

Hearts Way Hospice Kid's Camp Registration

Today's Date: _____

Camper's full name: _____

Prefers to be called: _____

Date of Birth: _____ AGE: _____ Gender: _____

T-shirt Size: **Child** ___ SMALL ___ MEDIUM ___ LARGE **adult**: ___ SMALL ___ MEDIUM ___ LRG ___ XL

Camper's Address:

City: _____ State: _____ Zip Code: _____

County: _____

School District: _____ Grade in School: _____

Parent/Guardian's Name: _____

If Guardian, Relationship to camper is: _____

If Different address than above:

City: _____ State: _____ Zip Code: _____

Parent/Guardian Contact information:

Primary Contact #: _____ Secondary Contact #: _____

Email of Parent/Guardian: _____

Will your child be dropped off at church _____ or a Heart's Way Hospice Location: _____

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Bereavement History:

Please Print Campers Name:

1. Campers Special person who passed: _____
2. Full Name & Relationship to Camper: _____
3. Did the child attend the funeral or memorial service, if so please describe their reaction/Experience

4. What current emotions are you seeing in the child?:

5. Please list any other concerns you feel we should be advised of:

Camper Health History

Please describe any health conditions/problems/allergies that your child may have:

Does your child take any physician-prescribed medication on a regular basis? Please explain:

In case of an emergency and parent/guardian cannot be reached, contact:

Name: _____ Relationship to Camper: _____

Daytime Phone: _____ Evening Phone: _____

Hearts Way Hospice Kid's Camp Registration Authorization for Emergency Medical Treatment:

Should a medical emergency arise during my child's participation in Kid's Camp Activity, I consent to:

1. The administration of medical treatment and/or surgical procedures deemed necessary by the medical doctor and/or medical facility deemed most fitting the type of illness or injury, and
2. The immediate administration of life-sustaining measures deemed necessary under the circumstances
3. In the event of a minor injury, I authorize the camp nurse to administer standard first aid and/or over-the-counter pain reliever, if necessary.

_____ Parent/Guardian Initials

Camper Release of Liability

I, as parent/guardian and on behalf of _____ (my child) and for *name of camper myself*, release and discharge Heart's Way Hospice and the Trinity Baptist Church, their agents, employees, directors, volunteers and officers from any legal responsibility and/or liability for any personal injuries or illnesses, sustained by me child, either physical or emotional, or injury to property, real or personal, whether injury is due to negligence or any other cause, which may occur while my child attends Kid's Camp, or which may arise in the future and/or may be related to my child's attendance at Kid's Camp.

Photo Consent:

Heart's way Hospice would like to use photos of our campers and volunteers for future publicity of Kid's camp

____ YES Heart's way Hospice may use, Release and Consent and agree to all of its terms.

____ NO, I would prefer that my photo or photos of my child (ren) not be used. _____ Initials

I have read this authorization, Release and Consent and agree to all of its terms.

Parent/Guardian Signature _____ Date: _____