



Dear Parent/Guardian:

Camp Courage is a weekend overnight camp for children ages 6 – 12 who have experienced the death of a loved one. Each summer children gather to have all the typical fun of camp, combined with the guidance of professional counselors and trained volunteers to address their losses. A Junior Counselor program for ages 15 – 19 is also offered. Junior Counselors participate in all the same activities, with an emphasis on leadership in their role as mentors to the younger campers. They have additional support with a professional counselor leading their group and activities designed to help them process their own losses.

Camp Courage 2018 will be held June 22 – 24 at Pioneer Trails Campground on Big Blue Lake. To have your child/teen considered for camp, please complete the enclosed application and return it to the Harbor Hospice office by May 31. Because of generous support from Harbor Hospice and our community, the only cost to attend camp is a \$10 registration fee per camper (this does not have to be paid until after your child has been accepted to camp). This fee can be waived in cases of financial hardship; please contact a camp director for more information.

Campers are grouped by gender and age; however, exceptions may be made in certain circumstances for same-sex siblings who wish to stay together (these are reviewed and approved on a case-by-case basis). Please note that submitting an application does not guarantee acceptance to camp, as enrollment is limited and priority is given to children who are in the most need as determined by a clinical review process.

The Harbor Hospice Board and management team have supported the life-changing experience of Camp Courage for 24 years. We believe that providing grief support in the early stages of development can have positive lifetime effects. If you have any questions about camp or the enclosed application, please do not hesitate to contact us at 231-728-3442 or 800-497-9559.

Sincerely,

Melanie Dekkers, LLMSW  
Camp Courage Director

Laura Ecker, LPC  
Camp Courage Director



## Camp Courage 2018 Application

Return to Harbor Hospice by May 31, 2018

Camper Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Lot or Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Name \_\_\_\_\_ Grade (entering) \_\_\_\_\_

May we talk with the camper's school counselor?  \*Yes  No

\*If yes, please provide counselor's name and phone number:

Counselor Name \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about Camp Courage? \_\_\_\_\_

### Circumstances of Loved One's Death

Name of deceased \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Date of death \_\_\_\_\_ How did death occur?  illness  sudden death  violent death

Explain: \_\_\_\_\_

\_\_\_\_\_

What was the camper told about the death? \_\_\_\_\_

\_\_\_\_\_

Was the camper present at the death?  Yes  No

Describe the relationship between the camper and the deceased loved one. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the camper want to attend Camp Courage?  Yes  No





Indicate how often the camper is currently experiencing the following:

	Rarely or Never	Sometimes or Occasionally	Frequently or Always
Trouble sleeping at night			
Unwillingness to sleep alone in room			
Unwillingness to sleep alone in bed			
Eating problems			
Withdrawal from friends or family			
Fighting with siblings			
Fighting in school			
Difficulties with school work			
Getting into trouble at school			
Unwillingness to go to school			
Temper tantrums			
Stomach aches or nausea			
Headaches			
Other physical complaints (describe on back)			
Talk about hurting self			
Talk about hurting others			
Attempts to hurt self			
Attempts to hurt others			
Anger about loved one's death			
A longing to be with the deceased			
Lack of enjoyment of favorite activities			
Crying without specific reason			
Inability to concentrate when necessary			
Refusal to talk about deceased			
Obsession with death			
Going back to "babyish" behaviors			
Excessive fears			
Needing constant attention			
Bedwetting (*see below)			

\*If bedwetting:

Does the child wear appropriate undergarment at night?    \_\_\_ Yes    \_\_\_ No

Is he/she able to put undergarment on themselves?    \_\_\_ Yes    \_\_\_ No

What else is being done to help stop bedwetting? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Additional Information**

Is the camper used to being away from home?  Yes  No

If disturbed by being away from home, what usually helps the camper? \_\_\_\_\_

\_\_\_\_\_

Does the camper have special fears of:  the dark  water  animals  storms  
 being alone  other fear (describe): \_\_\_\_\_

Describe any special likes or dislikes: \_\_\_\_\_

\_\_\_\_\_

Describe any special eating habits/issues we should know about: \_\_\_\_\_

\_\_\_\_\_

Describe any physical restrictions: \_\_\_\_\_

\_\_\_\_\_

List any medications the camper is taking and the purpose of each: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Camper's t-shirt size:**

Child small  Child medium  Child large  Child x-large  
 Adult small  Adult medium  Adult large  Adult x-large  Adult xx-large

**Please note:** As much as we want every child who would benefit from Camp Courage to be able to participate, this is not always possible. Those with the most need, as determined by a clinical review process, will be given first priority. Individual grief counseling is available, regardless of camp participation, by calling Harbor Hospice Grief Support Services.

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

**If applicable, please attach documents showing legal guardianship.**