

Camp Courage 2023

BRAVE THE WILD

Monday, June 5th – Friday, June 9th, 2023

Kids age 6 – 10 years-old

Priority deadline: Friday, April 7th, 2023

Late deadline: Friday, May 5th, 2023

To avoid delays, please complete this form accurately and completely.

All applicants who have not previously attended Camp with Annie's Hope must complete a face-to-face interview with an Annie's Hope staff member. Interviews must be completed by Friday, May 19th, 2023.

Application Part 2

To be completed by a parent or guardian.

Camper's name: _____ Date of birth: _____

Is this the first time the camper has stayed overnight without your presence? Yes No

Has the camper previously attended an overnight camp? Yes No Where? _____

Has the camper previously attended Camp Courage? Yes No

If yes, what years? 2015 or earlier '16 '17 '18 '19 '20 '21 '22

How did you learn about Camp Courage? _____

How does the child feel about attending Camp Courage?

Excited OK with it Indifferent Scared Reluctant

Camper t-shirt size. Please select one.

Youth size Small (6-8) Medium (10-12) Large (12-14)
Adult size Small Medium Large XL 2XL 3XL

Parent or guardian information

Employer: _____

Employer street address: _____

City: _____ State: _____ Zip Code: _____

Does your employer have a matching gift program? Yes No I don't know

I approve this application and verify that the proposed camper is capable of such an experience.

I understand Camp Courage & the Camp Director reserve the right to dismiss any camper who is judged detrimental to the welfare of the group or whose conduct is not in accord with the standards of Camp Courage.

As the parent/guardian of a participant, I agree to assume the full risk and fully release and discharge members of Annie's Hope, its directors, officers, trustees, agents, servants, employees, and volunteers for any injuries, including death, damages, or losses, regardless of severity, which my child may sustain as a result of any Camp activity. I agree to waive and relinquish all claims my child may have as a result of participating in Camp against Annie's Hope, its directors, officers, trustees, agents, servants, employees, and volunteers as well as to indemnify and hold harmless the aforementioned.

I have fully read and understand the above, and all information supplied by me is accurate and current to the best of my knowledge.

Signature of parent/guardian: _____ Date: _____

Camp Courage 2023

Health Examination Form

Camper's name: _____ Date of birth: _____ Age: _____ Height: _____ Weight: _____

Parent/guardian name: _____

Primary parent/guardian phone (Home): _____ (Cell): _____

(Work): _____ E-mail address: _____

Primary parent/guardian street address: _____

City, State, Zip Code: _____

In an emergency, Annie's Hope should notify (other than self):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Doctor's name: _____ Phone: _____

Health history (please check all that apply):

- | | | | | |
|---------------|--------------------------------|---------------|-----------------|---------------------|
| Diabetes | Asthma | Heart disease | Lung disease | Seizures |
| Fainting | Stomach aches | Constipation | Bed wetting | Athlete's foot |
| Sleep walking | Sleep talking | Homesickness | Tubes in ears | Skin condition |
| Anxiety | Depression | Operations | Serious illness | Motion/car sickness |
| COVID-19 | COVID-19 Diagnosis Date: _____ | | | |

If none apply, please check here:

If one or more apply, please add details:

Has the camper EVER needed an inhaler or nebulizer for wheezing or asthma? Yes No

(If yes, please pack it in the camper's baggage and give it to the nurse at check-in.)

Does the camper have any medical conditions requiring regular medication? Yes No

If yes, please complete the information below. Indicate with an "x" the time of day the medication is given.

<u>Medication</u>	<u>Dose</u>	<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Bedtime</u>	<u>Other</u>	<u>Reason</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Additional instructions:

Please check any of the following over-the-counter medications the Camp Nurse may give the camper as necessary:

- Benadryl Tylenol Ibuprofen Zyrtec Claritin Calamine lotion Tums

Does the camper have any of the following?

Drug allergies: Yes No

If yes, please describe: _____

Food Allergies: Yes No

If yes, please describe: _____

Dietary restrictions: Yes No

If yes, please describe: _____

Is the camper allergic to or fearful of dogs? Yes No

If yes, please describe: _____

Allergic reactions: Bee stings: Yes No Poison ivy/oak: Yes No Mosquito bites: Yes No

If yes, please describe the reaction:

Does the camper have any special diet needs? Yes No

If yes, please describe:

Are the camper's immunizations (*excluding the COVID-19 vaccines*) up-to-date? Yes No

Has the camper been vaccinated for COVID-19? Yes No

Has the camper received the COVID-19 booster? Yes No

Date of the camper's last Tetanus shot: _____ *Date is required before we can consider this camper for acceptance.

Please notify Annie's Hope if this camper is exposed to any communicable disease in the three weeks before Camp Courage attendance (COVID-19, Chicken Pox, Mumps, Measles, etc.).

Are any specific activities to be restricted? Yes No

If yes, please explain:

Does the camper know how to swim? Yes No

If so, does the camper swim: Poor Average Very good

Does the camper use any specific equipment (braces, glasses, contacts, retainers, cast, etc.)? Yes No

Please add additional information about the specific equipment used:

Insurance provider: _____

Group ID/Policy ID/Medicaid #: _____

In the case of medical emergency, I understand every effort will be made to contact the parents or guardians of campers. In the event I cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the camper as named above.

Parent/guardian signature: _____ Date: _____

Annie's Hope & Camp Courage

PHOTOGRAPHIC RELEASE

I, _____, do not hereby authorize **Annie's Hope** to take photographs, films, audiotapes, and videotapes of _____ and their artwork to be used in newspapers, publications, and presentations. **Annie's Hope** may use these items and information in any way the organization considers proper and desirable.

Parent/guardian signature: _____ Date: _____

TRANSPORTATION WAIVER

I, _____, hereby grant permission for **Annie's Hope** to transport _____, to and from **Camp Courage** on a bus leased by **Annie's Hope**. I release **Annie's Hope** and **Camp Courage** from responsibility and liability if any injuries are incurred in connection with being transported to and from **Camp Courage**.

Parent/guardian signature: _____ Date: _____

RELEASE OF RESPONSIBILITIES FOR VALUABLES

I, _____, hereby release **Annie's Hope** and **Camp Courage** staff and volunteers of any responsibility for valuables that my camper, _____, chooses to bring to **Camp Courage**. I acknowledge that **Camp Courage** guidelines encourage all valuables to be left at home.

Parent/guardian signature: _____ Date: _____

SUBSTANCE USE AGREEMENT

I, _____, understand that use of substances of any kind, including traditional cigarettes, e-cigarettes, tobacco, street drugs, and alcohol, during **Annie's Hope** programming is not allowed. I am aware that use of such substances during **Camp Courage** is grounds for _____'s immediate removal from the program.

Camper signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

CONFIDENTIALITY AGREEMENT

**This statement is to be reviewed by all children who wish to attend Camp Courage.
Parents and guardians, please review this with the camper.**

As you know, children who come to programs offered by **Annie's Hope** are extremely vulnerable and in the midst of beginning again after a death has rocked their very existence.

As fellow participants, you become a piece of the healing process for other children. They open their hearts and souls in the hopes that they will one day find peace. Often what they share is highly personal and private. They may not have expressed the information to anyone else - not even with family, friends, or relatives. They share with us because they want to and need to. They trust that their stories will be protected and respected.

It is a privilege to hear the pain of another. With that privilege comes much responsibility. You are to hold their stories in a sacred trust. All information shared by children, volunteers, and staff is strictly confidential. Outside **Annie's Hope** programs, it is not to be discussed - even to your own families and friends. Your story may be told by you to anyone you choose as often as you choose.

There are five exceptions to preserving confidentiality. They are:

1. Any indication that someone is thinking about attempting suicide.
2. Any indication of physical, mental, or sexual abuse or neglect.
3. If there is any reason to be concerned about drug and alcohol use/abuse by a child or teen, we reserve the right to inform the parent/guardian.
4. If there is information ordered by the court including a subpoena. We will attempt to contact the party named about this order. If the release of information is opposed, a court may nevertheless require compliance with the order.
5. If we learn that someone participating at **Annie's Hope** might commit an act of violence. In this case, we may take steps to protect the intended victim against such danger, inform the police, or both.

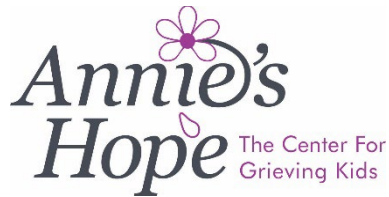
Fellow participants and volunteers who suspect that a person may harm her/him/them/hirself, another, or property, or that other unsafe conditions exist in a family that are beyond the scope of our services, are to, with the child's, teen's, or adult's knowledge, inform a Director immediately. The Director will assess the severity of the issue and respond accordingly and refer to emergency services, if needed.

CAMPER signature: _____ **Date:** _____

CAMPER ASSISTANCE CHECKLIST

You should have already seen and reviewed the Camper Packing Checklist, located in the Parent/Guardian Camp Courage Packet of Information. The list suggested camper supplies. Camp Courage may be able to help obtain the items listed below **ONLY** if absolutely needed. All other items on the Camper Packing Checklist are the responsibility of the camper's parents and guardians. Please check all items you request.

Toiletries:	Toothbrush & toothpaste	Hair comb & brush	Deodorant
	2 bath towels & wash cloths	Shampoo & conditioner	Soap
	Preventative Poison Ivy lotion	Insect repellent	Sunblock/sunscreen
Camp Necessities:	Sleeping bag OR 2 sheets & blanket	1 pillow & pillowcase	Bag for belongings
	Water Bottle	Backpack	



Authorization for Release of Information

To: Annie's Hope – Kaitlyn Paton

From: _____

Re: Camper's name: _____

Camper's date of birth: _____

For purposes of the length of stay of the above-named child at Camp Courage 2023 only, June 5, 2023 to June 9, 2023, I hereby authorize any educator or educational institution, healthcare or mental healthcare provider or institution, including but not limited to teachers, social workers, counselors, psychologists, rehabilitation experts, and physicians to whom this authorization is presented to disclose to and discuss with Kaitlyn Paton any information related to evaluation, care, or treatment rendered to my child named above. I further authorize the release of all records, including but not limited to reports, correspondence, notations, diagnoses, and prognoses which may be requested by Kaitlyn Paton.

A faxed copy/photocopy of this release is as valid as the original.

This authorization shall remain in full force and effect until I file a written withdrawal of such authorization or until the close of Camp Courage 2023 on June 9th, 2023, whichever comes first.

This release is intended to comply with the Health Insurance Portability and Accountability Act of 1996. The educator or educational institution, healthcare or mental healthcare provider or institution, including but not limited to teachers, social workers, counselors, psychologists, rehabilitation experts, and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

Signature of parent or legal guardian of the above-named camper: _____

Printed name of parent or legal guardian: _____

Primary parent/guardian street address: _____

City, State, Zip Code: _____

Phone number: _____ **Date:** _____

Sunnyhill Adventures

2023 Consent for Services

In consideration of admission of _____ (Participant's Full Name), for the various programs conducted by Sunnyhill Adventures, a program of Sunnyhill Inc., I/we give the unqualified right and permission to:

1. Administer medications as provided by me, the parent, Legal Guardian, or staff according to a physician's prescription and/or administer approved non-prescription drugs if required.

2. Participate in camp activities on and off site including but not limited to: swimming, canoeing, boating, indoor wall climbing, outdoor wall climbing, tower climbing, archery, zip-lining, caving, programs and activities off camp and in the community, riding in vehicles, and all camp activities, etc.

3. In the event that I cannot be reached in an emergency, I hereby give permission to transport the above-named participant and secure treatment at a health care facility at my expense.

4. I hereby indemnify Sunnyhill Inc., its' agents and employees, and agree to hold it and them harmless from any and all liability arising out of any injury, or accident that might happen to the participant, and from any damage the participant might cause to any person(s) or property while in the care of Sunnyhill Inc., its' agents and employees. I further understand that the participant can be excluded at any time during the program by the director if it is judged that the participant has hampered the safety, welfare, or enjoyment of self or other in the program.

I have read the foregoing, which I understand to be Consent for Services, release and indemnification, and I understand this fully.

In witness whereof, I have executed this consent and indemnification.

_____ Date: _____
Participant Signature

_____ Date: _____
Legal Guardian Signature

Camper Conduct Agreement

This form must be reviewed with and signed by the camper.

A parent or guardian's signature on behalf of the child is not acceptable.

The camper and I (Parent/ Guardian) have read the Code of Conduct Behavior Policy starting on page 9 of this application. We understand and agree to follow the Code of Conduct while attending Camp Courage. We understand the consequences of not following the Code of Conduct.

Parent/guardian signature: _____ **Date:** _____

Camper signature: _____ **Date:** _____

Camp Courage Code of Conduct Behavior Agreement

Please read with your camper and keep this page for your reference.

At Annie's Hope, we believe that all children have the right to a safe, fun, and memorable camp experience. We expect campers to be respectful, responsible, and supportive. We want campers to make friends, learn and try new things, and to have fun. To create a positive camp environment, it is important that every camper commits to the following conduct and behavioral expectations. Every parent/guardian is required to read the following information with their camper, sign, and return the Camp Courage Code of Conduct Behavior Agreement to Annie's Hope.

Campers are encouraged to practice positive social skills which allow them to resolve conflicts and meet their needs without the use of harmful or destructive behaviors. When disciplinary situations occur, staff will work with campers to help them understand why their behavior is inappropriate. They will then help campers identify alternative behaviors that are appropriate for camp. We recognize that campers may have coping strategies and conflict management techniques that work for them at school or at home. Staff will attempt to utilize these strategies and techniques as much as possible, if appropriate for camp.

Annie's Hope commitment:

Annie's Hope will provide comprehensive support services for children, teens, and their families who are grieving a death. Camp Courage, one of Annie's Hope programs:

- Will offer a space that is safe and comfortable;
- Will treat each person with respect and dignity;
- Will treat each camper fairly and consistently; and
- Will maintain confidentiality for all children and their families.

Parent and guardian commitment:

Parents and guardians realize the importance of working cooperatively with Annie's Hope to provide the safest, most supportive environment possible. Parents and guardians:

- Will join Annie's Hope in enforcing the Code of Conduct;
- Will review the behavior expectations listed below with their camper before attending camp; and
- Will assist their camper in packing to ensure the dress code is followed and electronic devices are left at home.

Camper commitment:

Campers understand the importance of working cooperatively with Annie's Hope to provide a safe, supportive environment for all campers. Campers:

- Will respect others and themselves, including personal space, belongings, choices, and opinions.
- Will keep their hands to themselves - touching or physical threats are not acceptable.
- Will use appropriate language – swearing, cursing, or discriminatory/racist, offensive/lewd jokes will not be permitted or tolerated.
- Will use appropriate behaviors while in a group - meal manners, listening, not interrupting when someone else is talking, taking turns, saying “please” and “thank you”, and using a “talking” voice for indoors.
- Will arrive on time for gatherings, meals, and activities.
- Will respect camp property, property of fellow campers, and natural resources (i.e., animals, trees).
- Will contribute to the camp community through supporting their peers, helping with cabin responsibilities, and reflecting Camp Courage values.
- Will talk through conflicts and challenges.
- Will respect each other's differences including but not limited to race, gender, sexual orientation, religion, disability, appearance, or grief response.

Bullying Policy

Annie's Hope defines bullying as repeated aggressive behavior with the intent of asserting power and/or control over another individual. We expect all members of our community to be respectful towards one another, therefore we take all incidents of bullying very seriously. If a camper has difficulty meeting this expectation, further action will be taken.

If a camper violates any expectations:

1. We will discuss our concerns with the camper and all individuals involved.
2. We will take actions to redirect the behavior (i.e., time out from an activity). The staff will use fair, consistent, and timely consequences to help campers learn more appropriate behavioral responses.
3. We will call the camper's parent or guardian to discuss the situation and request suggestions for redirecting behavior.
4. If the behavior is persistent or worsens, and if deemed necessary by the Camp Director, the camper may be dismissed from camp and the parent or guardian will be required to pick up the camper from the campground immediately.

Immediate Dismissal

Our staff reserves the right to immediately dismiss campers whose behavior endangers the safety of themselves, other campers and/or our staff, thereby bypassing some of the disciplinary steps outlined above. Immediate dismissal examples:

- Any child who brings a weapon to Camp Courage;
- Any child who brings illegal substances, paraphernalia, alcoholic beverages, or tobacco products to Camp Courage;
- Any child who makes a credible threat to hurt themselves or others;
- Any child who seriously and/or intentionally hurts themselves or others;
- Any child who verbally or physically fights with fellow campers or staff; and
- Any child who has sexual contact with another person at Camp Courage.

Dress Code

We ask parents and guardians to assist the camper with packing for camp. Please keep the camp dress code in mind when packing. Clothing items that will **NOT** be permitted are:

- Any gang-related clothing or styling;
- Clothing that reveals genitalia, midriffs, or under garments;
- Clothing with inappropriate sayings or pictures; and
- Halters, tube tops, cut-off shirts, or short shorts.

**Please remember to submit PART 1 (general information about the camper & their grief).
Applications for Camp will not be considered until all application parts are received.**

Please submit completed applications by mail, email or fax to:

Annie's Hope – The Center for Grieving Kids

Mailing address: 1333 W. Lockwood, Suite 104 • Glendale, MO 63122

Email: applications@annieshope.org

Fax: (314) 918-1438

For questions or concerns, please contact Annie's Hope at (314) 965-5015.