



# CAMP SKYLARK 2011 CAMPER APPLICATION FORM

## PERSONAL INFORMATION:

NAME: \_\_\_\_\_ Girl \_\_\_\_\_ Boy \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

T-shirt size: Sm \_\_\_\_\_ Med \_\_\_\_\_ Large \_\_\_\_\_

### Other Household Members:

Name	Age	Relationship to Child / Adolescent
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are Parents / Guardians living at different addresses? Yes \_\_\_\_\_ No \_\_\_\_\_

### Parent's/ Guardian's contact information:

Name: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address: \_\_\_\_\_

### Emergency Contact (s):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Information About Your Loss

Name of person who died: \_\_\_\_\_ Date of death: \_\_\_\_\_

Their relationship to the camper: \_\_\_\_\_ Age of deceased: \_\_\_\_\_

Describe the child's relationship with the person: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Place of death: Home \_\_\_\_\_ Hospital \_\_\_\_\_ Other \_\_\_\_\_

Nature of death: Illness \_\_\_ Accident \_\_\_ Suicide \_\_\_ Homicide \_\_\_ Expected \_\_\_\_\_

Was the child / adolescent a witness of the death? Yes \_\_\_\_\_ No \_\_\_\_\_

Did your child attend the memorial / funeral? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child received any professional support since the loss / death? Yes \_\_\_ No \_\_\_

If 'yes', check all that apply

- Hospice Bereavement Care
- Family Physician
- Minister, Priest, Rabbi, Clergy
- Counselor
- Other \_\_\_\_\_

Has your child been told the facts regarding the person's death? Yes \_\_\_ No \_\_\_

Does your child understand the facts regarding the death? Yes \_\_\_ No \_\_\_

Please further explain above responses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Are there any other previous deaths?

Relationship	Cause of Death	Date of Death
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-----	-----	-----
-----	-----	-----
-----	-----	-----

Are there any other recent losses, changes, stresses in your child's life?

Loss, change or stressor	Effect on child
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Have there been any of the following reactions or behaviours in your child?

**Feelings / Emotions:**

- Expressions of disbelief     before     after    Comments: -----
- Anger     before     after    Comments: -----
- Anxious / nervous     before     after    Comments: -----
- Blaming / punishment     before     after    Comments: -----
- Suicidal thoughts     before     after    Comments: -----
- Loneliness / isolation     before     after    Comments: -----

- Worried about safety       before       after      Comments: \_\_\_\_\_
- Desire to be with deceased       after      Comments: \_\_\_\_\_

**Behaviours:**

- Trying to act 'perfect'       before       after      Comments: \_\_\_\_\_
- Withdrawing       before       after      Comments: \_\_\_\_\_
- Changes in appetite       before       after      Comments: \_\_\_\_\_
- Lack of energy       before       after      Comments: \_\_\_\_\_
- Difficulty concentrating       before       after      Comments: \_\_\_\_\_
- Headaches       before       after      Comments: \_\_\_\_\_
- Stomach aches       before       after      Comments: \_\_\_\_\_
- Sleep disturbances       before       after      Comments: \_\_\_\_\_
- Bedwetting       before       after      Comments: \_\_\_\_\_
- Loss of interest       before       after      Comments: \_\_\_\_\_
- Problems at school       before       after      Comments: \_\_\_\_\_
- Alcohol / drug use       before       after      Comments: \_\_\_\_\_
- Sexual behaviour       before       after      Comments: \_\_\_\_\_
- Injuries / accidents       before       after      Comments: \_\_\_\_\_

Has your child experienced emotional or mental health issues for which they have received professional help? \_\_\_\_\_

Which of the following has been helpful to your child?

- talking with a friend
- writing or drawing
- talking with family
- physical activity / sports
- visiting gravesite
- talking / writing to the deceased
- talking with other supportive persons
- other \_\_\_\_\_

## Other Important Information

Has your child experienced abuse of any kind?  yes  no

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Does your child have any specific fears or phobias?

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Does your child have any special routines that we should be aware of?

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Does your child have any physical imitations or restrictions?

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Does your child have any dietary limitations or restrictions?

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Does your child wear glasses or contact lens?  yes  no

Is there any other information that we should know to best support your child during their time at Camp Skylark? \_\_\_\_\_

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## Consents

The bereavement history is correct to the best of my knowledge.

----- Date: -----  
**Signature of Parent / Guardian**

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**Print Name**

*I hereby authorize Camp Skylark to use any photographs taken of my child while participating in the Camp Skylark program for brochure and promotional materials.*

*I hereby authorize Camp Skylark to use any photographs taken of my child while participating in the Camp Skylark program for the memory DVD .*

----- Date: -----  
**Signature of Parent / Guardian**

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**Print Name Above**

----- Date: -----  
**Signature of Witness**

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**Print Name**