



Dear Potential Camper Families:

We are excited about your interest in Camp Erin® South Florida and our Family Camp taking place on **Saturday, June 15, 2024 at Tree Tops Park in Davie, Florida!**

Camp Erin South Florida Family Camp is a free bereavement camp for youth (ages 6-17) and their families grieving the death of a significant person in their lives. Families will attend a one-day camp experience that combines grief education and emotional support with fun, traditional camp activities. Led by bereavement professionals and caring volunteers, families are provided a supportive environment to explore their grief, learn essential coping skills, and experience community with other families who are also grieving.

To apply for our upcoming Family Camp, please complete the following steps:

1. **SUBMIT A FAMILY APPLICATION:** Complete and submit **one application per family unit** to our team via e-mail at **CampErin@catholichospice.org**. This application is to include all **immediate** family members. Should you have extended family who would also like to attend the camp, please complete a separate application. *(PLEASE NOTE: Information on the application helps us secure funding to continue to offer Camp Erin free of charge. It is not used to determine acceptance.)*
2. **COMPLETE A FAMILY INTERVIEW:** After receiving your family's application, a Camp Erin team member will contact you to schedule a Family Interview. Family Interviews will be scheduled between June 19 to July 12, and will be held either virtually or in-person. During the interview, we will review your application and get to know more about your family and if Camp Erin is the right fit for your family's needs.
3. **ATTEND OUR "SAVE YOUR SPOT" ORIENTATION:** Your attendance at "Save Your Spot" is an opportunity for your family to meet our team and other camper families as well as learn more about what you can expect at Camp Erin, while securing your spot at camp! Details of the orientation will be shared during or following your Family Interview.
4. **ATTEND CAMP:** Once you have completed the above steps, the only step left is for your family to attend camp!

Spots are limited, so apply soon! **The last day to apply is Friday, May 17, 2024.**

If you have any questions or need assistance completing your application, please contact our team by phone at **(954) 944-2709** or by e-mail at **CampErin@catholichospice.org**. Please also see the following page for our "Frequently Asked Questions" that may answer questions you may have about completing the application.

All the best,

Edmund M. Davis, MS, LMFT
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Follow Us on Instagram @CampErinSouthFlorida





FREQUENTLY ASKED QUESTIONS

How much does it cost to participate?

Camp Erin is offered to families at NO COST... aka **FREE!**

What is included in our registration?

Everything from camp materials, camp t-shirt, and meals (Saturday lunch and dinner) are included in our family camp program. Water and refreshments will also be made available throughout camp. More details will also be shared during our "Save Your Spot" camper family orientation, including what to bring and wear to camp.

Who completes the application?

A **parent/legal guardian** must complete the application for the family.

Does a parent/guardian need to attend the camp with my children?

YES! Every camper must have at least one (1) parent/legal guardian in attendance as this is a **FAMILY** camp.

Who do I include in the family application?

Please include **all members of the immediate family unit** who will be attending camp, which include children and teens (ages 6-17) and adults within the same family unit like adult children (ages 18+), another parent, and/or grandparents living in the same household. Additional adults who are not the parent/legal guardian of the youth applicants must complete a separate application. The application has room to include up to 3 children and 2 additional adults, however, if you need to include more children and adults, please complete our "Additional Campers" form.

If my children's cousin(s) or friend(s) would like to attend camp, can they attend with our family?

Your children's cousins and friends are welcome to join our camp! However, we **STRONGLY RECOMMEND** that they attend with their family, including their parent/legal guardian. One of our goals for the family camp is to help build a family support system for every camper. Please note that every youth (ages 6-17) attending camp must have their parent/legal guardian complete an application and consent form for him/her/them.

Are there additional requirements that we need to complete?

In addition to completing the application, family interview, and attending our "Save Your Spot" camper orientation, each family must also **submit a consent form**. We have a consent form for the primary parent/legal guardian and youth campers (ages 6-17). The parent/legal guardian must sign for all their youth campers. Any additional adults (18+) must complete a separate consent form for themselves.

If something happens and we need medical attention, will there be anyone to assist?

Our **Camp Nurse(s) will be in attendance** throughout the camp program. We have basic medical supplies and over-the-counter medication to address anything like headaches and cuts. For emergencies that require serious medical attention, we will contact 911. If anyone in your family needs to take any medication, please bring them in their original containers and parents/legal guardians will have to administer as needed.

Do you have additional resources for bereavement support for my family?

ABSOLUTELY! Please contact our team at CampErin@catholichospice.org or (954) 944-2709 and our team will be glad to assist you! You can also visit Eluna's website that is rich with resources focused on grief and loss as well: www.elunanetwork.org.

**FOR ANY ADDITIONAL QUESTIONS, PLEASE CONTACT OUR TEAM AT
CAMPERIN@CATHOLICHOSPICE.ORG OR (954) 944-2709.**



FAMILY NAME:

CAMP ERIN SOUTH FLORIDA FAMILY CAMP 2023 APPLICATION

PLEASE COMPLETE THIS APPLICATION FOR ADULTS AND CHILDREN WITHIN YOUR IMMEDIATE FAMILY UNIT. ADDITIONAL CHILDREN AND ADULTS WHO ARE NOT A LEGAL GUARDIAN OF THE YOUTH CAMPER APPLICANTS LISTED MUST COMPLETE A SEPARATE APPLICATION AND CONSENT FORM.

PRIMARY GUARDIAN INFORMATION

First Name: _____ Last Name: _____

Preferred Name: _____ Birthdate: _____ Age: _____

Gender: ☐ Male ☐ Female ☐ Non-Binary Preferred Pronouns: _____ T-Shirt Size: _____
(Examples: She/Her/Hers, He/Him/His, They/Them/Theirs) (Available sizes: Adult Small-3XL)

Race/Ethnicity (Check ALL that apply): ☐ Black/African American ☐ White/Caucasian ☐ Hispanic/Latinx ☐ Asian
☐ Multiracial ☐ Other (please indicate): _____

Home Phone: _____ Cell Phone: _____ Is text OK? ☐ Yes ☐ No

Best Time to Contact: _____ E-mail Address: _____

Home Address: _____

What is your relationship to... *Child(ren) Applying?:* _____ *Deceased?:* _____

Is either parent or legal guardian an Active, Reserve, or National Guard Military Member or Military Veteran? ☐ Yes ☐ No

If yes, what branch? _____

Was the deceased an Active, Reserve, or National Guard Military Member or Military Veteran? ☐ Yes ☐ No

If yes, what branch? _____

Was the deceased a Significant Caregiver of the camper? ☐ Yes ☐ No

Do your youth campers qualify for or receive Free or Reduced Lunch at school? ☐ Yes ☐ No

Is someone in your family who attending camp or the deceased a Frontline Healthcare Worker? ☐ Yes ☐ No

If yes, who? _____

Is anyone in the family a Returning Camp Erin camper? ☐ Yes ☐ No

If yes, who? _____

How many from your family are attending camp and are... *Children (under 18)?* _____ *Adults (18 and older)?* _____

EMERGENCY CONTACT INFORMATION

1. NAME: _____ RELATION TO CAMPERS: _____

HOME PHONE: _____ CELL PHONE: _____



FAMILY NAME:

CAMPER INFORMATION

YOUTH CAMPERS

PLEASE INCLUDE ALL MINOR CHILDREN (AGES 6-17) WHO YOU ARE A PARENT/LEGAL GUARDIAN OF AND WILL BE ATTENDING THE CAMP.

1.	First and Last Name	Preferred Name	Birthdate	Age
	Gender (Male/Female/Non-Binary)	Preferred Pronouns (Ex. She/Her/Hers)	Race/Ethnicity	
	Youth is Remembering... (Deceased's Name/Relationship to Camper)		T-Shirt Size (Please indicate Youth or Adult size; Small-3XL Available)	
2.	First and Last Name	Preferred Name	Birthdate	Age
	Gender (Male/Female/Non-Binary)	Preferred Pronouns (Ex. She/Her/Hers)	Race/Ethnicity	
	Youth is Remembering... (Deceased's Name/Relationship to Camper)		T-Shirt Size (Please indicate Youth or Adult size; Small-3XL Available)	
3.	First and Last Name	Preferred Name	Birthdate	Age
	Gender (Male/Female/Non-Binary)	Preferred Pronouns (Ex. She/Her/Hers)	Race/Ethnicity	
	Youth is Remembering... (Deceased's Name/Relationship to Camper)		T-Shirt Size (Please indicate Youth or Adult size; Small-3XL Available)	

ADULT CAMPERS

INCLUDE ADDITIONAL ADULTS (18+) WHO WILL BE ATTENDING THE CAMP (E.G., ANOTHER PARENT, ADULT CHILDREN, GRANDPARENTS LIVING IN THE SAME HOUSEHOLD) OTHER THAN PRIMARY PARENT/GUARDIAN. ADDITIONAL ADULTS WHO ARE NOT THE LEGAL GUARDIAN OF THE ABOVE YOUTH CAMPER APPLICANTS AND ARE NOT OF THE SAME IMMEDIATE FAMILY UNIT MUST COMPLETE A SEPARATION APPLICATION.

1.	First and Last Name	Preferred Name	Birthdate	Age
	Gender (Male/Female/Non-Binary)	Preferred Pronouns (Ex. She/Her/Hers)	Race/Ethnicity	
	Adult is Remembering... (Deceased's Name/Relationship to Camper)		T-Shirt Size (Please indicate Youth or Adult size; Small-3XL Available)	
2.	First and Last Name	Preferred Name	Birthdate	Age
	Gender (Male/Female/Non-Binary)	Preferred Pronouns (Ex. She/Her/Hers)	Race/Ethnicity	
	Adult is Remembering... (Deceased's Name/Relationship to Camper)		T-Shirt Size (Please indicate Youth or Adult size; Small-3XL Available)	



FAMILY NAME:

FAMILY BEREAVEMENT HISTORY

Name(s) of Significant Person(s) who died: _____

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

Cause(s) of death: _____

What do the child(ren) know about the death(s): _____

Please describe your family's communication style regarding the death? (Check one)

☐ Open

☐ Adequate

☐ Very Little

☐ Avoided

☐ No Communication

Was any of the children present at the time of death? ☐ Yes ☐ No

If yes, who? _____

Please briefly describe the experience and/or reactions of you and your child(ren) to the loss: _____

Did any of your children attend the funeral/memorial service? ☐ Yes ☐ No

If yes, what were the camper's reactions to the service?

If no, was there a reason they did not attend?

How would you describe yours and your child(ren)'s relationship to the deceased? _____

Please indicate other factors that might affect child(ren)'s grief (e.g., changes, illness, relocation, divorce, history of abuse, remarriage, finances, other losses): _____

Is anyone in your family currently or in the past received support (e.g., counseling in any setting)? ☐ Yes ☐ No

If yes, please describe: _____

Is there anything else we should know to better serve you and your family (e.g., family, cultural, or religious customs, beliefs, or concerns)?



FAMILY NAME:

FAMILY HEALTH INFORMATION

PLEASE COMPLETE THIS FORM FOR MEMBERS OF YOUR IMMEDIATE FAMILY UNIT WHO HAVE ANY HEALTH ALLERGIES, CONCERNS, OR CONDITIONS.

ALLERGIES OR DIETARY RESTRICTIONS

a) Camper Name: _____ Allergies: _____

Reaction: _____ *Medication Needed? ☐ Yes ☐ No *If yes, please indicate:* _____

b) Camper Name: _____ Allergies: _____

Reaction: _____ *Medication Needed? ☐ Yes ☐ No *If yes, please indicate:* _____

c) Camper Name: _____ Allergies: _____

Reaction: _____ *Medication Needed? ☐ Yes ☐ No *If yes, please indicate:* _____

d) Camper Name: _____ Allergies: _____

Reaction: _____ *Medication Needed? ☐ Yes ☐ No *If yes, please indicate:* _____

ADDITIONAL HEALTH CONCERNS

Please describe any additional health concerns or restrictions that we should be made aware of: _____

HEALTH INSURANCE

Do **you** have medical insurance? ☐ Yes ☐ No

Do **your children** have medical insurance? ☐ Yes ☐ No

Do **the other adults in your immediate family unit** have medical insurance? ☐ Yes ☐ No

***IF YES FOR ANY, PLEASE ATTACH A COPY OF EACH PERSON'S HEALTH INSURANCE CARD TO APPLICATION.**

Is there a hospital that your insurance mandates? ☐ Yes ☐ No

If yes, what is name and address of hospital of choice: _____

(Continued next page...)



FAMILY NAME:

FAMILY HEALTH INFORMATION (CONTINUED)

MEDICATION

List all medications* (prescription/non-prescription) that member(s) of your immediate family unit will or may need to take while at camp.

Family Member Name	Name of medication	Dose	Frequency	Prescribing Physician	Reason for taking

***PLEASE BRING ANY PRESCRIBED MEDICATIONS THAT YOU OR ANY OF YOUR FAMILY MEMBERS MAY NEED IN ORIGINAL CONTAINERS.**

AS THE PARENT/LEGAL GUARDIAN OF THE AFOREMENTIONED NAMED PERSONS, I GIVE FULL AUTHORIZATION TO CAMP ERIN® SOUTH FLORIDA STAFF OR AGENTS TO SECURE MEDICAL CARE OR TREATMENT FOR SAID YOUTH. THIS TREATMENT MAY INCLUDE ASSISTANCE FROM THE NEAREST PHYSICIAN, MEDICAL CLINIC, HOSPITAL, TRAINED NURSE, EMT, OR OTHER HEALTH CARE PROFESSIONAL IN THE EVENT OF ILLNESS OR INJURY THAT REQUIRES IMMEDIATE ATTENTION AS DETERMINED BY CAMP ERIN SOUTH FLORIDA STAFF. IN THE EVENT OF AN EMERGENCY AND I CANNOT BE CONTACTED, I GIVE PERMISSION TO THE TREATING MEDICAL INSTITUTION AND/OR MEDICAL PROVIDERS TO RENDER ANY MEDICALLY NECESSARY CARE FOR MY CHILD. I FURTHER AUTHORIZE CAMP ERIN SOUTH FLORIDA AND ITS AGENTS TO DISCLOSE ANY AND ALL INFORMATION THEY DEEM APPROPRIATE AND AS NECESSARY TO SECURE APPROPRIATE CARE FOR MY CHILD. I AGREE THAT I AM RESPONSIBLE FOR ANY SUCH CARE RENDERED TO MY CHILD AND WILL INDEMNIFY AND HOLD HARMLESS CAMP ERIN FOR SUCH CARE OR RELATED COSTS OR EXPENSES.

Parent/Guardian Signature

Parent/Guardian Name Printed

Date



FAMILY NAME:

ADDITIONAL CAMPER INFORMATION

PLEASE COMPLETE THIS PAGE FOR ANY ADDITIONAL MINOR CHILDREN (AGES 6-17) WHO YOU ARE A PARENT/LEGAL GUARDIAN OF AND/OR ADDITIONAL ADULTS (18+) IN YOUR FAMILY UNIT (E.G., ANOTHER PARENT, ADULT CHILDREN, AND/OR GRANDPARENTS LIVING IN THE SAME HOUSEHOLD) WHO WILL BE ATTENDING THE CAMP. PLEASE SUBMIT THIS PAGE ALONG WITH YOUR FAMILY APPLICATION AND CONSENT FORMS.

ANY CHILDREN OR ADULTS WHO ARE NOT OF YOUR IMMEDIATE FAMILY UNIT MUST COMPLETE A SEPARATE APPLICATION. PARENT/LEGAL GUARDIAN OF CHILD(REN) NOT OF YOUR IMMEDIATE FAMILY UNIT MUST COMPLETE THE APPLICATION FOR THEIR CHILD(REN).

ADDITIONAL YOUTH CAMPERS

1.	First and Last Name	Preferred Name	Birthdate	Age
	Gender (Male/Female/Non-Binary)	Preferred Pronouns (Ex. She/Her/Hers)	Race/Ethnicity	
	Youth is Remembering... (Deceased's Name/Relationship to Camper)		T-Shirt Size (Please indicate Youth or Adult size; Small-3XL Available)	
2.	First and Last Name	Preferred Name	Birthdate	Age
	Gender (Male/Female/Non-Binary)	Preferred Pronouns (Ex. She/Her/Hers)	Race/Ethnicity	
	Youth is Remembering... (Deceased's Name/Relationship to Camper)		T-Shirt Size (Please indicate Youth or Adult size; Small-3XL Available)	

ADDITIONAL ADULT CAMPERS

1.	First and Last Name	Preferred Name	Birthdate	Age
	Gender (Male/Female/Non-Binary)	Preferred Pronouns (Ex. She/Her/Hers)	Race/Ethnicity	
	Adult is Remembering... (Deceased's Name/Relationship to Camper)		T-Shirt Size (Please indicate Youth or Adult size; Small-3XL Available)	
2.	First and Last Name	Preferred Name	Birthdate	Age
	Gender (Male/Female/Non-Binary)	Preferred Pronouns (Ex. She/Her/Hers)	Race/Ethnicity	
	Adult is Remembering... (Deceased's Name/Relationship to Camper)		T-Shirt Size (Please indicate Youth or Adult size; Small-3XL Available)	