Dear Prospective Camper and Guardian:

Columbus Hospice’s annual children’s grief camp, **Camp Hope, is June 27, 2025!** This camp is for ages 6-15 and is an all day camp from 7:45 AM to 5:45 PM.

We will have a brief celebration back at Columbus Hospice with both campers and parents/guardians from 5:45-6:15. Camp takes place at Camp Viola in LaGrange, GA. We will provide transportation to and from Columbus Hospice House and Camp Viola through the use of a hired school bus driver.

At camp, children/teens will engage in therapeutic craft activities as we talk about coping with the feelings of grief and about holding on to memories of our loved ones. In addition, campers will have the opportunity to go swimming, play basketball, and engage in other fun games and activities. The safety of your children is our number one concern and we will have plenty of trained staff in addition to certified lifeguards and licensed nurses.

If you would like to sign your child up for Camp Hope, please complete the included application form and return it via email at [l.mitchell@columbushospice.com](mailto:l.mitchell@columbushospice.com) or by mail to *Columbus Hospice, Bereavement Services, 7020 Moon Road, Columbus, GA 31909*. **After receiving your application, we will arrange an appointment to meet with you and your child**. At that time, we hope to learn more about your child’s needs, as well as answer any questions you may have about Camp Hope.

Camp Hope is completely free of charge, and is open to any child in the community who has experienced a loss in the past year. If you have any questions, please call Lauren Mitchell with bereavement services at 706-256-0315. I will be happy to assist you.

Respectfully,

*Lauren Mitchell, M.S., NCC*

Bereavement Coordinator

Columbus Hospice of GA and AL

2025 Application Form

(Please return as soon as possible, space is limited.)

**Child’s First and Last Name:** (List all children who are attending)

Child #1: (First): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_

Child’s Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_ St: \_\_\_\_

Child #2: (First): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_

Child’s Address (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child #3: (First): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_

Child’s Address (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child #4: (First): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_

Child’s Address (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Guardian Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Are you the legal guardian?**  Yes  No

**Relation to child:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Does the child reside with you?**  Yes  No

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Preferred method of contact:** Call/Text/Email

**Information Regarding the Deceased**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age of deceased at time of death: \_\_\_\_\_\_

Did child live with or often visit deceased?  Yes  No

Cause/Details of their death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was the deceased a Columbus Hospice patient?  Yes  No

Is there anything else we should know about the deceased or their relationship with camper?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Camp Hope Authorization for Emergency Medical Treatment, Release of Liability,Authorization and Consent to Photograph and Publish**

Camper Names (first and last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Should a medical emergency arise during my child’s participation in a **Camp Hope** activity, I consent to:

1. In the event of such an emergency, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize Columbus Hospice Camp Hope staff to arrange for any necessary emergency treatment and allow my child to be taken to the nearest hospital or health care provider. I understand treatment may include medical diagnosis and procedures such as x-ray, anesthetics, surgery, or hospital service that may be rendered to my child. It is understood that all reasonable effort will be made to contact the child’s parent, however, in the case the undersigned cannot be reached, it is understood that Columbus Hospice Camp Hope or the hospital physician to exercise his best judgment in regards to my child’s emergency medical treatment.
2. The immediate administration of life-sustaining measures deemed necessary under the circumstances.
3. In the event of a minor injury, I authorize the camp nurse to administer standard first aid and/or over-the-counter pain reliever, if necessary.

I understand Columbus Hospice Camp Hope cannot assume responsibility for determining medical, dental, or health condition of my child. Therefore, I have consulted with a medical doctor and dentist who have no restrictions in my child’s participation with Camp Hope. I acknowledge my child has medical insurance and a copy of his/her insurance card along with physician information will be provided to Camp Hope.

\_\_\_\_\_\_\_\_\_\_

(initial)

**Camper Release of Liability** *[This signed release is required for camp attendance.]*

I, as parent/guardian and on behalf of Camper named above, and formyself, release and discharge Columbus Hospice, its agents, employees, directors, volunteers and officers from any legal responsibility and/or liability for any personal injuries or illnesses, sustained by my child, either physical or emotional, or injury to property, real or personal, whether injury is due to negligence or any other cause, which may occur while my child attends Camp Hope, or which may arise in the future and/or may be related to my child’s attendance at Camp Hope. I understand that swimming will be one of the activities my child(ren) will participate in during camp. I understand that a life guard and a skilled nurse will be available in emergency situations, but that safety from life or injury cannot be guaranteed for this or any other activities at Camp Hope.

\_\_\_\_\_\_\_\_\_

(initial)

**Authorization and Consent to Photograph and Publish**

The undersigned agrees that Columbus Hospice. may use and permit other persons to use the negatives, prints of duplicates prepared from such photographs for such purposes and in such manner as either may deem appropriate. Photographs may be used for purposes including, but not limited to: Dissemination to hospice staff, physicians, health professional, students, public education and charitable purposes and that such dissemination may be accomplished in any manner. The term “photograph,” as used in the foraging agreement, shall mean motion picture or still photography in any format or medium including video tape or disc, digital recording or another means of recording and reproducing images.

\_\_\_\_\_\_\_\_\_

(initial)

**I, parent/guardian, hereby give my permission for the following child to attend Columbus Hospice,Camp Hope.**

**I have read and understand the above and agree to abide by it.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Camper General Information**

(Please fill out a separate form for each child attending)

|  |
| --- |
| **Guardian Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Goes By**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Age**: \_\_\_\_\_ **Preferred Pronoun**: he/she/they  **T- Shirt Size:** Youth- S M L Adult- S M L  Do you feel your child has an understanding of his/her grief?  Yes  No |
| Since the death, how is he/she adapting? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What do you particularly want your child to gain from Camp Hope? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| My child has attended  grief camp  grief counseling  has not attended either | |
| Has your child ever been to a day camp before?  Yes  No | |
| How does your child feel about coming to Camp? (excited, anxious, worried, etc.) \_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| How does your child interact with other children one-on-one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  In a group? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ At home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  At school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ In unfamiliar places? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| How does your child interact with adults? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please address listening skills and ability to follow directions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If your child has a counselor, would you like us to contact them?  Yes  No  If yes, please sign for consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Counselor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Does your child have any medical, physical, intellectual or emotional conditions that may affect  his/her ability to participate in Camp?  Yes  No  If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is your child an efficient swimmer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What kind of life jacket/floaties does your child need for the pool? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Will you need us to provide it?  Yes  No | |
| Camper Medical Information (Please fill out a separate form for each child attending)  Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  In case of emergency, who should we contact?  Contact #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Phone (opt): \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Phone (opt): \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact # 3 (opt): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Current Medications child takes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are your child’s immunizations up to date?  Yes  No  **Drug Allergies**:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Food Allergies:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Allergies to Insects/Bees?**  Yes  No (If Yes, please send sting kit/medication with child)  Will you need to send any medications (prescription or emergency, such as an inhaler or epi pen) to camp with your child?  Yes  No  \*If the answer is yes, you must fill out a separate “Medication Authorization and Instruction Form”  Is there anything else we should know? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Guardian Name (print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Camp Hope Medication Authorization and Instruction Form**  Fill out this form **only** if you will need us to give your child medication  **We must have original prescription bottle or your doctor’s written instructions to give medication(s).**  Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  | | --- | --- | --- | | Medication: | Dosage: | Time of administration:  (if ‘as needed’ please explain below) | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   Additional comments or instructions (if medication is “as needed” please describe under what conditions medication should be administered): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Child’s Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I hereby authorize Columbus Hospice medical staff to administer the medications listed above as instructed on this form.  Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |