



Camp  
Courage

Dear Prospective Camper and Parent/Guardian:

We are so pleased that you are considering Camp Courage as a way of supporting your child in dealing with the death of a significant person in their lives. Our Bereavement Camps [Camp Courage I and Camp Courage II] and our Pre and Post Camp Grief Support Group Sessions, offer children and teens (8–18 years of age) and their families a safe place to share their feelings of grief and to learn coping skills to help them on their grief journey. The Camps and the Pre and Post Camp Support Group Sessions are the bereavement outreach of Columbia Montour Home Hospice, a not-for-profit organization, and are made possible through grants, fund-raising activities and the generosity of volunteers and donors in our community. **The Pre Camp Grief Support Session and Camp Courage I are held in the Spring and Camp Courage II and the Post Camp Grief Support Group Sessions are held in the Fall.** The weekend camps, Camp Courage I (in May) and Camp Courage II (in October), are held at Camp Victory, a beautiful camp village located in Millville, Pennsylvania. The Pre Camp and Post Camp Grief Support Group sessions are held at The Village in Eysers Grove, Pennsylvania. **The Bereavement Camps and the Pre and Post Camp Grief Support Group Sessions are free to all children and families who attend.**

We have planned the camp experience to be a fun-filled weekend, yet one which will help each camper to understand, express and share their feelings of grief. Children who attend camp stay in cabins with others of the same age and gender and work one-on-one with a Big Buddy volunteer. The Big Buddy provides a “listening ear”, careful supervision throughout the weekend and guarantees that the camper has a friend at every activity. Registered nurses and a counselor are also available on site at all times. Through a variety of guided activities such as journaling, creating memory boxes, and designing quilt squares, children learn to express their grief. Free time gives campers and their Big Buddies a chance to explore the many camp activities including archery, rock wall climbing, fishing, visits with therapy dogs, games and sports.

If you are interested in having your child attend Camp Courage and the Pre-Camp or Post-Camp Support Group, please fill out the enclosed application. All of the information that we request is important to our staff as we are entrusted with the care of your child. We have attached a guide to direct you in the completion of the application process. **Please return the completed application to the agency address as soon as possible to reserve a spot for your child.**

We will contact you after we receive your application to set up an appointment for an interview to learn more about your child and his/her grief. If you have any questions, please contact us at (570) 784-1723 / 800-349-4702 or via email at [bereavementcamps@bloomhealth.net](mailto:bereavementcamps@bloomhealth.net).

Thank you for your interest in our Bereavement Camps!



**BEREAVEMENT CAMP**  
**CAMP COURAGE APPLICATION PROCESS**  
**Camps for Grieving Children and Teens (ages 8 – 18 yrs)**  
**The camps are free for all who attend.**

**Step 1:** The parent or legal guardian must complete, date and sign the application where indicated for each child or teen who will attend camp.

**Mail applications to:** Columbia Montour Home Hospice  
Bereavement Program  
Attn: Bereavement Camps  
410 Glenn Avenue Suite 200  
Bloomsburg, PA 17815

**Step 2:** When we have received your completed application, we will contact you to schedule an appointment for a family interview.

**If we leave a message and you do not call back promptly, we must place your name on a Wait List and contact the next applicant.**

**Step 3:** Once you have completed the interview, you will be notified whether or not your child/teen is accepted into camp. If your child/teen is accepted and will be taking prescribed medications during the camp weekend, you will be given a Medication Order Form to have your physician complete and sign.

**Please note that applications are reviewed in the order they are received. Once we have reached capacity for the May camp, additional applicants will be placed on the Wait List or offered opportunity to attend the October camp.**

If you have any questions or concerns, please contact us at the Bereavement Camps: (570) 784-1723 or (800)-349-4702. You can also contact us via email at [bereavementcamps@bloomhealth.net](mailto:bereavementcamps@bloomhealth.net).



<b>Camper Application</b>	<b>For Agency Use Only</b> Date Application received: _____
Attach child's photo here. <b>REQUIRED</b>	<b>Camp Courage</b> <b>A Healing Camp for</b> <b>Grieving Children and Teens</b> <b>Ages 8 through 18 years</b>

Camper's full name: \_\_\_\_\_

Prefers to be called: \_\_\_\_\_ Circle Gender: Male Female

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Camper Address: \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

Camper's phone number(s): \_\_\_\_\_

County of residence: \_\_\_\_\_ Township of residence: \_\_\_\_\_

School District: \_\_\_\_\_ Grade in school: \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

If Guardian, relationship to camper: \_\_\_\_\_

Parent/Guardian contact numbers: Email for Parent/Guardian: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

How did you learn about Camp Courage?

### Bereavement History

1. Camper's special person(s) who died:  
Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Age of the person who died? \_\_\_\_\_ Date the death occurred \_\_\_\_\_  
Cause of Death \_\_\_\_\_
2. Age of the camper at the time of the loss? \_\_\_\_\_
3. Briefly describe the relationship that existed between the camper and the deceased.
4. Did the camper reside with the person who died? \_\_\_\_\_
5. Does the camper know the facts about the cause of death? \_\_\_\_\_
6. Did the child attend the funeral or memorial service? If so, please describe their reaction.
7. Has your child experienced the death of other he/she loved? If yes, please explain:
8. Does the camper have any brothers or sisters? If so record the name and age of the sibling.
9. Have there been any other changes or stressful situations in your child's life such as divorce, illness, relocation, etc? Please describe:

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

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Camper Health History**  
**(to be completed by parent/guardian)**

Camper Name: \_\_\_\_\_

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

Does the camper have any physical limitations/restrictions on activities or special needs while at camp?

Are your child's immunizations up to date?    Yes    No

Date of child's last physical exam: \_\_\_\_\_

Is your child currently under the care of a physician for any medical problem?

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

Medical Insurance Information [please attach a copy of current insurance card(s)]

Company: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Policy holder's name: \_\_\_\_\_

Preferred physician/medical facility: \_\_\_\_\_

Physician's phone number: \_\_\_\_\_

## CAMP COURAGE

### Authorization for Emergency Medical Treatment

Should a medical emergency arise during my child's participation in a Camp Courage 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 to the type of illness or injury by the Camp Courage nurse or Camp Coordinator, 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.

\_\_\_\_\_  
**Initials**

### Camper Release of Liability

[This signed release is required for camp attendance.]

I, as parent/guardian and on behalf of \_\_\_\_\_ (my child) and for  
*name of camper*

myself, release and discharge Columbia Montour Home Health VNA & Hospice, its agents, employees, directors, volunteers and officers from any legal responsibility and/or liability for any personal injuries or illnesses, sustained by my 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 Camp Courage, or which may arise in the future and/or may be related to my child's attendance at Camp Courage.

\_\_\_\_\_  
**Initials**

### Permission for Mental Health Counselor Contact

A mental health counselor will be present to provide supportive services to the Camp participants. Except for emergency evaluations, parents or guardians need to provide consent in order for counselors to intervene with their child. By signing below, you are providing your consent for your child to speak with a counselor if he/she desires. This is not a "counseling session" or an "assessment" but is intended to enhance the camp experience for your child. The counselor will be a supportive listener, and provide an opportunity for your child to talk about his/her life experiences. If a mental health emergency were to arise, this counselor will be available to assess the campers and advise camp personnel.

\_\_\_\_\_  
**Initials**

Please print camper's name: \_\_\_\_\_

I have read this Authorization, Release and Permission and agree to all of its terms.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Camp Courage

## “Getting to know you”

(To be completed by the prospective camper)

Name you like to be called: \_\_\_\_\_ Age: \_\_\_\_\_

Your T-Shirt size:            Child: S   M   L   **OR**   Adult: S   M   L   XL

Your Sweatshirt size:        Child: S   M   L   **OR**   Adult: S   M   L   XL

So that we can try to make sure the weekend includes things you like to do, please check the activities you enjoy:

_____ Volleyball	_____ Paddle Boating	_____ Fishing	_____ Line Dancing
_____ Nature hikes	_____ Rock Wall Climbing	_____ Softball	_____ Arts/Crafts
_____ Basketball	_____ Archery	_____ Animals	_____ Other

Help your “Big Buddy” get to know you:

Have you ever spent a night away from home? \_\_\_\_\_

Have you ever been camping before? \_\_\_\_\_

What is your favorite sport/activity? \_\_\_\_\_

Do you have any favorite sports teams? \_\_\_\_\_

What is your favorite subject in school? \_\_\_\_\_

What is your favorite board/card game? \_\_\_\_\_

Do you have any pets? If so, which kind? \_\_\_\_\_

What is the farthest place you have ever traveled to? \_\_\_\_\_

If you could pick one place on Earth to travel to, where would it be? \_\_\_\_\_

My best friend would tell you that I am: \_\_\_\_\_

What is the one thing you think you will like best about camp? \_\_\_\_\_

What thing(s) make you nervous about coming to camp? \_\_\_\_\_

On a scale of 1 to 10, how excited are you about coming to camp?

1	3	5	7	10
Oh No!	Someone is making me come	Better than sitting at home	Might be fun	Can't wait!