



LOMA LINDA UNIVERSITY
CHILDREN'S HOSPITAL

Camp Good Grief

Registration Form

Send to: **Loma Linda University Children's Hospital, Rm 1801**
c/o Dorothy Clark Brooks, Child Life Services
PO Box 2000
Loma Linda, CA 92354

Date _____

Name _____ Grade _____ Age _____

Name Child Goes By _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Male Female

E-mail _____ Date of Birth _____

Medical Insurance Provider _____

Policy Number _____

Medical Insurance Billing Address _____

Church Affiliation (if any) _____

Father's Name _____

Home Phone _____ Work Phone _____

Cell Phone _____

Mother's Name _____

Home Phone _____ Work Phone _____

Cell Phone _____

Name of Deceased _____

Child's Relationship to Deceased _____

Date of Birth _____ Date of Death _____

Cause of Death _____

Child's Name _____



Camp Good Grief

Consent Release and Assumption of Risk Agreement

Everything reasonable has been done to assure that our activities are as safe as possible, however, we wish to inform you that these activities are not without risk. As in any strenuous activity, the activities have inherent risks and may result in serious injury or death.

Contract of Release and Assumption of Risk Agreement

I realize that hiking and sports activities have inherent risks. I knowingly accept and assume this risk, and agree to release Camp Cedar Falls, Loma Linda University Medical Center, and its parent organizations from any and all claims, damages, injuries, and expenses arising out of or resulting from my child's participation in all these camp activities. I further agree to release, acquit, and covenant not to sue said organizations for any and all action, claims or damages, damages in law, or remedies in equity of whatever kind, including the negligence of said organizations. I understand "said organizations" includes their agents and employees.

Signature _____ Date _____ Date of Birth _____

Parent/s or Guardian/s Consent, Release and Assumption of Risk Agreement for Participants Under 18 Years of Age

I, parent/guardian, hereby give my consent for all participants under 18 years of age for whom I am responsible, and whose names and ages are listed below. I have read the above release and assumption of risk agreement and agree to be bound by it.

Signature _____ Date _____
Parent/Guardian

Signature _____ Date _____
Parent/Guardian

Child's Name _____ Age _____

Child's Name _____ Age _____

Child's Name _____



Camp Good Grief

Medical Consent

To attend and participate, for medical treatment, and authorization to release information

I (We) the undersigned parent(s) or guardian of

_____, a minor, give my/our consent for him/her to attend Camp Good Grief and to participate in its activities. We give further consent for the camp nurse to render necessary first aid in the event of accident or nursing care in the event of sickness and to control the administration of prescribed medication brought to camp by the camper.

In the event of an **EMERGENCY** we do hereby **AUTHORIZE AND CONSENT TO** any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor **UNDER THE SPECIAL INSTRUCTION OF ANY LICENSED PHYSICIAN THE CAMP MAY CALL**, whether such diagnosis or treatment is rendered at the office of said physician, at a licensed hospital or at the camp.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Camp Good Grief **OR THE PHYSICIAN TO EXERCISE HIS BEST JUDGMENT AS TO THE REQUIREMENT OF SUCH DIAGNOSIS OR TREATMENT**. It is understood that **IN THE CASE OF MAJOR ACCIDENT OR ILLNESS, REASONABLE EFFORT WILL BE MADE** to reach the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This consent is effective while traveling to and from and while in attendance of any activity of Camp Good Grief and shall remain in continuous effect until revoked in writing or until said minor is removed by parent or guardian from care of Camp Good Grief.

We hereby authorize any hospital, physician, or any other person who has attended or examined said minor to furnish the Camp's insurance company or its representative any and all information with respect to any illness, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A copy of this authorization shall be considered as effective and valid as the original.

It is understood and the undersigned hereby agrees to release Camp Good Grief, Loma Linda University Children's Hospital (LLUCH) and any of its affiliates from any and all liability arising out of the medical care rendered by any physician or health care provider not under the direction or control of LLUCH.

Child's Name _____

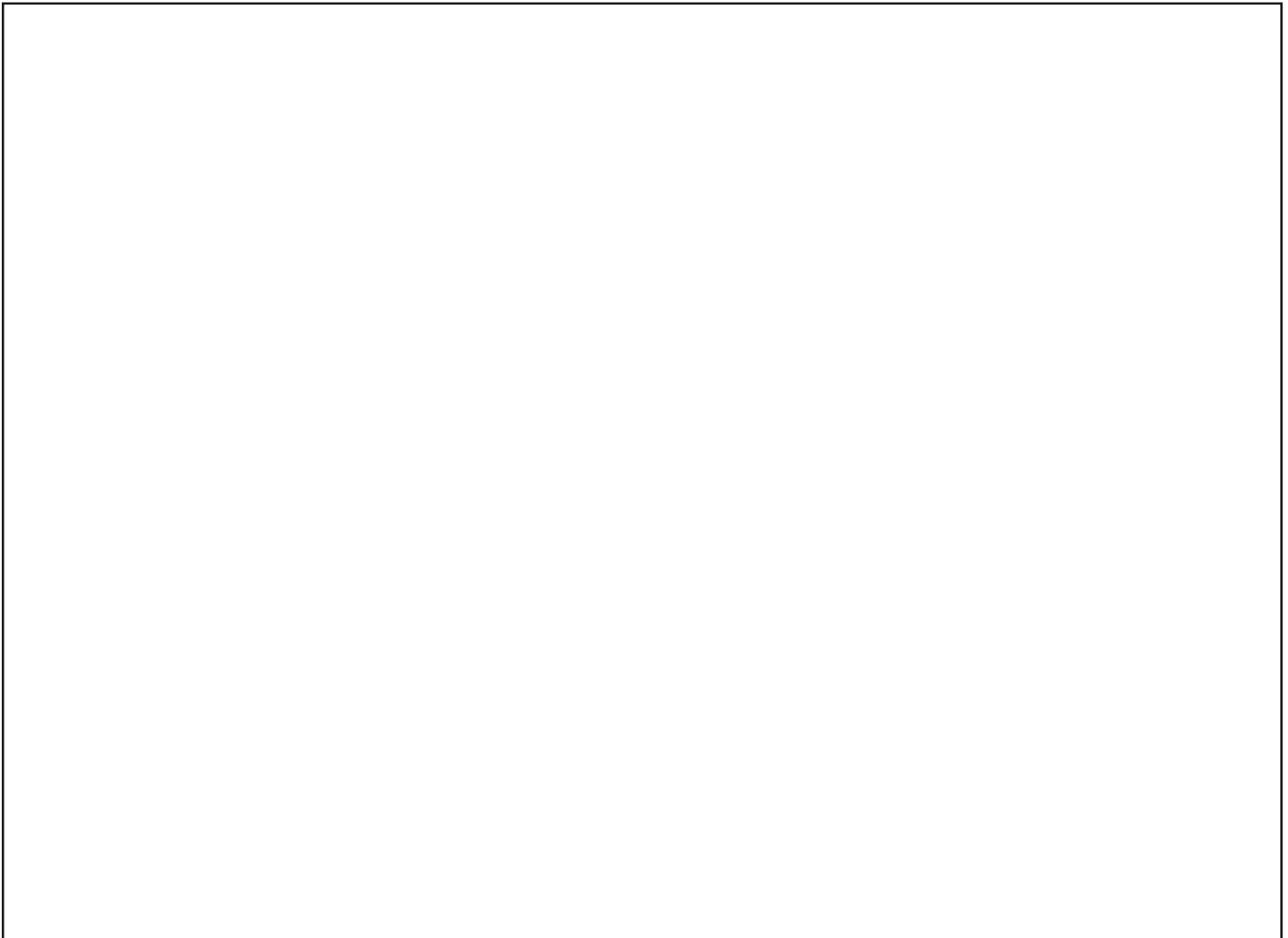
It is understood that in the event of a medical emergency or need for medical aid, your child will be taken to the nearest health care provider, whether it be an emergency room or otherwise. It is further understood that such health care institution may or may not be affiliated with Loma Linda University Children's Hospital, and that Loma Linda University Children's Hospital (LLUCH) nor any of its affiliates is obligated to render medical care to your child in the event such need arises. Furthermore, it is understood that should the need for medical care arise, you will be financially responsible for all costs incurred in rendering or providing medical attention to your child and LLUCH is not obligated to provide insurance nor will it assume financial responsibility for medical assistance provided.

It is further understood that you or your insurance company are responsible for all costs associated with rendering or providing medical care to your child even when such care is provided by Loma Linda University Children's Hospital.

Signature _____ Date _____
Parent/Guardian

Signature _____ Date _____
Parent/Guardian

Please attach a photograph of your child here:



Child's Name _____



Camp Good Grief

Health History

Family Physician _____ Phone _____

Allergies _____

Check all that apply

- | | | |
|--|---|---|
| <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Frequent Colds |
| <input type="checkbox"/> Bee Stings | <input type="checkbox"/> Drugs | <input type="checkbox"/> Chronic Asthma |
| <input type="checkbox"/> Other Allergies | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Frequent Stomach Upsets | <input type="checkbox"/> Chronic Bronchitis | <input type="checkbox"/> Chronic Respiratory Infections |
| <input type="checkbox"/> Other _____ | | |

Date of last tetanus immunization _____

Date of last booster _____

Date of last TB Test _____

Are your child's immunization shots up to date? Yes No

Any recent operation, injury, or illness? Yes No Date(s) _____

Please explain

Allergic reactions to food, environment, or medicine?

Please LIST ALL MEDICATIONS that will be sent with your child to camp. This should include prescription (i.e., Inhalers) and over the counter medications (i.e., Tylenol, cough syrup, etc).

Also please check medications that you approve for our RN to administer to your child(ren) if needed while at camp

- | | |
|--|---|
| <input type="checkbox"/> Tylenol (Acetaminophen) | <input type="checkbox"/> Motrin (Ibuprofen) |
| <input type="checkbox"/> Advil (Ibuprofen) | <input type="checkbox"/> Excedrin |
| <input type="checkbox"/> Benadryl (Antihistamine) | <input type="checkbox"/> Cough Syrups (i.e., Robitussin, Sudafed, Dimetapp) |
| <input type="checkbox"/> Cold Medicines (i.e. Tylenol Cold, Robitussin, Sudafed) | |
| <input type="checkbox"/> Other _____ | |

Child's Name _____



Camp Good Grief

Parent Questionnaire

Child's Name _____ Date of Birth _____

Ethnicity: [] Caucasian [] African American [] Asian [] Latino [] Other Gender: [] Male [] Female

Religious Affiliation _____ Date of the sibling's or parent's death _____

Your Name _____ Relationship to Child _____

Below you will find statements that may or may not be applicable to your child. Please indicate, with the appropriate number, the frequency both before death and currently, that your child displays these behaviors/attitudes:

1-Never 2-Very Rarely 3-Rarely 4-Sometimes 5-Frequently 6-Always N/A-Not Applicable

EXAMPLE: 1. My child is moody

Table with 2 columns: Before Death, Currently. Row 1: 2, 5

Behaviors

- 1. My child seeks attention
2. My child cries easily
3. My child has sleeping problems
4. My child throws temper tantrums
5. My child tells tall tales or lies
6. My child manipulates situations to his/her own benefit
7. My child steals
8. My child frequently stares blankly into space...
9. My child often complains of illness...
10. My child expresses concern that something terrible will happen...
11. My child is hyperactive, restless
12. My child has bad dreams
13. My child has a discipline problem at home
14. My child has a discipline problem at school
15. My child voices an intense dislike of school
16. My child refuses to talk or hear about the deceased
17. My child says he/she wishes he/she was dead or away from it all

Table with 2 columns: Before Death, Currently. Rows for behaviors 1-17, with N/A at the bottom.

Relationships

- 18. There is fighting and arguing at home
19. We frequently have family problems
20. My child does not get along with his/her siblings
21. My child says people don't like him/her
22. My child and I have good meaningful talks
23. My child spends time playing with friends
24. My child talks to others concerning their feelings about this person's death
25. My child seems comfortable talking to me about the family member that died

Table with 2 columns: Before Death, Currently. Rows for relationships 18-25, with N/A at the bottom.

Child's Name _____

Below you will find statements that may or may not be applicable to your child. Please indicate, with the appropriate number, the frequency both before death and currently, that your child displays these behaviors/attitudes:

1-Never 2-Very Rarely 3-Rarely 4-Sometimes 5-Frequently 6-Always N/A-Not Applicable

Emotions

- 26. My child is **moody**
- 27. I can see **tension** building up in my child
- 28. My child emotionally **explodes**
- 29. My child has nervous **habits** (such as pulling at his/her clothing, clearing his/her throat, sniffing nose, etc)
- 30. My child **worries**
- 31. My child has **unusual fears**
- 32. My child becomes easily **angered/irritated**
- 33. My child becomes **overexcited**
- 34. My child becomes **hysterical** or **upset** when things don't go his/her way
- 35. My child seems **sad**
- 36. My child has difficulty **concentrating** for any length of time
- 37. My child **complains** he/she never gets a **fair share**
- 38. My child is **sensitive** and gets his/her feelings hurt easily

Before Death		Currently	

General Information (Yes/No)

- 39. My child **does not** seem to be **learning** as he/she should
- 40. My child has regular **bowel movements**
- 41. My child **wets the bed**
- 42. My child has little **self-confidence**
- 43. My child is **overweight** or **underweight**
- 44. My child has had a change in **appetite**
- 45. My child has an **eating problem**
- 46. My child has a **major illness**, operation, or accident

Before Death		Currently	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My Child...

- 47 ... has a **mental illness**
- 48 ... has been physically or sexually **abused**
- 49 ... has **allergies** or **asthma**
- 50 ... has visual, hearing, or speech problems
- 51 ... attended the **funeral**
- 52 ... is in **therapy**
- 53 ... is currently on **medication**

Currently	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Child's Name _____

54. How would you describe your child's temperament before death? (Mark all that apply)
 Outgoing Friendly Easy-going Shy Sad/Withdrawn Disobedient Aggressive
55. How would you describe your child's current temperament? (Mark all that apply)
 Outgoing Friendly Easy-going Shy Sad/Withdrawn Disobedient Aggressive
56. Describe the circumstances of the death – how, when, where (use separate sheet of paper if necessary)

57. Describe in detail this child's relationship with the deceased and in detail how his/her life has been affected by the death. What does the death mean to your child? (use separate sheet of paper if necessary)

58. Who told the child about the death? _____
59. Does your child have any dietary needs? (i.e. vegetarian) Please indicate what they are and why. Also feel free to indicate your child's favorite foods and those he/she particularly dislikes.

Types of other Losses

60. Divorce or separation? _____ Date _____
61. Moving to a new community? _____ Date _____
62. Friends moving away? _____ Date _____
63. Other deaths? If so Who? _____ Date _____
64. Pet deaths? _____ Date _____
65. Parents changing jobs? _____ Date _____
66. Parents loss of job? _____ Date _____
67. Fire or theft loss? _____ Date _____

Child's Name _____

68. Other changes in child's life?

69. How did the child handle these changes?

Parent Self Report

Below you will find statements that may be applicable to you. Please indicate with the appropriate number how accurately these items describe your current experience. Please answer the following questions in regards to your experience, *not your child's*.

1-Completely True 2-Mostly True 3-Neutral 4-Mostly False 5-Completely False

1. I've lost interest in my family, friends, and outside activities. _____
2. I feel a need to do things that the deceased had wanted to do. _____
3. I still cry when I think of the person who died. _____
4. Even now it's painful to recall memories of the person who died. _____
5. I still struggle to function in a normal daily routine because of the grief and loss I feel for this person. _____

Signature _____
Parent/Guardian

Date _____

Signature _____
Parent/Guardian

Date _____

Child's Name _____



Camp Good Grief

Authorization and Consent to Photograph and Publish

The undersigned hereby authorizes Loma Linda University Medical Center (LLUMC) and Children's Hospital (LLUCH) to photograph or permit other persons to photograph.

Name _____

The undersigned agrees that LLUMC/LLUCH may use and permit other persons to use the negatives, prints, or duplicates prepared from such photographs for such purposes and in such manner as either may deem appropriate.

The undersigned agrees the photographs may be used for purposes including, but not limited to, dissemination to hospital staff, physicians, health professionals, students and members of the public for educational, treatment, research, scientific, public relations, and charitable purposes and that such dissemination may be accomplished in any manner. Subject only to the following limitations:

**The photographs will be used in the promotion and publicity of
Camp Good Grief.**

The undersigned has entered into this agreement in order to assist scientific, treatment, educational, public relations and charitable goals and hereby waives any right to compensation for such uses by reason of the foregoing authorizations. The undersigned and his/her successors or assigns hereby hold LLUMC/LLUCH and their successors and assigns harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement.

The term "photograph," as used in the foregoing agreement, shall mean motion picture or still photography in any format or medium including video tape or disc, digital recording, or any other means of recording and reproducing images.

Dated _____

Signature _____

Print Name _____

Phone # _____

Witness _____

Address _____

If signed for a minor, indicate relationship

Child's Name _____

ELEMENTARY YEARS

BY JODY GAYLIN



"Help, I'm Homesick!"

SARAH HEYWARD, AN 11-YEAR-OLD from Westchester County, New York, didn't expect to be homesick when she went to sleep-away camp. "But then after a few days, it sank in that I wasn't going home for a month," says Sarah.

Fortunately, a discussion with her counselor defused Sarah's anxiety. "Getting letters from home also helped," she adds.

The story of Sarah's homesickness, and how she resolved it, is typical, according to Ginny Maxson, director of the Lochearn Camp for Girls in Lake Fairlee, Vermont. "The first few days at camp are a honeymoon," explains Maxson. "Everyone is a new best friend and the counselors are perfect. Four days later, reality sets in."

Children of almost any age who go to sleep-away camp feel pangs of homesickness. The first time away can be very difficult. Here's how parents can help their kids prepare for and overcome those feelings.

Be positive before camp starts. "Parents sometimes reassure a hesitant child by saying, 'Try it and if you don't like it after one or two weeks, you can come home,'" says Maxson. "That's a mistake." Homesickness, she believes, is less about missing Mom and Dad than about missing the feelings of love and security that a child gets at home—and it takes a while to estab-

lish those bonds at camp. By suggesting a tryout period, you may inadvertently sabotage that process.

A better message, suggests Maxson, is to say, "I believe in you and know that you can ultimately enjoy camp." Also, relate your own experiences of overcoming homesickness, and suggest ways to cope, such as talking things out with a friend or counselor.

Don't overreact to an unhappy call or letter. There can be instant panic when the first imploring letter arrives. "Come and get me!" it says. "I hate it here." But resist the urge to jump in the car and rescue your child.

"It's natural to feel helpless when your child seems miserable," notes Maxson, "but if you feel he's in good hands, take comfort that by the time you get the letter, the problem has most likely been rectified."

Write upbeat letters. "The best letters from parents reiterate that you believe your child can succeed on her own," Maxson says. "Keep your news upbeat, but don't make it sound as though she's missing out on all kinds of fun at home."

How to cope when your child goes to sleep-away camp

Parents should make sure letters are waiting for their child when she arrives, and then write often. But no matter how much you miss your child, don't overemphasize these feelings, says Kevin Kalikow, M.D.,

assistant clinical professor of child psychiatry at New York Medical College in Valhalla, New York. "Instead, focus on the experiences she is having at camp and how proud you are of her," Dr. Kalikow says. "Let your child know that things are fine at home, without stressing her absence."

Don't go overboard with packages. Appropriate packages include any small items that relate to the child's experience at camp, such as an extra flashlight. Avoid sending food.

Maxson also suggests keeping "care" packages to a minimum. "The overall message to your child should be 'Camp is your gift,'" she says. "More warmth is shared through a letter containing genuine words of encour-

agement and heartfelt expressions of love than through material things."

WHEN CAMP'S OVER

Don't be surprised or hurt if your child is depressed for a few days upon her return home. At sleep-away camp, your child forms a true home away from home and forges friendships that may last a lifetime.

Recognize this and be happy that your child has had the opportunity to create something special while apart from her family for the first time. ■

Jody Gaylin is a freelance writer living in Hastings-on-Hudson, New York. All three of her kids have been homesick.

For Unhappy Campers

"Occasionally, a child becomes debilitated by homesickness," says Ginny Maxson of the Lochearn Camp for Girls. "She doesn't want to wake up, get dressed, or eat."

When this happens, a reassuring phone call from a parent may help lift the depression, says Maxson. If homesickness persists, however, talk to the camp director. "Some kids don't do well in sleep-away camp," notes Dr. Kevin Kalikow of New York Medical College. "Predicting who these children will be is not easy." If the situation can't be resolved, cutting short the child's stay at camp may be the best option.

Participant Agreement

In consideration of the services to be provided by Lodestone Adventures, Inc., its officers, agents, employees, stockholders, and all other persons or entities associated with those Lodestone Adventures, Inc. (hereinafter collectively referred to as "Lodestone") I agree as follows:

Although Lodestone has taken reasonable steps to provide you with appropriate equipment and skilled instructors so you can enjoy an activity for which you may not be skilled, we wish to remind you: this activity is not without risk. Certain risks cannot be eliminated without destroying the unique character of this activity. The same elements that contribute to the unique character of this activity can be causes of loss or damage to your property, accidental injury or illness or in extreme cases, permanent injury trauma or death. We do not want to frighten you or reduce your enthusiasm for this activity, but we do think it is important for you to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all of those risks:

Ropes course, teambuilding and leadership development activities which include: the possibility of slips and falls; rope burns, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards. An outdoor environment has inherent hazards such as inclement weather cold, heat, rain, snow and other hazards. During an activity there may be contact with plants, animals or insects that could create hazards such as stings, allergies and associated diseases and ailments.

I am aware that this activity entails risks to myself. I understand that the description of these risks is not complete and that other unknown or unanticipated risks may result in injury or death. I agree to assume responsibility for the risks identified herein and those risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of these risks.

I certify that I am fully capable of participating in this activity. Therefore, I assume full responsibility for myself and any and all minor children accompanying me, for bodily injury, death and loss of personal property and expenses thereof as a result of those inherent risks and dangers and of my negligence in participating in this activity.

I have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me, my heirs, assigns, personal representative, estate and for all members of my family, including any and all minors accompanying me. I acknowledge I am not relying on any oral, written, or visual representations or statements made by Lodestone including those made in its brochures or other promotional material, to induce me to participate in this activity.

Please inform Lodestone, on the back of this sheet and verbally, of any conditions, medical or otherwise that you feel we should be aware of.

Signature of Participant: _____ Print name: _____

Organization: _____ Date: _____

PARENT/GUARDIAN AGREEMENT

I agree with the above and I authorize Lodestone to call for medical care for the above named minor participant or to transport the minor to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed by the minor. I further authorize appropriate medical personnel to render such medical treatment as is necessary for the health of the minor. I agree that once that minor is in the care of medical personnel, medical facility or hospital, Lodestone shall have no further responsibility for the minor and I agree to pay all costs associated with such medical care and transportation incurred by Lodestone.

If under 18, signature of parent or guardian: _____ Print name: _____



LOMA LINDA UNIVERSITY
CHILDREN'S HOSPITAL

Camp Good Grief

Mail

We find that our campers thrive on encouragement. The section below provides a place for you to write a note to your child attending Camp Good Grief. We will clip this note and hand it to your child during camp. Thank you for helping to make camp a positive experience.

Camp Good Grief Staff



Camp Good Grief

Mail

Child's Name _____