



Dear Parent/Guardian,

LifePath Hospice will be hosting its 18th Annual Camp Circle of Love for grieving children and teens ages 6-16 who have recently experienced the death of a loved one. Camp Circle of Love will be held at the Lakewood Retreat Center in Brooksville on April 23 – 25, 2010. This is a place for grieving children to share their feelings with others and remember their loved one while participating in activities such as swimming, sports, arts and crafts, and much more!

If you are interested in your child attending Camp Circle of Love please complete the enclosed application and mail it to LifePath Hospice 3010 West Azeele Street, Tampa Florida 33609 or call (813) 357-5609 for more information. You will receive confirmation from us that your child's application has been received and then an appointment for a camper interview will be scheduled. If your child attended camp previously please call for additional information before completing application and requesting an interview. These interviews will be scheduled on Camper Round-up day Saturday March 20th between the hours of 9:00 am & 1:00 pm. Given work and school schedules it is our goal to complete the majority of the interviews on this day. On a case by case basis other arrangements may be made as needed.

Attendance at Camp Circle of Love is limited so please do not delay!

Sincerely,

Tammy Alsing, LMHC
Camp Director

Diane Schnelly
Camper Coordinator



Office Use Only
 Cabin Assignment:
 LPC _____
 Community _____
 Grief Center _____

LifePath Hospice
2010 Camp Circle of Love Application

CAMPER INFORMATION *(Please print and complete in entirety)*

Name: _____ Sex: _____ Age: _____ Date of Birth _____

Address: _____

City: _____ Zip: _____

Name of School: _____ Grade: _____ T-Shirt Size: _____ (S,M,L,XL; Adult Size)

PARENT/ GUARDIAN INFORMATION

Name: (1) _____ (2) _____

Relationship to Camper: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail: _____

Person to Contact in Case of Emergency and Phone #: _____

(Do not leave blank)

OTHER HOUSEHOLD MEMBERS *(siblings, grandparents, etc.)*

Name	Relationship to Child	Age	Attending Camp This Year?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of person who died (*list primary loss if more than one*) _____

Relationship to child: _____ Date of death: _____

Circumstances of death (*illness, sudden death, accident, involvement of child*):

Behavior (*please describe-- problems in school, with peers, friends, family, fighting, excessive sadness, withdrawn from others, and any other behavior changes since the death*):

Has your child ever spent the night away from home; away from immediate family? Yes No

Has child attended Camp Circle of Love previously? Yes No If yes, what year? _____

How does your child feel about coming to camp? _____

Does your child have any sleep problems (*sleepwalking, fear of the dark, bedwetting, nightmares*)? Yes No

If yes, please explain: _____

Please list any interests/hobbies/talents your child has: _____

Can your child swim? Yes No

I understand that the acceptance of my child at camp is contingent upon space availability and an assessment by a Bereavement Counselor.

Signature of Parent/ Guardian

Date

CAMP DATES ARE APRIL 23 – 25, 2010

After receipt of camper application(s) you will be contacted to schedule a camper interview. Deadline for mailing in applications is **April 9, 2010**. There is a sliding scale fee for camp based on income ranging from \$1 - \$25. Fee will be collected at the time of the camper interview.

2010 CAMP CIRCLE OF LOVE MEDICAL RELEASE

Camper's Name: _____

EMERGENCY CONTACT INFORMATION

Primary Emergency Contact (Parent/Guardian)	Alternate Emergency Contact (DO NOT LEAVE BLANK)
Name:	Name:
Day time Phone:	Day time Phone:
Night time Phone:	Night time Phone:
Relationship to Camper:	Relationship to Camper:
Camper's Doctor:	Phone Number:
Any medical problems?:	

Has your child ever had a reaction or allergy to any medications? Yes No

If yes, which medication(s) _____

What type of reaction? _____

Does your child have any **food** allergies? Yes No Any **other** allergies? Yes No

If yes, allergic to _____

What type of reaction does your child have? _____

MEDICATIONS Does your child take medication(s)? Yes No

Name of Medication <i>(include prescription and over-the-counter medications)</i>	Dose	When Taken	Date Medication Started	Reason for Medication

PERMISSION TO ADMINISTER ABOVE MEDICATIONS, FIRST AID AND EMERGENCY CARE TO MY CHILD IS HEREBY GIVEN:

Signature: _____

Date: _____

Note: All medications must be given to the Camp Nurse at camp check-in and reviewed with the Nurse. **If there have been any recent changes in medications taken by your child make sure to tell the nurse.** All medications must be in prescription containers and be clearly marked with the above information

Over-the Counter Medication Release

Camper's Name: _____

As Parent/Guardian, I give the medical staff permission to administer the following over-the-counter medications listed or suitable generic substitute to the camper named above if they deem it necessary. Dosages will be administered according to directions on the bottle for camper's age/weight unless a physician directs otherwise.

I hereby certify that I or my child has not in the past shown any allergic or other adverse reaction to any of the medications which you are hereby authorized to administer.

<u>SYMPTOM</u>	<u>MEDICATION</u>	<u>PERMISSION</u> <u>(Please leave no squares blank.)</u>
Headache or general pain	Tylenol, ibuprofen	Yes <input type="checkbox"/> No <input type="checkbox"/>
Upset Stomach	Pepto Bismol	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diarrhea	Imodium AD, Kaopectate	Yes <input type="checkbox"/> No <input type="checkbox"/>
Menstrual cramps	Ibuprofen	Yes <input type="checkbox"/> No <input type="checkbox"/>
Poison Ivy	Calamine Lotion, Cortaid, Caldyphen or Caldryl	Yes <input type="checkbox"/> No <input type="checkbox"/>
Itching, Hives	Benadryl	Yes <input type="checkbox"/> No <input type="checkbox"/>
Coughs	Robitussin, Cepocol lozenges	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sinus Headache or Congestion	Dristan Cold, Sudafed, or Pseudoephedrine with Tylenol	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sunburn	Cool Gel or Burn Spray	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bee sting	Stingkill	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cuts or scrapes	Triple antibiotic ointment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sore Lips	Blistex	Yes <input type="checkbox"/> No <input type="checkbox"/>

Parent/Guardian Signature: _____

Date: _____



Camp
Circle of Love
for Grieving Children

LifePath
H O S P I C E

MEDIA RELEASE

Upon occasion, videotaping and photography may occur during various Camp Circle of Love activities, and this material may be used by organized by LifePath Hospice, Inc. ("LPH") or HPC Healthcare, Inc. ("HPC") in future retreat publicity. In addition, the news media may wish to photograph, videotape and/or interview participants for news coverage of the Camp Circle of Love. When LPH knows of such previously scheduled media activities, LPH will inform the family in advance of any details pertaining to such scheduled occasions. If you agree to having members of your family, including, yourself and/or your child(ren) photographed, videotaped and/or interviewed, please sign below:

I hereby give permission for members of my family, including myself and my child(ren) listed above, to appear in publicity or news coverage regarding Camp Circle of Love, as described above. I hereby release and discharge LPH and HPC Healthcare, and each of those entities officers, directors, employees, volunteers and agents, from any an all claims and demands arising out of or in connection with the use of the videotapes or photographs, including without limitation any and all claims for libel or invasion of privacy.

___ I/we give FULL permission

___ I/we DO NOT give permission

___ I/we give permission with the following EXCEPTIONS:

Parent or Guardian's Signature

Date

Parent or Guardian's Signature

Date



PARENTAL CONSENT AND RELEASE OF LIABILITY

On behalf of myself, as parent or legal guardian, and my child(ren) listed below attending Camp Circle of Love, presented by LifePath Hospice, Inc. ("LPH"), a wholly-owned subsidiary of HPC Healthcare, Inc. ("**HPC Healthcare**"), I hereby agree as follows:

1. I hereby give permission for my child(ren) listed below to attend Camp Circle of Love organized by LPH.
2. I hereby acknowledge that sufficient information has been provided to me regarding the activities planned for Camp Circle of Love. I hereby acknowledge that certain risks of injury are inherent to participate in Camp Circle of Love activities. I understand that the safety and protection of the participants in Camp Circle of Love is paramount, and, therefore:
 - a. Agree that my child(ren) listed below will abide by all instructions and rules provided by LPH staff and/or volunteers; and
 - b. Agree that my child(ren) listed below may be required to inventory his/her belongings in the presence of LPH staff if the health or safety of other participants or staff and/or volunteers indicates the need.

Acknowledging the foregoing, and in consideration for LPH granting my child(ren) access to Camp Circle of Love and/or my agreement to require my child(ren) listed below to abide by all rules and regulations of the Camp Circle of Love, I understand and agree, on behalf of myself and my child(ren) listed below, that LPH, and HPC Healthcare and each of those entities officers, directors, employees, volunteers and agents are hereby released and discharged from all claims, demands, losses and causes of actions of every kind whatsoever and including, without limitation, all causes of action based upon a theory of negligence and all liability for damages of every kind and nature, or description which may arise from or out of injuries and damages, permanent or otherwise, which occur while my child(ren) listed below attend Camp Circle of Love.

A parent or guardian of a child attending Camp Circle of Love must sign below and write the following statement on the line provided:

“I have read and understand this consent and release.”

(Write statement on this line)

Parent’s or Guardian’s Name (printed)

Date

Parent or Guardian’s Signature

Relationship to Child(ren)

Name(s) of child(ren) attending Camp Circle of Love:
