



2010 Registration Form

Camper Information

First Name: _____ Last Name: _____

Preferred Name: _____

Date of Birth: _____ Age: _____ School (in fall): _____ Grade: _____

Home Address: _____

City: _____ State: _____ Zip: _____

T-Shirt Size (please check one):

Youth: Small (6-8) Medium (10-12) Large (14-16)

Adult: Small Medium Large OX-Large O XX-Large

Parent/ Guardian Information

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____ Alt. Phone: _____

Please name those who are allowed to pick the child up from camp: _____

Medical Information

Name of Company: _____ Telephone # of Company: _____

Policy Number: _____ Policy Holder's Name: _____

Policy Number's Social Security Number (if needed): _____

Food Allergies: _____ Drug Allergies: _____

Other Significant Allergies: _____

Please list any dietary restrictions: _____

May we dispense Tylenol in the dosage appropriate for your child's age and weight, if needed? _____

Please explain any additional information we need to know to care safely for your child: _____

I give permission to agents of High Country Health Care Systems Hospice to administer first aid to my child and authorize emergency transport to the nearest acute care facility.

Parent/Guardian Signature: _____ Date: _____

Bereavement History

(Please include as many details as possible when answering the following questions.)

1. Name of the person who died: _____
2. How was the person related to the child? _____
3. What was the cause of death? _____
4. When did the death occur (date)? _____
5. Age of your child when the death occurred: _____
6. Did the child attend the funeral/memorial service? _____
7. Please list your child's religious affiliation (if any): _____
8. Has your child received any professional support (i.e. school counselor, peer support group, psychologist, psychiatrist, pastoral counselor)? _____
9. Is your child currently receiving any professional support? _____
10. Please explain how your child indicates that he/she is still grieving? _____

11. Have there been multiple deaths of loved ones experienced by this child? _____
If yes, please describe the nature of death and the child's relationship to this person: _____

12. Have there been any other changes/stresses in your child's life (i.e. divorce, remarriage, relocation, illness)? _____

Final Camp Information

Has your child previously attended Camp Sunshine? _____

If so, When? _____ Was it for the same loss as the one listed above? _____

I give permission for my child to be photographed, videotaped, or interviewed during Camp Sunshine knowing that this material may be used for Hospice promotion, education, and general Hospice usage. **(Initial) Yes** _____ **No** _____

I _____, release High Country Health Care Hospice (employees, volunteers, directors, officers) from all liabilities, losses, cost, damages, claims, or causes of action of any kind and expenses, including attorney's fee, arising or claimed to have arisen out of any injuries or damages received or sustained by any person or persons or property as a result of intentional acts.

Parent/Guardian Signature: _____ **Date:** _____

How did you hear about Camp Sunshine? _____

I have read, answered, and understood the above information. My child may attend Camp Sunshine.

Parent /Guardian Signature: _____ **Date:** _____

Please mail your application to:

Watauga

Attn Jennifer Johnson
136 Furman Road St. 4
Boone NC 28607

Ashe

Attn Jennifer Richardson
PO Box 421
Jefferson, NC 28640

Alleghany

Attn Mary Lee
PO Box 1287
Sparta, NC 28675

If you have questions call your local Hospice office or visit our website highcountryhospice.org:

Alleghany Hospice: 336.372.8018

Ashe Hospice: 336.246.6443

Watauga Hospice: 828.265.3926