



Camp Courage 2017 Application

(Complete and Print Application - Completed applications due by May 31, 2017)

Today's Date _____

Child's Name _____ Date of birth _____ Age ____ Sex ____

School _____ Grade (going into) _____

Guardian's Name _____

Mailing Address _____ Lot or Apt. # _____

City _____ State _____ Zip _____

Phone (____) _____

How did you hear about Camp Courage? _____

May we talk with your child's school counselor? Yes ____ No ____

(If yes please list the name, school and phone number of the counselor)

_____ Name

_____ School

_____ Phone

Circumstances of Loved One's Death

1. Type of loss/relationship _____ Date of death _____

2. How did the loss occur? Illness Sudden Death Violent Death

Explain: _____

3. What was the child told about the death? _____

4. Was the child present at the death? Yes ____ No ____

5. Describe the nature of the relationship between the child and the deceased loved one.

6. Does the child want to attend Camp Courage? Yes ___ No ___

Person/Agency/School making the referral _____

Phone and address of referral source _____

Please use this space to give more details about child’s behavior issues at home and at school. Please detail any problems requiring discipline at home or at school.

Child's Current Functioning

Please circle

- 0 If your child rarely or never displays this behavior
1 If your child sometimes or occasionally displays this behavior
2 If your child frequently or always displays this behavior

Trouble sleeping at night	0	1	2
Unwillingness to sleep alone in room	0	1	2
Unwillingness to sleep alone in bed	0	1	2
Eating problems	0	1	2
Withdrawal from friends or family	0	1	2
Fighting with siblings	0	1	2
Fighting in school	0	1	2
Difficulties with school work	0	1	2
Getting into trouble at school	0	1	2
Unwillingness to go to school	0	1	2
Temper tantrums	0	1	2
Stomach aches or nausea	0	1	2
Headaches	0	1	2
Other physical problems (describe on back)	0	1	2
Talk about hurting self	0	1	2
Talk about hurting others	0	1	2
Attempts to hurt self	0	1	2
Attempts to hurt others	0	1	2
Anger about loved one's death	0	1	2
A longing to be with the deceased	0	1	2
Lack of enjoyment of favorite activities	0	1	2
Crying without specific reason	0	1	2
Inability to concentrate when necessary	0	1	2
Refusal to talk about deceased	0	1	2
Obsession with death	0	1	2
Going back to "babyish" behaviors	0	1	2
Excessive fears	0	1	2
Needing constant attention	0	1	2
*Bedwetting	0	1	2

*If 1 or 2 were circled for bedwetting please explain what is currently being done to eliminate bedwetting. If it is a physical condition does the child wear appropriate undergarments at night and are they able to apply themselves?

General Attitude:

1. Is your child used to being away from home? Yes ___ No ___

2. If disturbed by being away from home, what usually helps your child? _____

3. Has he/she special fears of any of the following:

The dark? ___ Water? ___ Animals? ___ Thunderstorms? ___

Being alone? ___ Other fears? _____

4. Does he/she have special likes or dislikes? If so, what? _____

5. Is he/she careful in his/her use of property (his own or that of others)?

Yes ___ No ___ Please give details of any incidents of damage to property. _____

6. Does your child have special eating habits or problems we should know about? If yes, what?

7. Is your child taking medication? If so:

Which kind _____

For what _____

What size **T-shirt** does your child wear? (Please indicate children or adult size)

Small ___ Medium ___ Large ___ X-large ___ XX-Large ___
_____(Children 6-8) _____(Children 10-12) _____(Children 14-16) _____(Adult 46-48) _____(Adult 50-52)
_____(Adult 34-36) _____(Adult 38-40) _____(Adult 42-44)

*****Please note:** As much as we want every child who would benefit by Camp Courage to be able to attend, this is not always possible. Those with the most needs, as determined by a clinical review process, will be given first priority and the others will be placed on a waiting list. Thank you for your understanding in this matter. Every child can receive individual counseling regardless of camp attendance by calling Harbor Hospice Grief Support Services.

I, _____ (Parent/Guardian name) have completed this application for my child, _____.

Parent/Guardian Signature Date

***If applicable please include legal documents stating who the legal guardian is for this child.**