



Camp Caroline Camper Registration Application

Camper Information:

First Name: _____ Last Name: _____

Name to appear on child's name badge: _____

Birthdate (Month/Date/Year): _____

Gender: Female Male

Child's t-shirt size: Children S M L Adult sizes: S M L XL XXL

School attending: _____ Current school grade: _____

Does Camper have any siblings attending Camp Caroline? Yes No

Parent/Legal Guardian Contact Information:

First Name: _____ Last Name: _____

Relationship to Camper: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

How did you find out about Camp Caroline? _____

Other relatives living in the home, and their relationship to the Camper:

OVER



Emergency Contact (other than Parent/Guardian)

First Name: _____

Last Name: _____

Relationship to Camper: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Camper Health Information

Name of child's physician: _____ Physician's phone number: _____

Hospital of choice: _____

Food Allergies (Please provide severity of food allergies, reactions and any other information):

Drug Allergies (Please provide severity of drug allergies, reactions and any other information):

Other significant allergies: _____

Does child have an Epi-pen? Y N

Does child have asthma? Y N

If yes, do they have a prescription for an inhaler or nebulizer? Y N

Please list any medications your child is currently taking that will need to be administered by the Camp Nurse during Camp Caroline:

Please list any dietary restrictions (physician recommended/religious, etc.):

NEXT



Please list any additional information (i.e. problems with eating, getting along w/friends and peers or family members, school attendance, physical limitations, separation anxiety, etc.):

Bereavement History (this information will better assist our Camp facilitators in how to address your child with their grief needs)

Please include as many details as possible pertaining to the two most significant losses to your child when answering the following questions.

How many deaths has your child experienced? _____

Name of the deceased: 1. _____ 2. _____

Age of the deceased: 1. _____ 2. _____

Relationship to camper: 1. _____ 2. _____

When did the death occur (date)?: 1. _____ 2. _____

What was the cause of death? 1. _____ 2. _____

Where did this person die? 1. _____ 2. _____

Was the child present at the time of death? 1. Y N 2. Y N

Explain the circumstances and child's reaction

1.

2.

Did the child attend the funeral/memorial service? 1. Y N 2. Y N

If yes, what was your child's reaction to/or comments about the service?

1.

2.

OVER



Please describe any grief support your child has received, including participation in a grief support group or visiting with a bereavement counselor.

Please explain how your child indicates that he/she is still grieving (sadness, anger, acting out, etc.)

Have there been any other changes/stresses in your child's life? (divorce, remarriage, relocation, illness, etc.)

Other information you believe might be helpful for Camp Caroline staff to know:

Parent/Guardian Signature

Date