



Registration for Camp Heart Strings/Camp Dreams

Mail to: UR Medicine Home Care; Attention: Michele Allman; 2180 Empire Blvd. Webster, NY 14580 or submit electronically to Michele Allman, LMSW at URMHC-CampHeartstrings@urmc.rochester.edu

Please submit completed application by: Saturday, May 30th, 2020 (Please print legibly OR type)

Camper's Full Name: _____

Name camper wishes to be called: _____

Home Address: _____

City, State ZIP: _____

Phone #: _____ Parent or Guardian Name: _____

Gender at birth: _____ Age: _____ Date of Birth: _____

Grade entering September 2020: _____ School District: _____

Parent/Guardian Email: _____

Sibling (s) Names Age Attending camp? Resides with camper?

Sibling (s) Names	Age	Attending camp?	Resides with camper?

Who referred you to Camp Heartstrings?

Flyer School Friend PYS UR Medicine Hospice/UR Medicine Home Care Dreams from Drake Other

Name: _____

Camper t-shirt size: youth medium, youth large, adult small, adult medium, adult large, adult extra-large

Has camper previously attended Camp Heartstrings/Camp Dreams? _____

****NOTE:** In case of emergency, we must be able to locate you or an emergency contact at any time during Camp Heartstrings/Camp Dreams. Please provide the names and contact information of two emergency contacts for camper.

Name: _____ Relationship to camper: _____

Home #: _____ Cell #: _____ Work #: _____

May pick up camper at the end of each day: yes or no

Name: _____ Relationship to camper: _____

Home #: _____ Cell #: _____ Work #: _____

May pick up camper at the end of the day: yes or no

Please note: Camper will only be released to those listed above at the end of camp each day.

Camper Name:

Grade (September 2020):

Medical Insurance:

Is the camper covered by family Health and Accident Insurance? YES NO

Name of Policy Holder _____

Relation _____

Health Insurance Carrier or Plan

Name _____

Agent or Company _____ Phone

Number _____

Policy or Certificate Number _____ Group

Number _____

A photocopy of the front and back of health insurance card must be attached to this form.

Bereavement History (please list each loss due to death separately)

Name of the person who died:

Relationship of the deceased to the camper:

Date of Death:

Cause of Death:

How old was the camper at the time of the death?

Did the camper witness the death?

Does the camper know the details of the death?

Did the camper attend the memorial service/funeral? YES NO

Explain what the camper has been told about the circumstances of the death

Camper Name:

Grade (September 2020):

Other losses/experiences: i.e. Change in school, relocation of home, other losses: _____

Grief Reactions: Please explain how the camper is grieving:

- Withdrawal
- Change in eating patterns
- Verbally Aggressive
- Does not want to talk about deceased
- Difficulty concentrating
- Physically Aggressive
- Difficulty in school/change in grades
- Wants to talk about deceased
- Sleep changes
- Bad Dreams
- Increased anger
- Crying
- Self-injurious behavior
- Physical illness such as stomachache

Additional Reactions:

Has the camper received professional counseling support: YES NO

Does the camper display any behaviors in school? _____

Does the camper have a behavior plan in school for example an IEP, 504 plans, or receive special education services?

Use this space to provide any additional information about the camper's behavior, physical, emotional, or mental health that the camp staff should be aware of.

What has been helpful to the camper when he/she is distressed?

Please list any allergies (including food allergies):

Camper Name: _____

Grade (September 2020): _____

Are there any other medical concerns that our camp staff should be aware of?

Please be sure your child has all prescribed medications prior to coming to camp. There will not be a nurse present to dispense medications.

Camp Notes:

Each child's legal guardian is responsible for the camper's transportation to and from Camp Heartstrings/Camp Dreams at Nazareth College.

Please have your child bring an unframed photo of their special person at the start of camp. The photo will be returned.

Some of the activities at camp are outdoors. *Please provide sunscreen lotion if your child requires such protection.*

Consents/Release of Liability:

1. I give permission to administer basic First Aid to my child.
2. Take photographs of my child in connection with Camp Heartstrings / Camp Dreams. I authorize the above mentioned, their assigns and transferees to copyright, use and publish the image in print and/or electronic media and I also authorize the use of any statements, voice recordings, and /or video made in connection with the photograph and/or subject at the time taken. I agree that the mentioned entities may use such photographs with or without my child's name and for any lawful purpose, including for example such purposes as a camp yearbook for campers, fundraising materials, marketing materials, publicity, illustration, advertising, and Internet/website content.
3. I, the undersigned parent/guardian of _____ understand and agree that UR Medicine Home Care, Camp Heartstrings, Camp Dreams, Dreams from Drake, their Board of Directors, PYS and Nazareth staff, and volunteers are released from any legal responsibility and/or liability for any occurrences of either accidents or illnesses which may occur during the entirety of Camp Dreams/Camp Heartstrings activities.

Printed Name: _____

Signature: _____ **Date:** _____