Thank you for expressing an interest in your child's participation in the 2017 session of the Wendt Center for Loss and Healing's Camp Forget-Me-Not/Camp Erin DC to be held June 23 - June 25, 2017. This Camp has been created to support and normalize grief for children and teens that have experienced a death. Please take the time to go through this application carefully and complete all necessary portions.

Camper Criteria

- **Has never attended a Wendt Center Grief Camp**
- **Must be between 7-17 years old**
- **Must have experienced a death-related loss**
- **Must live in the Washington, DC Metropolitan area**
- **Must be willing to schedule and attend an interview/assessment**
- **Must be able to attend camp: Friday-Sunday (June 23-25, 2017)**
- **Caregiver attendance at a Camp orientation on Saturday, June 3, 2017 – 10:00am -12:30pm**

Application Reminders

- **All completed applications must be received by May 1, 2017**
- **A separate application must be submitted for each child.**
- **Each application should include a $10.00 application fee. If this fee prevents your child(ren) from participating in Camp, please contact us at 202-624-0010 x150 or camp@wendtcenter.org . No child will be denied access to camp based on an inability to pay the $10. Make checks and/or money orders payable to the Wendt Center. We also accept credit card payments by phone.**
- **Camper interviews are required for individuals new to Wendt Center programs. Camper interviews are used to assess appropriateness and readiness for camp. A scheduled appointment will be arranged for interviews. Applications will not be considered if your child does not show up for his/her interview.**
- **Applications will be accepted on a first-come, first-served basis. Space is limited so you are encouraged to complete and return your application as soon as possible. Applications will be processed and registered as received.**
- **We will contact you with the status of your child's application.**
- **If the camper requires medication(s), it will be necessary to complete the Camper medication form. **NOTE: This form must be signed by a physician.**
- **Caregivers & Family members may not volunteer the same year that their child(ren) attend camp.**
- **Please feel free to call us at 202-624-0010 x150 or email us at camp@wendtcenter.org should you have any questions or need assistance in completing your application. *Children and teens from military families are invited and encouraged to apply.**

Returning Applications (mail, email, fax, drop off)

1) **Mail: Wendt Center for Loss and Healing, Camp Forget-Me-Not/Camp Erin DC**
   4201 Connecticut Avenue, NW, Suite 300, Washington, DC 20008
2) **Email: scan and email applications to: camp@wendtcenter.org**
3) **Fax: Wendt Center for Loss and Healing: 202-624-0062**
4) **Drop Off applications at Wendt NW - 4201 Connecticut Avenue, NW, WDC - Suite 300 OR**
   Wendt SE - 2041 Martin Luther King Avenue SE, WDC - Suite 239

If your child is selected to participate in Camp Forget-Me-Not/Camp Erin DC, **you are required to attend the Parent/Caregiver Orientation.** This is an opportunity to learn more about Camp Forget-Me-Not/Camp Erin DC, and review the Camp schedule, transportation arrangements and expectations. Please save the date!

WENDT CENTER
FOR LOSS AND HEALING

camp erin
The Moyer Foundation

Date Received ______________

Camp Forget-Me-Not/Camp Erin® DC Camper Application - 2017

PART I: PERSONAL INFORMATION (PLEASE PRINT CLEARLY)

CAMPER'S Last Name:	**CAMPER'S First Name:**	**Gender:** ☐ **Male** ☐ **Female** ☐ **Trans**
Date of Birth:	**Age:**	**Age AT camp (June 23, 2017):** _________
School Name:		**Grade NEXT September:**
Home Address: **Apt.**		**Home Phone: ( )**
City:	**State:** **Zip:**	**T Shirt Size:** ☐**CS** ☐**CM** ☐**CL** ☐**CXL** ☐**AS** ☐**AM** ☐**AL** ☐**AXL**
Parent/Guardian Name:		**Relationship to camper:**
Parent/Guardian Email address: (PRINT)	**Race:** ☐ Black/ African American ☐Caucasian ☐Native American ☐Asian ☐Biracial Other: ________ **Ethnicity:** ☐Latino/Hispanic	
Cell Phone: ( )	**Home Phone: ( )**	

Sibling(s) Name(s)	**Age**	**Resides with Camper**	**Applying to Camp**
		☐**Yes** ☐**No**	☐**Yes** ☐**No**
		☐**Yes** ☐**No**	☐**Yes** ☐**No**

Has the camper ever spent the night away from home? ☐**Yes** ☐**No** **If YES- with relatives** ☐ **with friends** ☐

Has the camper ever attended a bereavement camp in the past? ☐**Yes** ☐**No** **If yes, when and where?** _______________

Is the applicant a current Wendt Center Client? ☐**Yes** ☐**No** **Therapist Name:**________________________________

Who referred you to Camp Forget-Me-Not/Camp Erin DC?

☐**Flyer** ☐**School** ☐**Resilient Scholars Program @ School** ☐**Work** ☐**Friend** ☐**Wendt Center Staff**

☐ **Wendt Center Volunteer** ☐**Website** ☐**Court Appointed Staff** ☐**Doctor** ☐**Organization/Agency**

Name: ____

Is a member of the family in the US Military? ☐ **NO** ☐**Army** ☐**Marines** ☐**Coast Guard** ☐**Air Force** ☐**Navy**

If YES- What is their current status? ☐ **Active** ☐**Reserve** ☐**National Guard** ☐ **Veteran** ☐**Deceased**

Is your child currently involved with the DC, MD or VA juvenile justice system? ☐ **Yes** ☐ **No**

WENDT CENTER
FOR LOSS AND HEALING

CAMPER'S Last Name:	**CAMPER'S First Name:**	**Date of Birth:**

PART II: BEREAVEMENT HISTORY (PLEASE LIST EACH LOSS DUE TO DEATH SEPARATELY)

Name of the person who died:	**Relationship of the Deceased to the Camper:** ❑Mother ❑Father ❑Brother ❑Sister ❑Grandmother ❑Grandfather ❑ Aunt ❑Uncle ❑Great Grandparent ❑Cousin ❑Friend ❑Teacher/Coach ❑Other __________	**Date of Death:**
Cause of Death: ❑ Diabetes ❑ Cancer ❑ Military Casualty ❑ Stroke ❑ Heart Disease ❑ Motor Vehicle Collision ❑ Homicide ❑ Natural Causes ❑ Suicide ❑ Drug Overdose ❑ HIV/AIDS ❑ Unknown ❑Other___________________		
Explain what the camper has been told about the circumstances of the death.		
How old was the camper at the time of the death? _____________years old	**Did the camper witness the death?** ❑Yes ❑No	
Does the camper know the details of the death? ❑Yes ❑No	**Were the loved one's remains** ❑ Cremated? ❑ Buried? ❑Donated? **Was there a funeral/memorial service?** ❑Yes ❑No	
If there was a service, did the camper attend? ❑Yes – If yes, what reactions/comments did the camper have to the service? ❑No -- If no, why did the camper NOT attend?		

ARE THERE OTHER DEATHS YOUR CHILD HAS EXPERIENCED?

Name of the person who died:	**Relationship of the Deceased to the Camper:** ❑Mother ❑Father ❑Brother ❑Sister ❑Grandmother ❑Grandfather ❑ Aunt ❑Uncle ❑Great Grandparent ❑Cousin ❑Friend ❑Teacher/Coach ❑Other _________	**Date of Death:**
Cause of Death: ❑ Diabetes ❑ Cancer ❑ Military Casualty ❑ Stroke ❑ Heart Disease ❑ Motor Vehicle Collision ❑ Homicide ❑ Natural Causes ❑ Suicide ❑ Drug Overdose ❑ HIV/AIDS ❑ Unknown ❑ Other____________________		
Use this space to further explain circumstances surrounding the death. Please explain what the camper has been told.		
How old was the camper at the time of the death? _____________years old	**Did the camper witness the death?** ❑Yes ❑No	
Does the camper know the details of the death? ❑Yes ❑No	**Were the loved one's remains:** ❑ Cremated ❑ Buried ❑ Donated **Was there a funeral/memorial service?** ❑Yes ❑No	
If there was a service, did the camper attend? ❑Yes -- If yes, describe reactions/comments the camper had to the service. ❑No -- If no, why did the camper NOT attend?		

WENDT CENTER
FOR LOSS AND HEALING

CAMPER'S Last Name:	CAMPER'S First Name:	Date of Birth:

GRIEF REACTIONS:

Please explain how the camper indicates to you that she/he is grieving:

- ☐ Withdrawn
- ☐ Change in eating patterns
- ☐ Verbally aggressive
- ☐ Does not want to talk about deceased
- ☐ Difficulty concentrating
- ☐ Physically aggressive/Fighting
- ☐ Difficulty in school/change in grades
- ☐ Wants to talk about deceased
- ☐ Sleep issues
- ☐ Bad dreams
- ☐ Wetting the bed
- ☐ Increased anger
- ☐ Crying
- ☐ Self - injurious behavior
- ☐ Other reactions: ______________ ________________________________

OTHER LOSSES/EXPERIENCES:

- ☐ Adoption
- ☐ Bullying
- ☐ Change in school (date: ____________)
- ☐ Death of a pet
  Date:____________ Pet:_____________
- ☐ Deportation letter
- ☐ Divorce
- ☐ Foster care
- ☐ Inconsistent visitation w/parent
- ☐ Parental abandonment
- ☐ Illness ☐ Self ☐ Other
- ☐ Incarceration of a family member
  Date:________________________
  Who:________________________
- ☐ Witness to community violence
- ☐ Homeless
- ☐ Relocation of home
- ☐ Exposure to domestic violence
- ☐ Sexual assault/abuse
- ☐ Involvement in Juvenile Justice Sys
- ☐ Other losses _________________

PART III: PROFESSIONAL COUNSELING SUPPORT

Has the camper received any professional support: Check all that apply.

- ❑ Therapist ❑ Psychologist ❑ Psychiatrist
- ❑ School support group ❑ School counselor ❑ Resilient Scholars Program
- ❑ Clergy ❑ Inpatient treatment

❑ This applicant has never received any type of counseling support.

____
(Parent/Guardian/Caregiver initial here)

If yes, and the camper is CURRENTLY receiving professional support, please provide the following information:

Month and year support began:	❑ Individual Counseling ❑ Support Group
	❑ Resilient Scholars Prog. ❑ Psychiatrist
Agency/School:	Counselor's Name:

If yes, and the camper PREVIOUSLY received professional support, please provide the following information:

Month and year support began:	❑ Individual Counseling ❑ Support Group
	❑ Resilient Scholars Program ❑ Psychiatrist
Agency/School:	Counselor's Name:

WENDT CENTER
FOR LOSS AND HEALING

CAMPER'S Last Name:	**CAMPER'S First Name:**	**Date of Birth:**

PART IV: RELEASES

1. Parent/Guardian Permission Statement

   I certify that I am the parent/guardian of the above named child. The Health History provided in this application is complete and correct to the best of my knowledge. The child described herein has my permission to engage in all prescribed camp activities, except as noted. If s/he appears to be ill, I will not send her/him to Camp. I hereby grant permission to the Camp-Forget-Me-Not/Camp Erin DC staff to share information contained in this application with the volunteer(s) working with the child.

   Signature: X ____ Date: __________________

2. Liability Release
   I understand and agree that Camp Forget-Me-Not/Camp Erin DC, its Board of Directors, Officers, Employees, and Volunteers are released from any legal responsibility and/or liability arising out of any accidents or illnesses which occur during the child's participation in Camp Forget-Me-Not/Camp Erin DC.

   Signature: X____ Date: __________________

3. Art Release
   I give my consent that all art (visual, written, and performance) produced at Camp Forget-Me-Not/Camp Erin DC can be used and/or photographed for documentation of therapeutic art programs, education of graduate student interns; research, presentations, and/or publication; exhibit or display. I understand that my child's confidentiality will be protected at all times and that my name and other identifying data will be altered to preserve my child's identity.

   Signature: X____ Date: __________________

4. Publicity Permission
   Videotaping and/or photography may occur during Camp activities. I understand that such material may be used in future publicity and/or educational efforts by the Wendt Center for Loss and Healing/Camp Forget-Me-Not/ Camp Erin DC. In addition, with staff permission and supervision, news media may photograph, videotape, and/or interview some of the children attending Camp. I consent to having the camper's voice and/or image recorded or photographed for use as outlined above.

   Signature: X ____ Date: __________________

5. Communication Release **COMPLETE IF YOUR CHILD IS <u>CURRENTLY</u> RECEIVING COUNSELING SUPPORT.**

   I give permission to have information released in my child's records and verbal information related to my child's treatment, as appropriate. I have discussed the nature of the information to be released and the purpose for its release with Camp Forget-Me-Not/Camp Erin DC staff. This consent will be in effect for the duration of the child's participation in Camp Forget-Me-Not/Camp Erin DC.

   Name of Therapist/Counselor______________________________ Phone:__________________________

   Signature: X ____ Date: ____________________________

CAMPER'S Last Name:	**CAMPER'S First Name:**	**Date of Birth:**

PART V: CAMPER HEALTH HISTORY, EMERGENCY CONTACT AND MEDICAL AUTHORIZATION

◯ Allergies (Specify) ◯ Cancer ◯ Hearing Impairment ◯ Diabetes
◯ Asthma ◯ Heart Problems ◯ Physical Limitations ◯ Epilepsy
◯ ADHD/ADD ◯ Emotional Issues Depression/Anxiety ◯ Seizure/Date of LAST Seizure __________ ◯ Other: ___________________

My child has NO health related issues: _________ **(initials)**	**Please explain ANY items that were checked. Provide SPECIFIC information to help us understand your child's health.**
List ALL medications the camper is currently taking: ***Camp staff will hold/lock all medications while at camp for safety reasons.***	
Is the camper currently under a physician's care for a medical condition? ❑ **Yes** ❑ **No**	
Name and phone number of physician:	
Is the camper restricted from participating in any physical activity? ❑ **Yes** ❑ **No** **If yes, please describe:**	

EMERGENCY CONTACT – THIS PERSON MUST BE AVAILABLE WHILE THE CHILD IS IN CAMP

Person to notify in case of emergency:		Relationship:
Cel phone: ( )	Daytime phone: ( )	Evening phone: ( )

PERMISSION TO DISPENSE OVER THE COUNTER MEDICINE

I give consent to the medical staff of Camp Forget-Me-Not/Camp Erin DC to use her professional medical judgment in determining if my child is in need of an over the counter medicine. I hereby give permission to the camp nurse to dispense appropriately and as needed: Tylenol, Motrin, and/or Benadryl.

Signature: X ____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Subject to the conditions set forth below, as the parent/guardian of ____(child's name) , I consent for the child described herein to receive such medical treatment and/or surgical procedures as are deemed necessary in the event of an emergency and to assume the liability for any such medical expenses involved. This authorization extends to the child's participation in any activity sponsored by Camp Forget-Me-Not/Camp Erin DC.

Should a medical emergency arise during the child's participation in a Camp Forget-Me-Not/Camp Erin DC activity, I understand that reasonable efforts will be made to contact me or my designated alternate Emergency Contact at the phone numbers provided in this application. If it is believed the child's life or health may be adversely affected by the delay that an attempt to contact me or my designated alternate Emergency Contact would cause, I consent to the following:

1. the administration of medical treatment and/or surgical procedures deemed necessary by the medical doctor and/or medical facility identified below or chosen by the Camp Forget-Me-Not/Camp Erin Director; and
2. the immediate administration of life-sustaining measures deemed necessary under the circumstances.

Signature: X ____ Date: ___________________

THIS INFORMATION MUST BE COMPLETED

HEALTH INSURANCE PROVIDER:		POLICY HOLDER:
ID NUMBER:	GROUP:	PHONE #:

CAMPER'S Last Name:	CAMPER'S First Name:	Date of Birth:

Section VI: Custody Release Form:

I am the parent or legal guardian of the child camper identified above. The **person listed below** is authorized by me to drop off and pick up my child from the camp bus for the sole purposes of transporting home or otherwise assuming custody of the child camper until we are reunified.

Name: ____________________________________ Relationship: ______________________

Address: ____

City:_____________________________ State:________________

Contact Number 1 ___________________________ Contact Number 2: ___________________

If it is necessary for my child to leave Camp Forget-Me-Not/Camp Erin DC before the end of the program due to illness, injury, or behavior issues, and I cannot be reached, I hereby give permission for my child to be released into the custody of the **person identified above**. I understand that Camp Forget-Me-Not/Camp Erin DC may require photo identification of anyone who picks up the child camper, including myself.

I hereby release Camp Forget-Me-Not/Camp Erin DC, its staff, volunteers and representatives from liability for releasing the child camper to the person identified above.

I have read and understood this entire form, and I agree to be bound by the conditions of the agreement.

X_______________________________________ ____________________

Signature of Parent/Guardian Date

Please check which site your child will be dropped off and picked up from:

DROP OFF FOR CAMP: ______**NW Site/Lobby: 4201 Connecticut Avenue, NW, WDC 20008**
Departure at 12:30pm – Friday, June 23, 2017
or
______**SE Site/2041 Martin Luther King Jr. Avenue, SE, WDC 20020**
Departure at 2:00pm – Friday, June 23, 2017

PICK UP AFTER CAMP: ______**NW Site/Lobby: 4201 Connecticut Avenue, NW, WDC 20008**
Return at 3:15pm – Sunday, June 25, 2017
or
______**SE Site/2041 Martin Luther King Jr. Avenue, SE, WDC 20020**
Return at 2:15pm – Sunday, June 25, 2017

WENDT CENTER
FOR LOSS AND HEALING

CAMPER's Last Name:	**CAMPER's First Name:**	**Date of Birth:**

PART VII: CAMPER MEDICATION FORM

TO BE COMPLETED ONLY IF THE CAMPER WILL REQUIRE MEDICATION WHILE AT CAMP
THIS SECTION OF THE FORM MUST BE SIGNED BY THE PARENT/GUARDIAN

I authorize and request Camp Forget-Me-Not/Camp Erin DC medical personnel to administer medication(s) as prescribed below by our physician. In so doing, I relieve Camp Forget-Me-Not/Camp Erin DC, its agents, employees or representatives of any responsibility for ill effects which may result from the administration of said prescribed medications

Signature: **X**____ Contact phone #: ______________________________ Date: _____________

THIS SECTION OF THE FORM MUST BE COMPLETED AND SIGNED BY THE PRESCRIBING PHYSICIAN

(ONLY IF CAMPER IS CURRENTLY TAKING MEDICATIONS, INHALERS, VITAMINS, ASPIRIN)

(Name of Camper)___________________________________ is applying to participate in Camp-Forget-Me-Not/Camp Erin DC, a sleep-away grief camp for youth who have experienced the death of a loved one. The Camp will be held Friday, June 23 through Sunday, June 25, 2017. Please take a few minutes to provide us with information about prescribed medications for this camper.

The following medications must be administered to the above named child during his/her time at Camp Forget-Me-Not/Camp Erin DC:

Medication	Dosage	Instructions (e.g., time(s) to be administered, with water, food, milk)	Side effects which should be observed by Camp personnel	Reasons for not administering medication as prescribed (e.g., vomiting, fever, drowsiness, convulsions)
1.				
2.				
3.				

Physician's Signature: ____ Date: ___________

Physician's Printed Name: ____________________________________

PLEASE RETURN COMPLETED FORM TO THE CHILD'S PARENT/GUARDIAN
FOR SUBMISSION TO CAMP FORGET-ME-NOT/CAMP ERIN DC PERSONNEL
THE ORIGINAL COMPLETED MEDICAL FORM MUST BE RECEIVED BY MONDAY JUNE 5, 2017