



Wissahickon Hospice  
150 Monument Road, Suite 300  
Bala Cynwyd, PA 19004  
610.617.2400 • hospice@uphs.upenn.edu  
Fax: 610-617-2409

Dear Prospective Camper and Family,

Thank you for your interest in Penn Wissahickon Hospice's Camp Erin-Philadelphia. You are making an important step in helping a grieving child. If you have experienced a loss, we hope our program will ease your burden and make a difference for you and your family.

Enclosed please find the application packet. The packet includes the registration form, camper information and bereavement history forms, medical information, consent forms, and general interest questions.

Camp Erin - Philadelphia will be held **May 14-16, 2010** at Diamond Ridge Camps in Jamison, PA. The Camp registration begins on Friday afternoon. Closing ceremonies are on Sunday morning.

Applications reviewed on a first come, first served basis. Some applicants will be deferred for next year as deemed appropriate by the Camp Director.

Camp Erin-Philadelphia is offered free of charge. The Camp is a traditional, fun, weekend-long camp experience for children aged 6-17 who have experienced the death of a significant person in their lives. Campers get an opportunity to be with other children who have experienced a death and get support from caring adults. Counselors and social workers experienced in working with grieving children and specially trained volunteers lead grief activities and supervise recreation. (Note: All staff and volunteers staying at the Camp undergo background checks and fingerprinting to ensure the safety of all children.) Registered nurses will be available on site at all times to dispense medications and to respond to medical problems that may arise.

Please know that all information you provide is confidential. Thank you again for your interest. Please return your completed application to:

Penn Wissahickon Hospice  
Attn: Camp Erin - Philadelphia  
150 Monument Road, Suite 300  
Bala Cynwyd, PA 19004  
Fax: 610-617-2409

If you have questions about the status of your application, please contact us.

Sincerely,

Elise Gaul, MS, LPC, CT  
Director  
Elise.Gaul@uphs.upenn.edu  
610-617-2471

Cara Houlihan  
Assistant Director  
Cara.Houlihan@uphs.upenn.edu  
610-617-2478

\* **Camp Erin** is a national program created and funded by The Moyer Foundation.  
**Camp Erin- Philadelphia** is also funded through the generosity of local donors and foundations.

## **Important information regarding this application:**

**Please review the information in the brochure thoroughly before submitting the application.**

- ❖ Space is available on a first come, first served basis.
- ❖ Each registration will be reviewed and may include an interview before the application process is complete and the applicant accepted.
- ❖ No camper can be officially accepted without a complete application including medical information and a Dr.'s signature. However, caregiver portions of the application may be sent in advance to begin the process.
- ❖ Campers who have previously attended Camp Erin-Philadelphia will be placed on a waitlist until April 16th. Campers who have been to the Camp only once before will be considered first.
- ❖ Campers who have family members and/or caregivers who wish to volunteer may not attend the Camp during the same year.
- ❖ Campers are admitted in accordance with Camp policies. All decisions regarding admission will be made by the Camp Director.
- ❖ Please make every effort to discuss Camp Erin-Philadelphia with your child and to make sure that he/she wants to join us. (We will invite you and your child to a pre-Camp orientation/party.)



# Camper Registration Form

Camper's name: \_\_\_\_\_  
First Middle Last Preferred First/Nickname

Parent / Guardian's name: \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_ Sex:  M  F

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email address: \_\_\_\_\_

### After you, the parent or guardian, whom should we notify in case of an emergency?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Telephone #: \_\_\_\_\_ Secondary Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Telephone #: \_\_\_\_\_ Secondary Telephone #: \_\_\_\_\_

1) Has your child attended Camp Erin-Philadelphia before? Check box(es)  No Yes:  2007  2008  2009

2) The following information is for statistical information we report to our funders. This information does not impact the acceptance process.

a. Estimated annual household income where the child resides (check one):

\_\_\_\_ Less than \$25,000; \_\_\_\_ between \$25,000 and \$50,000;  
\_\_\_\_ between \$50,000 and \$100,000; \_\_\_\_ over \$100,000

b. Child's ethnicity: \_\_\_\_ American Indian / Alaskan Native \_\_\_\_ Latino / Hispanic  
\_\_\_\_ Asian \_\_\_\_ African American  
\_\_\_\_ Native Hawaiian / Other Pacific Islander \_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_ Caucasian

3) Have you and your child discussed him/her attending Camp Erin 2010?  Yes  No

4) Has your child ever:  
a. Attended day camp?  Yes  No  
b. Attended overnight camp?  Yes  No  
c. Participated in a ropes course?  Yes  No

5) Is there anything we should know to better accommodate your child? (Please use additional sheets as needed.)

\_\_\_\_\_

6) How did you hear about this program?

- Wissahickon Hospice; Referring staff member's name: \_\_\_\_\_
- Counselor; Name and phone number: \_\_\_\_\_
- Other; Please explain: \_\_\_\_\_

**Bereavement History Questions**

- 7) Name of the person(s) who died: \_\_\_\_\_ Age of person at time of death: \_\_\_\_\_
- 8) Relationship to child: \_\_\_\_\_ Age of camper at time of death: \_\_\_\_\_
- 9) Date of death: \_\_\_\_\_
- 10) How did this person(s) die? \_\_\_\_\_
- 

11) Was your child present at the time of death?  Yes  No

a. Comments: \_\_\_\_\_

12) Did your child see the deceased after the death?  Yes  No

13) Did your child attend the funeral/memorial service?  Yes  No

a. If yes, what were your child's responses/comments to the service? \_\_\_\_\_

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14) Do you and your child talk about the deceased?  Yes  No

15) Did your child receive bereavement counseling?  Yes  No

16) Has your child received mental health counseling?  Yes  No  
If so, when? \_\_\_\_\_

17) Has the family received counseling?  Yes  No

18) Was the school counselor notified that the child experienced a death?  Yes  No

19) Please describe how your child indicates that s/he is grieving. \_\_\_\_\_

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20) Has your child experienced any other deaths?  Yes  No

a. Comments: \_\_\_\_\_

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

a. Please explain. \_\_\_\_\_

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22) Has your child said or done anything recently that concerns you?  Yes  No

a. If so, what? \_\_\_\_\_

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\_\_\_\_\_  
**Signature signifying that the information provided on this registration form is accurate to the best of your knowledge.**

\_\_\_\_\_  
**Relationship to Child**

## Pre-Camp Questionnaire

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

**Has your child exhibited or are you concerned about any of the following behaviors/issues?**

**Note that the 3<sup>rd</sup> column lets us know which concerns are happening now.**

**(Please check all that apply.)**

	Yes, prior to the death	Yes, after the death	Yes, this is a concern now	Not sure
Ongoing sleep disturbance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stealing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Destruction of property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bed wetting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running away from home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special fears?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caused harm to self?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caused harm to others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibiting behaviors younger than their age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nightmares?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior problems at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior problems at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug / alcohol use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussed suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unusual or inappropriate sexual behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increased physical illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolates self or spends excessive time alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intense guilt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intense anger?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intense clinging or longing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health concerns (including any diagnoses)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involvement in the legal and/or law enforcement system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If you answered yes to any of these questions, please explain on the next page.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Relationship to Child**





## Part 2 – Permission to Administer Medications

To be completed by parent or guardian.

Camper's name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Camp Erin - Philadelphia is staffed by a registered nurse. The nurse may not diagnose or prescribe medication or treatment.

In order to relieve your child's distress when ill, the Camp Health Personnel needs your written permission to administer the following over-the-counter medications. Medications will be administered only when deemed necessary by camp health personnel and only at recommended weight/age dosages as listed on the product label.

Please place your **initials** next to whichever over-the-counter medications you are authorizing. If you do not authorize medications supplied by camp, please initial the space provided for "NO" and indicate the substitute that you will send to camp for your child.

### 1. For pain, fever, cramps, headache – Please initial only one.

- \_\_\_\_\_ No preference. Camp has my permission to administer either Acetaminophen (Generic substitute for Tylenol®) or Ibuprofen (Generic substitute for Advil®).  
 \_\_\_\_\_ Camp has my permission to administer only Acetaminophen (Generic substitute for Tylenol®).  
 \_\_\_\_\_ Camp has my permission to administer only Ibuprofen (Generic substitute for Advil®).  
 \_\_\_\_\_ NO, I will send in \_\_\_\_\_.

Please indicate what your child prefers: \_\_\_\_\_ Liquid \_\_\_\_\_ Chewable Tablets \_\_\_\_\_ Pill (swallow)

### 2. For allergic reaction to insect bite/sting Benadryl® or generic Diphenhydramine

\_\_\_\_\_ YES, camp has my permission to administer. \_\_\_\_\_ NO, I will send \_\_\_\_\_  
*Initials* *Initials*

### 3. To relieve itching (poison ivy/insect bite/rash) – anti-itch topical (Benadryl® spray/ Caladryl® lotion)

\_\_\_\_\_ YES, camp has my permission to administer. \_\_\_\_\_ NO, I will send \_\_\_\_\_  
*Initials* *Initials*

### 4. To cleanse eyes/eyewash – Hypotears® Saline Solution

\_\_\_\_\_ YES, camp has my permission to administer. \_\_\_\_\_ NO, I will send \_\_\_\_\_  
*Initials* *Initials*

### 5. To induce vomiting – Ipecac

\_\_\_\_\_ YES, camp has my permission to administer. \_\_\_\_\_ NO, I will send \_\_\_\_\_  
*Initials* *Initials*

If you send an alternate over-the-counter remedy or prescription medication, it must be kept by the camp nurse. All medications sent from home must be in the **original pharmacy container**, and if prescription, **prescribed in the name of the child**. **ALL medications must be properly labeled with the child's name, and accompanied by instructions, signed by parent/guardian, indicating dosage, and time(s) to be administered.**

**For bee/insect stings, our protocol is to remove the stinger when possible, apply ice at site of bite/sting, and observe child. Benadryl® will be administered if deemed necessary by Camp Erin – Philadelphia Medical Staff, or if there is a history of reaction as indicated below. For a severe reaction, an Epi-Pen® will be given when supplied by the parent/guardian.**

- No history – has never been stung.
- Check here if anyone in your child's immediate family has experienced a severe allergic reaction to bee/insect stings.
- Epi-Pen® being sent by parent/guardian.
- If there is any additional information that the Camp Erin – Philadelphia Medical Staff should know concerning your child, please check this box and attach a separate sheet to this form.



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### Part 3 - Physician Health Certification

**\*\*Child's admission to camp is contingent upon the receipt of this signed and completed form.\*\***

#### To be completed by a Licensed Physician.

Camper Name \_\_\_\_\_ Birth date \_\_\_\_\_

**I. Camper Immunization History:** Required immunizations must be determined locally. Please record the date (month and year) of basic immunizations and most recent booster doses. Physician may attach copy of child's immunization records.

	Birth	1 mo	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	4-6 yrs
Hepatitis B									
Hib									
Polio									
DTap									
Pneumococcal									
MMR									
Varicella									
Influenza									
Hepatitis A									

#### II. Health Care Recommendations by Licensed Physician (this portion must be completed to attend camp)

I have examined the above camp applicant within the last year. Date examined \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

The applicant is under the care of a physician for the following condition(s):

\_\_\_\_\_

Current treatment (include current medications) : \_\_\_\_\_

\_\_\_\_\_

Explanation of any reported loss of consciousness, convulsion, or concussion: \_\_\_\_\_

\_\_\_\_\_

Is there a history of epilepsy?  Yes  No      Is there a history of diabetes?  Yes  No

*Part 3, Continued*

*To be completed by a Licensed Physician*

**Recommendations and Restrictions While at Camp**

Any treatment to be continued at camp \_\_\_\_\_

Any medication to be administered at camp	Dosage
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Any prescribed meal plan or dietary restrictions \_\_\_\_\_

Any allergies (food, drugs, plants, insects, etc.) \_\_\_\_\_

Activities to be encouraged or limited \_\_\_\_\_

Additional health information \_\_\_\_\_

**The patient was found to be in good health and may participate in all camp activities with the exceptions noted above.**

<b>Licensed Physician's Signature/Stamp</b> _____		
Address _____	Phone _____	
<i>Street &amp; Number</i>	<i>City, State &amp; Zip</i>	<i>Area/Number</i>
Date of Form Completion _____	*By _____	
<i>*Initial if completed by nurse or physician's assistant.</i>		

**DO NOT WRITE BELOW THIS LINE**

Mail or fax to: Penn Wissahickon Hospice, **Attn: Camp Erin - Philadelphia**  
150 Monument Road, Suite 300, Bala Cynwyd, PA 19004, Fax: 610-617-2409

THIS BOX TO BE COMPLETED BY CAMP ERIN - PHILADELPHIA CHECK-IN NURSE	
<ul style="list-style-type: none"><li>• I have reviewed parts 1, 2, and 3 of this form.</li><li>• I have screened camper for head lice.</li><li>• I have observed camper for evidence of chronic or communicable diseases.</li><li>• I have reviewed special medications, treatment procedures or diabetic restrictions, and any allergies – including food, environment, and medications.</li><li>• I have collected camper's medication (if applicable).</li></ul>	
Signature of Camp Check-In Nurse _____	Date _____

## Camp Erin-Philadelphia Consent and Release Agreement

I, \_\_\_\_\_, understand that The Moyer Foundation desires to use certain audio visual works in which I might appear (e.g., film, video, photographs or my likeness) during or in connection with my attendance at, or my participation in Camp Erin, to advertise, promote, distribute, market and sell various services, including Camp Erin and its related activities, in any and all media now known or later devised. I have agreed to grant certain “Publicity Rights” to the Moyer Foundation (defined below) in this regard. This Consent and Release Agreement (“Consent and Release”) confirms my grant of rights and our agreement as follows:

**i) Grant of Rights.** For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby grant to The Moyer Foundation, its employees, agents, representatives, contractors, successors, and assigns (the “Company”) the perpetual, irrevocable, fully paid, royalty-free, universal and unconditional right to: (a) use, simulate, portray, publish, copy, distribute, perform, display and generally exploit all or portions of my identity including without limitation my name, fictional names (if any), voice, signature, photograph, words, image, personality or other likeness (“Publicity Rights”); and, (b) copy, distribute, perform, display and create derivative works from any copyright protected works or materials developed or created by the Company based in whole or in part on, or arising from or related to the Publicity Rights, for advertising, distribution, marketing, promotion, publicity, sales or any other lawful commercial or noncommercial purpose, in any form or manner, in whole or in part, in any electronic or non-electronic medium now known or later devised, all in connection with Camp Erin.

I waive any right to inspect or approve any works or materials of the Company using my Publicity Rights, any accompanying written copy or printed matter, or the use to which it is applied. I understand and agree that the Publicity Rights, and works or materials containing or based on them may be used without any restriction as to changes or alterations, and may be modified, used in derivative works, distorted, included in composites, or otherwise used in unexpected contexts, manners, or forms, or may not be used at all.

**ii) Release.** I hereby fully and forever release, discharge, and hold harmless the Company from any and all claims, demands, or causes of action that I may now or in the future have based on any usage or adaptation of my Publicity Rights or portions thereof, or works or materials derived therefrom, including but not limited to claims for libel, defamation, invasion of privacy or rights of publicity, infringement or violation of moral rights or any other right arising out of or relating to any utilization of my Publicity Rights, including by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, or based upon any failure or omission to make use thereof. To the extent moral rights may not lawfully be waived, I hereby agree not to bring any actions or claims against the Company therefor.

**iii) Representations and Warranties.** I represent and warrant that I have the power, capacity and authority to grant the rights to the Company herein granted, that this Consent and Release has been duly executed and delivered by me and constitutes my legal and binding obligation enforceable in accordance with its terms, and that the grants of rights or any portions thereof) will not conflict with, violate or cause a dispute to arise with respect to any similar grants of rights agreements I have made or will make with any third parties or result in any violation of any law, statute, decree, rule or regulation, or any document, to which I have been or am subject. I further hereby represent and warrant that there were and are no judicial or administrative actions, suits, proceedings or governmental investigations pending or threatened before any court or tribunal or governmental instrumentality, or any citation, order or notice of violation of any law, decree, rule or regulation, by or against me or my Publicity Rights, or any materials, works or properties created or developed based on them, or, which are likely to result in an imposition of a lien upon any of my Publicity Rights or any materials, works or properties created or developed based on them.

*Continued on next page with signature line.*

4. **Remedies.** No breach of this Consent and Release shall entitle me to terminate or rescind the rights granted to the Company herein. I hereby waive the right, in the event of any such breach, to equitable relief or to enjoin, restrain, or interfere with the production, distribution, exploitation, or use of any of my Publicity Rights or any works or materials embodying them.

5. **Entire Agreement.** This Consent and Release expresses the entire understanding between the Company and me, and supersedes all prior agreements and discussions between us with respect to my Publicity Rights. No verbal understandings or agreements have been made with regard to the subject matter of this Consent and Release, and in granting the rights herein, I have not been coerced or induced to do so by any representations or assurances by Company, its agents or representatives.

6. **General.** This Consent and Release may be amended only by written instrument signed by the Company and me. The provisions hereof shall be binding upon me and my heirs, representatives, executors, administrators, and successors. Company may, at its sole discretion and option, assign or transfer all or portions of this Consent and Release. Each provision of this Consent and Release shall be treated as a separate and independent clause, and the unenforceability of any one clause shall in no way impair the enforceability of any of the other clauses herein. No failure or delay by Company in exercising any right hereunder or any partial exercise thereof shall operate as a waiver thereof or preclude any other or further exercise of any right hereunder. The fact that one party or the other may have drafted all or portions of this Consent and Release shall have no bearing on its interpretation or construction.

7. **Governing Law.** The laws of the State of Washington will govern this Consent and Release, without regard to choice of law principles. Actions or claims of any type related to this Consent and Release shall be brought in the appropriate court in the State of Washington, USA, and the parties hereby waive any objection to and submit to the venue and jurisdiction of such court (irrespective of whether the individual signing this Consent and Release changes his or her state of residence).

BY SIGNATURE BELOW, I AGREE AND ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, APPROVED OF AND ACCEPTED THIS CONSENT AND RELEASE; THAT THE PROVISIONS CONTAINED HEREIN REPRESENT AN AGREED ALLOCATION OF RISKS WHICH COMPANY IS RELYING UPON; THAT I HAVE SIGNED THIS CONSENT AND RELEASE VOLUNTARILY AND OF MY OWN FREE WILL; AND THAT I HAVE HAD AMPLE OPPORTUNITY TO ASK QUESTIONS REGARDING THE TERMS AND CONDITIONS OF THIS CONSENT AND RELEASE.

Agreed and Accepted: Camper or Parent/Guardian or Staff Member or Volunteer

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

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Camper/Staff Member/Volunteer (if 18 years of age or older)  
Parent/Guardian (if Camper/Staff Member/Volunteer is under 18 years of age)

Mail or fax completed applications to:  
Wissahickon Hospice  
**Attn: Camp Erin – Philadelphia**  
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Fax: 610-617-2409