



Camp Courage 2019 Camper Application

Application deadline is May 10, 2019

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 _____

Was the deceased a patient of Harbor Hospice? Yes No

Date of death _____ Death was: illness-related sudden violent

How did the death occur? _____

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: _____



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

Does the camper want to attend Camp Courage? Yes No

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

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

Camper has fear of: the dark water animals storms being alone

other fear (describe): _____

Describe any eating habits/issues we should know about: _____

Describe any physical restrictions: _____

Medications the camper is taking and the purpose of each: _____

Any other information we should know about: _____

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

