



2019 Camp Erin® Tampa Bay Camper Application



Suncoast Kids 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, January 25th – Sunday, January 27th, 2019 at Lakewood Retreat in Brooksville, 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

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 Jan 27th, 2019): _____ 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)*

(1) Full Name: _____ Relationship to camper: _____

(1) Phone: Day: () _____ Eve: () _____ Cell: () _____

(1) E-mail address (watch for important updates): _____

(2) Full Name: _____ Relationship to camper: _____

(2) Phone: Day: () _____ Eve: () _____ Cell: () _____

(2) E-mail address (watch for important updates): _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Camper's Name: _____

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

Has the camper been involved with Suncoast Kids Place before? Yes No

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

Suncoast Kids 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: _____

What does the camper know about the 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's Name: _____

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: _____

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

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

If yes, please specify: _____

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

If yes, please specify: _____

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

If yes, please specify: _____

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: _____

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? _____

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

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 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:** () _____

Camper's Name: _____

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.): _____

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's Name: _____

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: _____

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 Kids Place to contact me by phone, text, and email regarding my child and with information about Camp Erin and Suncoast Kids 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:** _____

PLEASE RETURN TO: Suncoast Kids Place
Attn: Camp Erin
17030 Lakeshore Rd
Lutz, FL 33558

Email: camperin@suncoastkidsplace.org
Phone: 813.990.0216
Fax: 813.960.1091