



Camp Erin® DFW 2024 Camper Application



Camp will be held from **Friday, June 14th – Sunday, June 16th, 2024**, at Camp Buckner in Burnet, TX.

Faith Presbyterian Hospice will be hosting Camp Erin DFW, which is a family weekend camp specifically designed for families with children and teens, ages 5-18, who have experienced the death of a significant person. Camp Erin combines traditional, fun camp activities with grief education and emotional support, free of charge for all families. Led by grief professionals and trained volunteers, Camp Erin provides a unique opportunity for youth to increase levels of hope, enhance self-esteem, and especially to learn that they are not alone.

Camp families will be chosen on a first come first serve basis. A family interview is required for all families. Acceptance status will be communicated after the family interview. Camp space is very limited.

For more information, please call Erica Smith at (214) 601-1233, or send an email to Erica at erica.smith@forefrontliving.org

Submission of this application does not constitute acceptance into Camp Erin DFW.

CAMPER INFORMATION (COMPLETE A SEPARATE APPLICATION FOR EACH CAMPER) PLEASE PRINT OR WRITE LEGIBLY

Camper's First name: _____ Last Name: _____

At camp, camper prefers to be called (will appear on nametag): _____ Gender: _____

Age (as of June. 14th, 2024): _____ Date of birth (MM/DD/YYYY): ____/____/____ Grade: _____

School name: _____

Siblings (list names/ages): _____

PARENT/LEGAL GUARDIAN ATTENDING WITH CAMPER:

(1) First Name: _____ Last Name: _____

Relationship to camper: _____ Adult relationship to deceased: _____

Phone: Cell: () _____ Home: () _____

E-mail address (watch for important updates): _____

Mailing address: _____

City: _____ State: _____ Zip: _____

(2) First Name: _____ Last Name: _____

Relationship to camper: _____ Adult's relationship to deceased: _____

Phone: Cell: () _____ Home: () _____

E-mail address (watch for important updates): _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Camper's Name: _____

BEREAVEMENT HISTORY

Has the camper ever attended a Camp Erin before? Yes (*specify year/ location*): _____ No

Has the camper been involved with Faith Presbyterian Hospice before? Yes No

How did you hear about Camp Erin? (*check all that apply*)

Faith Presbyterian Hospice Counselor School Web Advertisement Other: _____

Name(s) of significant person(s) who died: _____

Relationship(s) to camper: _____

What did the camper call their person(s): _____

Date(s) of death: _____ Age(s) of deceased at time of death: _____

What was the cause(s) of death: _____

What does the camper know about the death: _____

Was the death anticipated? Yes No

Was the camper present at the time of death? Yes No

Was the deceased a significant caregiver of the camper? Yes No

Did the camper attend the funeral/memorial service? Yes No

If YES, what were your camper's reactions to the service? _____ If NO, was there a reason they did not attend? _____

Do you and the camper talk about the deceased? Yes No

Did the camper receive counseling/grief support before or after the death? Yes No

If yes, please specify services received and length of service: _____

Describe the relationship between the camper and the deceased (e.g., saw each other every day; visit twice a year): _____

What have you observed that indicates your camper is grieving? _____

Has the camper experienced any other deaths? (e.g. pets, distant relative) Yes No

If yes, please specify the deaths and describe the impact on the camper: _____

Camper's Name: _____

CAMPER BEHAVIOR

Has the camper exhibited any of the following behaviors in the last two months? (Check all that apply.)

- | | | | | |
|---|--|--|--|--|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Special fears | <input type="checkbox"/> Lying | <input type="checkbox"/> Stealing | <input type="checkbox"/> Destruction of property |
| <input type="checkbox"/> Run away from home | <input type="checkbox"/> Discussed suicide | <input type="checkbox"/> Regression | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Ongoing sleep disturbance |
| <input type="checkbox"/> Harmed self | <input type="checkbox"/> Harmed others | <input type="checkbox"/> Behavior problems at home | <input type="checkbox"/> Behavior problems at school | |
| <input type="checkbox"/> Drug/alcohol use | <input type="checkbox"/> Unusual/inappropriate sexual behavior | <input type="checkbox"/> Other | <input type="checkbox"/> None | |

Please provide more information about the behaviors checked above: _____

Describe any other changes/stresses in the camper's life. (e.g., divorce, illness, moves) _____

Have you noticed a change in the camper's friendships or peer relationships? Yes No
If yes, please specify: _____

Has the camper's behavior, things they have said or done concerned you lately? Yes No
If yes, please specify: _____

Does the camper have any triggers that upset them? (e.g. specific noise, smell, words, etc.) Yes No
If yes, please specify: _____

Has the camper ever been involved with the juvenile justice system? Yes No
If yes, (check all that apply)
 Arrested Held in juvenile detention Placed on probation
 Went to court Involved for status offense (ex. Truancy, runaway, ungovernable)
 Other

If yes, please provide more information about the items checked above: _____

CAMP INFORMATION

Have you and the camper talked about him/her coming to Camp Erin? Yes No

What, if any, concerns do YOU have about the camper coming to camp? _____

What, if any, concerns does YOUR CAMPER express about coming to camp? _____

Camper's Name: _____

Has the camper ever...

- | | | |
|--|------------------------------|-----------------------------|
| spent a night away from home? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| spent a night away from home since the death? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| spent a night away from home since quarantine? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| attended a day camp? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| attended an overnight camp? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Is there anything we should know about the camper's religious beliefs or faith practice? _____

Is there anything else we should know to better serve the camper? _____

Camper T-shirt size (check one): Youth Small Youth Medium Youth Large
 Adult Small Adult Medium Adult Large
 Adult XL Adult 2XL Adult 3XL

Adult #1 T-shirt size (check one): Youth Small Youth Medium Youth Large
 Adult Small Adult Medium Adult Large
 Adult XL Adult 2XL Adult 3XL

Adult #2 T-shirt size (check one): Youth Small Youth Medium Youth Large
 Adult Small Adult Medium Adult Large
 Adult XL Adult 2XL Adult 3XL

DEMOGRAPHICS

(This information will be used for grant applications, research projects, and to better serve the community.)

Camper Race/Ethnicity (Check all that apply.):

- | | | | | |
|---|--|---------------------------------------|--|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Native American | <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Hispanic/Latinx | <input type="checkbox"/> Multi-Racial | <input type="checkbox"/> Other: _____ | | |

Adult #1 Race/Ethnicity (Check all that apply.):

- | | | | | |
|---|--|---------------------------------------|--|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Native American | <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Hispanic/Latinx | <input type="checkbox"/> Multi-Racial | <input type="checkbox"/> Other: _____ | | |

Adult #2 Race/Ethnicity (Check all that apply.):

- | | | | | |
|---|--|---------------------------------------|--|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Native American | <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Hispanic/Latinx | <input type="checkbox"/> Multi-Racial | <input type="checkbox"/> Other: _____ | | |

Does the camper qualify for or receive free or reduced lunch at school? Yes No Prefer not to answer

Was the deceased an active, reserve, or National Guard military member or military veteran? Yes No
If so, who and what branch? _____

Is the camper's parent/guardian an active, reserve, or National Guard military member or military veteran? Yes No
If so, who and what branch? _____

Camper's Name: _____

CAMPER MEDICAL INFORMATION

Please fill out everything to the best of your knowledge. Camp staff and/or camp nurse may call to follow up. The following information will be reviewed with the parent/guardian and the camp nurse the first day of camp at check-in.

EMERGENCY CONTACTS: Please list **two people other than parents/guardians** to contact in case of emergency at camp:

(1) Emergency contact #1 full name: _____ Relationship to camper: _____

Phone: Cell: () _____ Home: () _____

.....

(2) Emergency contact #2 full name: _____ Relationship to camper: _____

Phone: Cell: () _____ Home: () _____

Camper's Regular Physician Name: _____ Phone: () _____

Is the camper currently under the care of a counselor/mental health professional? Yes No

If yes, Name: _____ Phone: () _____

Does the camper have any of the following medical concerns: (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Physical Limitations | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Motion Sickness |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Dietary Restrictions | <input type="checkbox"/> Nosebleeds |
| <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Medical Sleep Problems | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Speech impairment | <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Long-term illness |
| <input type="checkbox"/> Other | <input type="checkbox"/> No Medical Concerns | |

Please provide more information about the medical concerns checked above: _____

Is the camper allergic to anything? (Please specify to what, severity, and reaction below) Yes No

Allergies to medication: _____

Food allergies: _____

Plant allergies: _____

Animal/insect allergies: _____

Other allergies: _____

Does your camper use an EpiPen? If yes, please bring to camp. Yes No

Date of camper's latest Tetanus shot (DTAP or Tdap): _____ / _____ / _____

Tetanus boosters are recommended every 10 years. If not up to date, it is required to get a Tetanus booster prior to camp. (Latest Tetanus shot date required. Write "Exempt" if your camper needs an Immunization Exemption form.)

Has the camper been fully vaccinated against COVID-19? Yes No Prefer not to answer

This is for contact tracing purposes and will not affect acceptance status.

Camper's Name: _____

Any dietary restrictions? (Vegetarian, gluten free, etc.) _____

Has the camper had any operations? Yes No
If yes, please specify: _____

Has the camper had any serious or chronic illness? Yes No
If yes, please specify: _____

Does the camper have any known physical, mental, or social difficulties which may affect participation and/or for which consideration should be given? Yes No
If yes, please specify: _____

Does the camper's activity need to be restricted in any way? Yes No
If yes, please specify: _____

CAMPER MEDICATION INFORMATION

Does your camper currently take any long-term medications? Yes No

If yes, please list all of your camper's current long-term medications. We understand that these might change before camp.
ALL MEDICATIONS MUST BE IN ORIGINAL CONTAINER WITH CAMPER'S PRESCRIPTION WHEN ARRIVING TO CAMP.

(1) Name of medication: _____ Used for: _____
To be taken at: _____ Dosage: _____ Prescription or OTC: _____
Other Information: _____

(2) Name of medication: _____ Used for: _____
To be taken at: _____ Dosage: _____ Prescription or OTC: _____
Other Information: _____

(3) Name of medication: _____ Used for: _____
To be taken at: _____ Dosage: _____ Prescription or OTC: _____
Other Information: _____

(4) Name of medication: _____ Used for: _____
To be taken at: _____ Dosage: _____ Prescription or OTC: _____
Other Information: _____

Camper's Name: _____

By signing below I am certifying that all information in this application to be true, complete, and correct to the best of my knowledge and belief. I am also certifying that I am the legal parent/guardian of the above named camper, known in this form as 'camper' or 'child'.

I am also authorizing Eluna and Faith Presbyterian Hospice to contact me by phone, text, and email regarding my child and with information about Camp Erin and Faith Presbyterian Hospice. I understand that there will be more forms to fill out and a family interview prior to my child's acceptance into Camp Erin DFW.

NAME OF PARENT OR LEGAL GUARDIAN (Printed): _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____

DATE: ____ / ____ / ____ **RELATIONSHIP TO CAMPER:** _____

PLEASE RETURN TO: **Faith Presbyterian Hospice**
 Attn: Erica Smith-Camp Erin DFW
 12477 Merit Dr
 Dallas, TX 75251

Email: erica.smith@forefrontliving.org
Phone: 214-601-1233