



Dear Parent/Guardian,

Thank you for your interest in Nathan Adelson Hospice's **Camp Erin**. Camp will be held June 1st – 3rd, 2018. We are very excited and looking forward to another great camp experience! The volunteers of Camp Erin aim to provide a fun, safe and memorable camp experience for every camper.

It is **mandatory** that this registration packet be *returned* by **Monday, May 7th, 2018** so that we can process your child/children's enrollment process. Space is very limited and spots fill up quickly, so please be prompt in returning your application. Receipt of your child's application **does not** automatically reserve a space for them. Each application will be carefully reviewed prior to acceptance to camp.

If your child is accepted, you will be notified. You will then receive another packet of information explaining camp guidelines, regulations, busing information and details on **mandatory attendance** at our "Save Your Spot" event **May 26th, 2018**.

Special Note: Please know in advance that Potosi Pines Campground is mountainous and there will be significant physical activity required of campers.

Thank you for your cooperation. If you have any questions or concerns regarding registration or camp, please do not hesitate to contact Jennifer Mauceri at (702) 796-3185.

Sincerely,

Camp Erin Team

2018 CAMP ERIN® Las Vegas Camper Application



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

Camper's name: _____

Camper prefers to be called: _____ **Sex:** Male Female

Age: _____ **Date of birth (MM/DD/YYYY):** _____ **Grade:** _____

Race/Ethnicity (We use this information to gather demographic statistics. Check all that apply.): African-American
 Native American Asian Caucasian Native Hawaiian or Other Pacific Islander Hispanic/Latino
 Multi-Racial Other: _____

School name: _____

Siblings (list names/ages): _____

PARENT/GUARDIAN: _____ **Relationship to camper:** _____

Mailing address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: Day: (____) _____ **Eve:** (____) _____ **Cell:** (____) _____

E-mail address (We use this to communicate important information with you): _____

What is the best time/way to reach you? (E.g., Afternoon/e-mail): _____

EMERGENCY CONTACTS: Please list two people other than you 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:** (____) _____

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

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

School Web Advertisement Other(specify): _____

BEREAVEMENT HISTORY (ATTACH EXTRA SHEET IF YOU NEED MORE SPACE)

Name(s) of person(s) who died: _____

Relationship(s) to child: _____

Date(s) of death: _____ Age(s) of deceased at time of death: _____

What was the cause of death? _____

Was the death anticipated? Yes No

Was the child present at the time of death? Yes No

Did the child attend the funeral/memorial service? Yes No

If yes, what were your child's reactions to/comments about the service? _____

Do you and the child talk about the deceased? Yes No

Did the child receive counseling before or after the death? Yes No

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

Did the child receive grief support services before or after the death? Yes No

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

Was the deceased an active, reserve or national guard military member or military veteran? Yes No

If so, what branch? _____

Is either guardian an active, reserve or national guard military member or military veteran? Yes No

If so, what branch? _____

Describe the relationship between the child and the deceased (e.g., close, distant): _____

How did the child react to the death? _____

Describe how the child indicates that he/she is grieving. _____

Has the child exhibited any of the following behaviors? (check all that apply)

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

School

- Difficulty getting homework done
- Day dreaming
- Cannot concentrate
- Disrupts the class
- Slipping grades
- Other _____

Home

- Fighting with siblings
- Fighting with parents
- Eating changes
- Sleeping changes
- Somatic complaints (pains, aches?)
- Withdrawal from activities
- Regressive behavior
- Clinging behavior
- Other _____

Problematic Dreams

- About death in general
- About deceased
- Nightmares
- Recurring dreams
- Other _____

Fears

- Fear of the dark
- Being left alone
- New experiences
- Loud noises
- Death
- Other _____

Anxiety

- Going to school
- Separation from parents
- General anxiety /phobia
- Other _____

Abuse

- Emotional/Psychological
- Physical
- Sexual
- Other _____
- If Yes to any of above, please explain:

Has the child experienced any other deaths?

- Yes No

If yes, please specify the deaths and describe the impact on the child:

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

Has the child's behavior, things they have said or done concerned you lately?

- Yes No

If yes, please specify:

CAMP INFORMATION (ATTACH EXTRA SHEET IF YOU NEED MORE SPACE)

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

What, if any, concerns do you have about the child coming to camp?

What, if any, concerns does the child express? _____

Has the child ever:

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

List any special interests or hobbies the child has: _____

List any dietary restrictions or food allergies the child has (e.g., vegetarian, lactose intolerant, peanut allergy): _____

List any special medical needs or physical challenges the child has (e.g., asthma, diabetes, mobility issues): _____

Is there anything we should know about the child's religious beliefs or faith practice?

Is there anything else we should know to better serve the child?

T-shirt size (check one): Child S Child M Child L
 Adult S Adult M Adult L Adult XL Adult 2X Adult 3X

Yearly family income: _____ less than \$10,000
_____ \$10,000 - \$24,999
_____ \$25,000 - \$36,450
_____ \$36,451 - \$49,999
_____ \$50,000 - \$99,9999
_____ more than \$100,000
_____ prefer not to answer

Camp Erin Las Vegas provides transportation to campers from a park in Las Vegas to Potosi Pines via bus. Children will be supervised by Camp Erin team members during bus ride. Parents and guardians are required to drop off and pick up the camper from the park as scheduled.

NAME (Printed): _____

SIGNATURE: _____ **DATE:** _____

RELATIONSHIP TO CAMPER : _____

PLEASE RETURN TO: **Nathan Adelson Hospice**
Attn: Jennifer Mauceri
4141 Swenson Street
Las Vegas, NV 89119

Email: jmauceri@nah.org
Phone: 702-796-3185
Fax: 702- 938-3917



Consent for Medical / Surgical Care, Emergency Treatment and Medical Information Form

Name of Parent/Guardian: _____
First Middle Last

Mother _____ Father _____ Legal Guardian _____ (*check one*)

Name of Child Camper: _____
First Middle Last

Son _____ Daughter _____ Birth Date of Child: _____

As the parent/legal guardian of the above named child, I give full authorization to Camp Erin staff or agents to secure medical care or treatment for said youth. This treatment may include assistance from the nearest physician, medical clinic, hospital, trained nurse, EMT, or other health care professional in the event of illness or injury that requires immediate attention as determined by Camp Erin staff. In the event of an emergency and I cannot be contacted, I give permission to the treating medical institution and/or medical providers to render any medically necessary care for my child. I further authorize Camp Erin and its agents to disclose any and all information they deem appropriate and as necessary to secure appropriate care for my child. I agree that I am responsible for any such care rendered to my child and will indemnify and hold harmless Camp Erin for such care or related costs or expenses.

My child has the following health issues and/or problems: _____

My child takes the following prescription and/or non-prescription medications:

My child has the following allergies (including food, medication, and all other allergies):

Name of Health Insurance Carrier: _____

Address: _____

Telephone Number: _____

Policy Holder's Name: _____

Policy & Group Number: _____

Signature of Policy Holder: _____

(Make copy of insurance card and staple to form)

Authorization to Administer Medication
(Please Print)

Name of Camper: _____

All medications will be turned in to the Camp Nurse on registration day; medications will be dispensed by the Camp Nurse only. Please bring the medications in a container (e.g., Zip-Loc bag, plastic box) with the child's name on it. **Please make a special note if medications need to be refrigerated.**

Please complete the information requested:

List of Medication(s)

| Name of medication | Dosage | Time of day | Additional instructions |
|--------------------|--------|-------------|-------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Parent/Guardian Signature _____ Date _____

Date of last tetanus shot: _____

Over the Counter Medication Permission Form

I give the camp nurse permission to administer over the counter medications to my child while he or she is at camp. The nurse may give one or all of the following medications according to instructions and amounts recommended on the bottle:

Tylenol _____ Yes _____ No

Ibuprofen _____ Yes _____ No

Benadryl _____ Yes _____ No

Any additional comments and/or recommendations:

Parent/Guardian: _____

Signature: _____ Date: _____

Consent for Medical Treatment

PLEASE NOTE: THIS FORM MUST BE NOTARIZED!

If you do not have access to a Notary, please call Jennifer Mauceri at 702-796-3185 to schedule an appointment (Notary is available by appointment only!)

Camper Name: _____

(Please print)

To Whom It May Concern:

In the event that I cannot be reached or be present, I hereby authorize the Camp Nurse of Camp Erin or his/her agent to execute any and all documents including any necessary releases in my behalf that might be required by any medical facility to perform required emergency care on the basis of any accident or illness sustained or incurred by my minor child while attending Camp Erin.

I further agree that I, acting on behalf of myself or my minor child, do expressly and forever waive and release Camp Erin and Nathan Adelson Hospice, and all their respective officers, employees, agents or representatives from any and all liability for personal injuries or damages sustained, incurred or arising from participation at Camp Erin.

Signature of parent or guardian _____

Relationship to Camper _____

State of _____ County of _____

seal

Signed or attested before me on _____ (date) _____ by _____

PLEASE ATTACH RECENT PHOTO OF YOUR CHILD