a transformational weekend camp specifically designed for kids and teens, ages 6-17, who have experienced the death of a significant person. Camp Erin combines traditional, fun camp activities with grief education and emotional support, free of charge for all families. Led by grief professionals and trained volunteers, Camp Erin provides a unique opportunity for youth to increase levels of hope, enhance self-esteem, and especially to learn that they are not alone. Camp will be held from Friday, February 23<sup>rd</sup> – Sunday, February 25<sup>th</sup>, 2018 at the Word of Life Florida in Hudson, FL.

**Campers will be chosen on a first come first serve basis with priority given to new campers\*. A family interview is required for all campers. Acceptance status will be communicated after the family interview. Camp space is limited.**  
*\*Campers that have previously attended any Camp Erin will automatically be added the waitlist. Please verbally inform the staff if your child has experienced a significant death since attending.*

For more information, please call (813) 990-0216, or go to [www.suncoastkidsplace.org/camperin](http://www.suncoastkidsplace.org/camperin)

**Submission of this application does not constitute acceptance into Camp Erin Tampa Bay.**

**CAMPER INFORMATION** (FILL OUT A SEPARATE APPLICATION FOR EACH CAMPER) PLEASE PRINT OR WRITE LEGIBLY

Camper's First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Camper prefers to be called: \_\_\_\_\_ Gender: \_\_\_\_\_

Age (as of Feb 22<sup>nd</sup>, 2018): \_\_\_\_\_ Date of birth (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_\_

School name: \_\_\_\_\_

Siblings (list names/ages): \_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIAN:** Any guardian listed on this form can receive information about the program and about the camper. *(If legal guardian is not the biological parent, please provide custody paperwork)*

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

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

Mailing address: \_\_\_\_\_

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

Phone: Day: ( ) \_\_\_\_\_ Eve: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

E-mail address (watch for important updates): \_\_\_\_\_

Has the camper ever attended a Camp Erin before?  Yes (specify year/ location): \_\_\_\_\_  No

Has the camper been involved with Suncoast Kid's Place before?  Yes  No

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

**How did you hear about Camp Erin?** (check all that apply)

Suncoast Kid's Place  Counselor  School  Web  Advertisement  Other: \_\_\_\_\_

**BEREAVEMENT HISTORY** (Attach extra sheet if you need more space)

1. Name(s) of significant person(s) who died: \_\_\_\_\_

2. Relationship(s) to camper: \_\_\_\_\_

3. What did the camper call their person(s): \_\_\_\_\_

4. Date(s) of death: \_\_\_\_\_ 5. Age(s) of deceased at time of death: \_\_\_\_\_

6. What was the cause(s) of death: \_\_\_\_\_

7. Was the death anticipated?  Yes  No

8. Was the camper present at the time of death?  Yes  No

9. Did the camper attend the funeral/memorial service?  Yes  No

If YES, what were your camper's reactions to the service? \_\_\_\_\_ If NO, was there a reason they did not attend? \_\_\_\_\_

10. Do you and the camper talk about the deceased?  Yes  No

11. Did the camper receive counseling/grief support before or after the death?  Yes  No

If yes, please specify services received and length of service: \_\_\_\_\_

12. Describe the relationship between the camper and the deceased (e.g., close, distant): \_\_\_\_\_

13. What have you observed that indicates your camper is grieving? \_\_\_\_\_

14. Has the camper experienced any other deaths?  Yes  No

If yes, please specify the deaths and describe the impact on the camper: \_\_\_\_\_

**CAMPER BEHAVIOR** (Attach extra sheet if you need more space)

15. Has the camper exhibited any of the following behaviors in the last two months? (Check all that apply.)

- |   |  |   |   |  |
|---|--|---|---|--|
| <input type="checkbox"/> Depression         | <input type="checkbox"/> Special fears                         | <input type="checkbox"/> Lying                    | <input type="checkbox"/> Stealing                   | <input type="checkbox"/> Destruction of property   |
| <input type="checkbox"/> Run away from home | <input type="checkbox"/> Discussed suicide                     | <input type="checkbox"/> Regression               | <input type="checkbox"/> Nightmares                 | <input type="checkbox"/> Ongoing sleep disturbance |
| <input type="checkbox"/> Harmed self        | <input type="checkbox"/> Harmed others                         | <input type="checkbox"/> Behavior problems (home) | <input type="checkbox"/> Behavior problems (school) |  |
| <input type="checkbox"/> Drug/alcohol use   | <input type="checkbox"/> Unusual/inappropriate sexual behavior |   |   |  |

Please provide more information about the behaviors checked above: \_\_\_\_\_

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

16. Describe any other changes/stresses in the camper's life (e.g., divorce, illness, moving). \_\_\_\_\_

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17. Have you noticed a change in the camper's friendships or peer relationships?  Yes  No

If yes, please specify: \_\_\_\_\_

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18. Has the camper's behavior, things they have said or done concerned you lately?  Yes  No

If yes, please specify: \_\_\_\_\_

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19. Does the camper have any triggers that set them off? (ex. Noise, smell, words, etc.)  Yes  No

If yes, please specify: \_\_\_\_\_

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20. Has the camper ever been involved with the juvenile justice system?  Yes  No

If yes, (check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Arrested      | <input type="checkbox"/> Held in juvenile detention                                       | <input type="checkbox"/> Placed on probation |
| <input type="checkbox"/> Went to court | <input type="checkbox"/> Involved for status offense (ex. Truancy, runaway, ungovernable) |  |
| <input type="checkbox"/> Other         |   |  |

Please provide more information about the items checked above: \_\_\_\_\_

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**CAMP INFORMATION** (Attach extra sheet if you need more space)

21. Have you and the camper talked about him/her coming to Camp Erin?  Yes  No

22. What, if any, concerns do you have about the camper coming to camp? \_\_\_\_\_

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23. What, if any, concerns does your camper express about coming to camp? \_\_\_\_\_

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

**24. Has the camper ever:**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Spent a night away from home?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Spent a night away from home since the death? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Attended a day camp?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Attended an overnight camp?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**25. Is there anything we should know about the camper's religious beliefs or faith practice?** \_\_\_\_\_

\_\_\_\_\_

**26. Is there anything else we should know to better serve the camper?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**27. T-shirt size** (check one):  Youth Small       Youth Medium       Youth Large  
 Adult Small     Adult Medium     Adult Large     Adult XL     Adult 2XL     Adult 3XL

**DEMOGRAPHICS** (This information will be used for grant applications, research projects, and to better serve the community.)

**28. Race/Ethnicity** (Check all that apply.):

- African-American     Native American     Asian     Caucasian     Native Hawaiian or Other Pacific Islander  
 Hispanic/Latino     Multi-Racial     Other: \_\_\_\_\_

**29. Yearly family income:** \_\_\_\_\_ less than \$10,000      \_\_\_\_\_ \$36,451 - \$49,999  
   \_\_\_\_\_ \$10,000 - \$24,999      \_\_\_\_\_ \$50,000 - \$99,999  
   \_\_\_\_\_ \$25,000 - \$36,450      \_\_\_\_\_ more than \$100,000

**30. Was the deceased an active, reserve, or National Guard military member or military veteran?**  Yes     No

If so, what branch? \_\_\_\_\_

**31. Is the camper's guardian an active, reserve, or National Guard military member or military veteran?**  Yes     No

If so, what branch? \_\_\_\_\_

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

**CAMPER MEDICAL INFORMATION**

Please fill out everything to the best of your knowledge. Camp staff and/or camp nurse may call to follow up. The following information will be reviewed with the parent/guardian and the camp nurse the first day of camp at check-in.

**32. EMERGENCY CONTACTS:** Please list two people other than parents/guardians to contact in case of emergency at camp:

**Emergency contact #1 name:** \_\_\_\_\_ **Relationship to camper:** \_\_\_\_\_

**Phone: Day:** ( ) \_\_\_\_\_ **Eve:** ( ) \_\_\_\_\_ **Cell:** ( ) \_\_\_\_\_

**Emergency contact #2 name:** \_\_\_\_\_ **Relationship to camper:** \_\_\_\_\_

**Phone: Day:** ( ) \_\_\_\_\_ **Eve:** ( ) \_\_\_\_\_ **Cell:** ( ) \_\_\_\_\_

**33. Camper's Regular Physician Name:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

**34. Is the camper currently under the care of a counselor/mental health professional?**  Yes  No

If yes, Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**35. Does the camper have any of the following medical concerns (Check all that apply):**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Physical Limitations | <input type="checkbox"/> Diabetes               | <input type="checkbox"/> Motion Sickness    |
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Dietary Restrictions   | <input type="checkbox"/> Nosebleeds         |
| <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Medical Sleep Problems | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Speech impairment    | <input type="checkbox"/> Vision Impairment      | <input type="checkbox"/> Long-term illness  |
| <input type="checkbox"/> Other                |   |   |

**Please provide more information about the medical concerns checked above:** \_\_\_\_\_

\_\_\_\_\_

**36. Is the camper allergic to anything?** (Please specify below with severity and reaction)  Yes  No

**Allergies to medication:** \_\_\_\_\_

**Food allergies:** \_\_\_\_\_

**Plant allergies:** \_\_\_\_\_

**Animal/insect allergies:** \_\_\_\_\_

**Other allergies:** \_\_\_\_\_

**37. Does your camper use an EpiPen?** If yes, please bring to camp.  Yes  No

**38. \*Required\* Date of camper's latest Tetanus shot (DTAP or Tdap):** \_\_\_\_/\_\_\_\_/\_\_\_\_

Tetanus boosters are recommended every 10 years. If not up to date, it is required to get a Tetanus booster prior to camp.

**39. Any dietary restrictions?** (Vegetarian, gluten free, etc.): \_\_\_\_\_

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

**40. Has the camper had any operations?**

Yes

No

If yes, please specify: \_\_\_\_\_

**41. Has the camper had any serious or chronic illness?**

Yes

No

If yes, please specify: \_\_\_\_\_

**42. Does the camper have any known physical, mental, or social difficulties which may affect participation and/or for which consideration should be given?**

Yes

No

If yes, please specify: \_\_\_\_\_

**43. Does the camper's activity need to be restricted in any way?**

Yes

No

If yes, please specify: \_\_\_\_\_

**CAMPER MEDICATION INFORMATION**

**44. Does your camper currently take any long-term medications?**

Yes

No

If yes, please list all of your camper's current long-term medications. We understand that these might change before camp. **ALL MEDICATIONS MUST BE IN ORIGINAL CONTAINER WITH CAMPER'S PRESCRIPTION.**

**Name of medication:** \_\_\_\_\_ **Used for:** \_\_\_\_\_

**To be taken at:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_ **Prescription or OTC:** \_\_\_\_\_

**Other Information:** \_\_\_\_\_

**Name of medication:** \_\_\_\_\_ **Used for:** \_\_\_\_\_

**To be taken at:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_ **Prescription or OTC:** \_\_\_\_\_

**Other Information:** \_\_\_\_\_

**Name of medication:** \_\_\_\_\_ **Used for:** \_\_\_\_\_

**To be taken at:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_ **Prescription or OTC:** \_\_\_\_\_

**Other Information:** \_\_\_\_\_

**Name of medication:** \_\_\_\_\_ **Used for:** \_\_\_\_\_

**To be taken at:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_ **Prescription or OTC:** \_\_\_\_\_

**Other Information:** \_\_\_\_\_

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

By signing below I am certifying that all information in this application to be true, complete, and correct to the best of my knowledge and belief. I am also certifying that I am the legal parent/guardian of the above named camper, known in this form as 'camper' or 'child'.

I am also authorizing The Moyer Foundation and Suncoast Kid's Place to contact me by phone, text, and email regarding my child and with information about Camp Erin and Suncoast Kid's Place. I understand that there will be more forms to fill out and a family interview prior to my child's acceptance into Camp Erin Tampa Bay.

**NAME OF PARENT OR LEGAL GUARDIAN (Printed):** \_\_\_\_\_

**SIGNATURE OF PARENT OR LEGAL GUARDIAN:** \_\_\_\_\_

**DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **RELATIONSHIP TO CAMPER:** \_\_\_\_\_

**DON'T SIGN THIS NOW.** The camp nurse will ask you to sign this at check-in when dropping off your child, after you have reviewed the medication needs of your child.

**Parent/Guardian:** I hereby authorize the camp nurse(s) to give \_\_\_\_\_ the medication(s) listed and described above.

**NAME OF PARENT OR LEGAL GUARDIAN (Printed):** \_\_\_\_\_

**SIGNATURE OF PARENT OR LEGAL GUARDIAN:** \_\_\_\_\_

**PLEASE RETURN TO:**      **Suncoast Kid's Place**  
**Attn: Camp Erin**  
17030 Lakeshore Rd  
Lutz, FL 33558

**Email:** [camperin@suncoastkidsplace.org](mailto:camperin@suncoastkidsplace.org)  
**Phone:** 813.990.0216  
**Fax:** 813.960.1091