

CAMP TMT-Treasuring Memories Together Children's Grief Camp Application

**Camp Dates and Times: June 13, 2020 and June 14, 2020 9:00am-4:00pm
Covenant Hills Camp * 10359 Farrand Rd., Otisville, MI 48463**

****PARENT MEETING: Wednesday, June 3, 2020 at 5:30pm****

The Medical Team Hospice * 4400 S. Saginaw St. Suite 1300 Flint, MI 48507

Please complete and Mail or Email Applications to:

The Medical Team Hospice

ATTN: Kim Cox

EMAIL: Kcox@medteam.com

4400 S. Saginaw St., Suite. 1300

Flint, MI 48507

Campers Information

Camper Name: First: _____ Last: _____

Name to be printed on Camp Name Tag: _____

Age: _____ Grade (if applicable): _____ Gender: _____

Relationship to the Deceased: _____

Have you ever attend Grief Camp in the past? Where? What year?

T-shirt size:

Small _____ Medium _____ Large _____ X-Large _____ XXL _____

Emergency Contact Information:

****You will receive all communications from TMT Children's Grief Camp****

Primary Contact Name: First _____ Last _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Information about the deceased:

First Name: _____ Last Name: _____

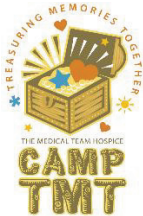
Date of birth: _____ Date of death: _____

Cause of death: _____

Did Camper witness the death? No _____ Yes _____

Did Camper participate in the funeral service? No___ Yes___

Explain any information you feel may be helpful for us to know surrounding their death:



The Medical Team Hospice CAMP TMT Health History & Release Form

The information on this form is gathered to assist us identifying appropriate care. This form is to be filled in by parents/guardians of minors, or by adults themselves.

Your camper will attend camp: from to

Camper Name: Male ☐ Female ☐ Birthdate Grade in Fall
First M.I. Last Month/Day/Year

Camper Home Address:
Street Address City State Zip

Parent/guardian with legal custody to be contacted in case of illness or injury:

Relationship
Name: to Camper: Preferred Phone:
Home Address:
(if different from above)

Additional contact in event parent(s)/guardian(s) cannot be reached:

Relationship
Name(s): to Camper: Preferred Phone:

Allergies: ☐ No Known Allergies ☐ This camper is allergic to: ☐ Food ☐ Medicine
☐ The environment (insects, hayfever, etc.) ☐ Other (Please describe below that the camper is allergic to and the reaction seen.)

Diet, Nutrition: ☐ This camper has a regular diet ☐ This camper eats a vegetarian diet ☐ This camper has special food needs (Please describe any special food needs.)

Restrictions: (The following restrictions apply to this individual.)

Does not eat: ☐ Red Meat ☐ Pork ☐ Dairy Products ☐ Poultry ☐ Seafood ☐ Eggs ☐ Other

Restrictions: ☐ I have reviewed the camp program and activities of the camp and feel the camper can participate without restrictions.

☐ I have reviewed the program and activities of the camp and feel the camper can participate with restrictions. (Please describe below.)

Medical Insurance Information:

The camper is covered by family medical/hospital insurance ☐ Yes ☐ No
Insurance Company Policy Number

Subscriber Insurance Company Phone
Number)

Include a copy of your insurance card; copy both sides of the card so information is legible.

(Camp Use) Group Name

Session Code

Camper Name

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or the camp nurse. I give permission to the Medical Team CAMP TMT Nurse to order x-rays, routine tests and treatment related to the health of my child for both routine health care and in emergency situation. If I cannot be reached in an emergency, I give my permission to The Medical Team Hospice CAMP TMT to hospitalize, secure proper treatment for and order injection, anesthesia or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about mychild's health status.

Signature of Custodial/Parent/Guardian _____ Date: _____

Relationship to Camper: _____

Immunization History:

Are the camper's immunizations up to date: ____ Yes ____ No

Health Care Providers:

Name of camper's primary doctor: _____ Phone: _____

Medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

The following non-prescription medications may be carried by the Camp Nurse and are used on an as needed basis to manage illness and injury.

Check those the camper should NOT be given.

____ Acetaminophen (Tylenol)

____ Ibuprofen (Advil, Motrin)

____ Phenylephrine decongestant (Sudafed PE)

____ Pseudoephedrine decongestant (Sudafed)

____ Antihistamine/allergy medicine

____ Guaifenesin cough syrup (Robitussin)

____ Diphenhydramine antihistamine/allergy medicine (Benadryl)

____ Dextromethorphan cough syrup (Robitussin DM) ____ Sore throat spray

____ Generic cough drops

____ Aloe

____ Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)

____ Antibiotic cream

____ Calamine Lotion

Medications:

_____ This person takes NO medications on a routine basis

_____ This person takes medications as follows:

Med #1: _____ Dosage: _____

Specific times taken each day: _____

Reason for taking: _____

Med #2: _____ Dosage: _____

Specific times taken each day: _____

Reason for taking: _____

Med #3: _____ Dosage: _____

Specific times taken each day: _____

Reason for taking: _____

Med #4: _____ Dosage: _____

Specific times taken each day: _____

Reason for taking: _____

Attach additional pages for more medications.

Camper Release Form:

To comply with the State of Michigan Law, The Medical Team Hospice CAMP TMT must have the names of those adults you authorize to pick up your child. Please complete the following information and sign below. We will ask for photo identification at the time of pick up. Please list all adults authorized to pick up your child including yourself.

I give permission for _____ to be released to:

_____	_____
_____	_____
_____	_____

At the end of camp or should an emergency arise where my child has to leave camp.

Signature of Parent or Guardian _____ Date: _____

Please select a security word to be used in the event that the people listed above cannot pick up your child from camp. Both you and the person picking up the child will be asked to confirm the security word. Please contact the camp coordinator before check out if this occurs.

Security Word: _____

Authorization for Audio/Visual Records:

As the Parent/Legal Guardian of _____ I understand that the Medical Team Hospice CAMP TMT may make recordings of this camping event. Do you hereby authorize CAMP TMT to have and use reasonable photographs, slides, moving pictures, and audio/video tapes of your child for purposes of legitimate CAMP TMT records, public relations and/or advertising?

Yes _____ NO _____



WAIVER, RELEASE, AND INDEMNIFICATION

UPON CAREFUL READING AND CONSIDERATION, _____ (Print Name of Participant),
RECOGNIZES THAT SOME OF THE ACTIVITIES FOR WHICH HE/SHE DESIRES TO PARTICIPATE IN AT COVENANT HILLS CAMP &
RETREAT INHERENTLY CARRY THE RISK OF INJURY, IN ADDITION TO THE NORMAL RISKS ASSOCIATED WITH BEING AT CAMP
PROPERTY AND REGULAR ACTIVITIES. PARTICIPANT HAS ASKED TO PARTICIPATE AND ACKNOWLEDGES THE INHERENT RISK OF
INJURY AND HARM. BY SIGNING BELOW, IN CONSIDERATION OF, AND AS PART OF PAYMENT FOR THE RIGHT TO PARTICIPATE IN
ACTIVITIES ARRANGED AND PROVIDED FOR PARTICIPANT BY COVENANT HILLS CAMP & RETREAT, PARTICIPANT AGREES TO
ASSUME THE RISK OF PERSONAL INJURY, DEATH, AND PROPERTY DAMAGE ASSOCIATED WITH COVENANT HILLS CAMP & RETREAT
ACTIVITY PROGRAMS, AND TO RELEASE AND INDEMNIFY COVENANT HILLS CAMP & RETREAT, IT'S OFFICERS, DIRECTORS,
EMPLOYEES, AND AGENTS FROM AND AGAINST ANY AND ALL LIABILITY FOR NEGLIGENCE AND COSTS IN CONNECTION WITH
PARTICIPANT'S PARTICIPATION IN ACTIVITY PROGRAMS AT COVENANT HILLS CAMP & RETREAT.

While Covenant Hills Camp & Retreat (CHC) does not want to frighten you or reduce your enthusiasm for these activities, CHC does
acknowledge and advise that it is important for Participant to be informed and know in advance about inherent risks. You hereby
attest as follows:

By signing below, I acknowledge that I have asked to participate in the CHC activities, programs, and related events. Among others,
these activities include, but limited to, hiking, tubing, sledding, ropes course, climbing, zip line, archery, all waterfront activities,
playground equipment, outdoor and indoor play, horse/wagon rides, campfires and others, I understand that participation in these
activities is not without risk.

I understand that no activity program is absolutely safe and free of risk. I agree to assume full responsibility for myself and for my
family, including minor children. I expressly assume all risk and responsibility involving accidents sustained while participating in
activities and the program at CHC resulting from negligence on my part and that of my family or officers, directors, employees, and
agents of Covenant Hills Camp & Retreat.

I affirm that I am fully capable of participating in the activities and that my general health is good, and that I do not have any
conditions that might endanger the life or health of myself or others participating in camp activities. I affirm that I know of no
reason why I should not participate.

I understand the signature of the parent or guardian for a minor on this document is intended to have the parent or guardian be
bound and commit the parent or guardian to not take action on behalf of such minor child.

This ACKNOWLEDGEMENT & ASSUMPTION OF RISK, WAIVER, RELEASE AND INDEMNIFICATION liability release and indemnification
agreement shall be legally binding upon my heirs, assigns, legal guardians, personal representatives, and myself. I have carefully read
this agreement and understand its contents. I am aware that I am releasing certain rights of my own free will that I otherwise may
have.

☐ Unless checked, I give my permission for the use of photographs and/or video including my son/daughter/myself to be
used in camp publicity.

PARTICIPANT SIGNATURE

DATE

If Participant is a minor:

PARENT OR GUARDIAN

DATE