



A retreat for children with life-threatening illnesses and their families

2019 Bereavement Program Information

Eligibility Guidelines

- Camp Sunshine offers bereavement programs for families who have had a child die as the result of one of the illnesses it serves.
- Priority will be given to families who previously attended Camp Sunshine with their child.
- If both parents are unable to attend, we encourage families to include a second adult as a support person.
- **Immunization records** are required for all applicants under 26 years of age.
- Completed applications will be reviewed on a first-come, first-served basis, and should be received **at least one month prior to the session start date**. (If seeking to apply within one month of the program, please call Camp Sunshine to inquire about availability.)
- Families may attend one session per program year.

Things to Know About Camp

- Meals, lodging, and activities are all provided at no cost to families thanks to the generosity of our donors.
- A physician is present on-site during all Camp Sunshine sessions.
- Family suites can comfortably sleep 6 and include a private bathroom, heat/AC, a mini-fridge, and microwave oven.
- Transportation assistance may be available for families who would otherwise be unable to attend Camp. Funding is prioritized for families attending for the first time. Please indicate your request for transportation funding on the first page of the application. If funding is requested, you will receive further information at the time of acceptance.
- You will be contacted once your application has been processed. Acceptances and other updates will be provided as soon as possible.

Applications may be mailed or faxed to:

Camp Sunshine
35 Acadia Road
Casco, ME 04015
Phone: (207) 655-3800
Fax: (207) 655-3825
www.campsunshine.org



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2019 Bereavement Application Checklist

Please use the following checklist to ensure that your family's application is complete.

Family Forms

- Enclosed four-page application to be completed by the parent/guardian

Immunization Records

- A complete and up-to-date immunization record must be included for each person under 26 years of age who is applying to attend Camp.
- For the optimal health and safety of all campers, staff, and volunteers, Camp Sunshine requires that all campers who can receive immunizations meet the age-appropriate immunization schedule as set forth by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention.
- At a minimum, campers aged 5 years and older should meet the same immunization requirements as those for school-aged children set forth in the State of Maine School Immunization Law (20-A MRSA §§6352-6358):
 - 5 DTaP (4 DTaP if the 4th is given on or after the 4th birthday)
 - 4 Polio (if the 4th dose is given before the 4th birthday, an additional age-appropriate inactivated polio immunization should be given on or after the 4th birthday)
 - 2 MMR (measles, mumps, rubella)
 - 1 Varicella (chickenpox) or reliable history of disease
- Camp Sunshine also requires that children aged 11 and older receive meningococcal vaccine and TDaP booster prior to attendance.

Health History Forms

- A separate Health History form is required for each person (including adults) planning to attend Camp. The Health History forms do not require a physician signature.

Session Selection

- Please select your session in order of preference
- After your completed application has been reviewed and approved, you will be notified of your session.
- In placing families, we take into consideration your preferences, timeliness of your application, session capacity, and group composition. We appreciate your understanding and flexibility as we work to meet the needs of the many families who apply.



Travel Assistance Requested

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Family Application 2019 Bereavement Program

Please complete and return this application to the Camp Sunshine office.

Parent/Legal Guardian 1 _____
Relationship _____
Date of Birth _____
Address _____
City, State, Zip _____
Home Phone _____
E-mail _____
Mobile phone _____
Employer _____
Work Phone _____

Parent/Legal Guardian 2 _____
Relationship _____
Date of Birth _____
Address _____
City, State, Zip _____
Home Phone _____
E-mail _____
Mobile phone _____
Employer _____
Work Phone _____

Have you been in the Armed Forces? Yes No

Have you been in the Armed Forces? Yes No

Have you been in the Reserves? Yes No

Have you been in the Reserves? Yes No

Marital status (please indicate marital status of parents and explain any particular familial circumstances and/or custodial arrangements of which we should be aware): _____

We would like you to bring a support person with you to the session if your partner is not available to attend.
Name of adult support person: _____ Relationship to you _____

Health Insurance Company _____ **Policy Holder** _____
Telephone _____ **Policy No.** _____ **Group No.** _____

Emergency Contact (someone who will not be attending Camp with you)
Name _____ Relationship _____ Telephone _____

Deceased Child's Name _____ Date of birth ____/____/____
Diagnosis _____
Date of diagnosis ____/____/____ Date child died ____/____/____

Name of Medical Center where child was treated _____
Address _____ City _____ State ____ Zip _____
Physician (Specialist) _____ Telephone _____ Email _____
Social Worker _____ Telephone _____ Email _____

How did you find out about Camp Sunshine's Bereavement Program? _____

2019 Bereavement Session Dates

Please indicate your preferred session dates (1-2) below.
Family applications will be reviewed and accepted for one session per program year

May 23 - 28, 2019 _____

November 8 - 12, 2019 _____

Additional Questions

Do you currently participate in a bereavement group? Yes No If so, how frequently? _____

Location _____

Group Facilitator's Name _____

Telephone _____ Email _____

Do your children currently participate in a bereavement group? Yes No If so, how frequently? _____

Location _____

Group Facilitator's Name _____

Telephone _____ Email _____

Have you or your children participated in a bereavement group in the past? Yes No

For how long did you attend? Yourself _____ Your children _____

When did you stop attending? Yourself _____ Your children _____

Why did you stop attending? Yourself _____ Your children _____

May we contact any of the professionals listed on the application? Yes No

Have you participated in Camp Sunshine's Bereavement Program before? Yes No

What year(s) _____

Did your family attend Camp Sunshine when you child was on treatment? Yes No

If you can recall, please indicate sessions or years: _____

Is there any particular activity you would like to see on the schedule during the Bereavement Program this year or in the future? _____

Is there an activity in any other bereavement program you have found helpful? Yes No If so, please describe _____

If applying to the November 8 – 12, 2018 session please complete the following questions:

Have you attended a Bereavement Quilting Program* before? Yes No

If so, did you make something at the session? Yes No Please describe: _____

Are you interested in making a Quilt at this session? Yes No

For those new to Camp, the quilting program is designed so that families are matched up with a volunteer quilter. Additional information will be sent prior to the session. If you have any questions please do not hesitate to call us.

WHO WILL BE ATTENDING CAMP?

Please list all immediate family members who will be attending Camp, including yourself.
(It is recommended that one additional support person accompany a single parent/guardian or a parent/guardian whose partner cannot attend.)

Parents'/Legal Guardians'/ Support Person's Names	Relationship to camper	Medical or Emotional diagnosis/ concern? If "Yes," please explain and include on Health History Form
1. _____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
2. _____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
Sibling's Names	Relationship/ Age at time of Camp	Medical or Emotional diagnosis/ concern? If "Yes," please explain and include on Health History Form
1. _____	_____ / ____ yr	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
2. _____	_____ / ____ yr	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
3. _____	_____ / ____ yr	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
4. _____	_____ / ____ yr	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
5. _____	_____ / ____ yr	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
6. _____	_____ / ____ yr	<input type="checkbox"/> No <input type="checkbox"/> Yes _____

***PLEASE NOTE: ALL CHILDREN UNDER THE AGE OF 18 MUST BE ACCOMPANIED BY A PARENT AND/OR LEGAL GUARDIAN WHEN ATTENDING CAMP. IF A LEGAL GUARDIAN WILL BE ACCOMPANYING A CHILD TO CAMP, ORIGINAL NOTARIZED COURT DOCUMENTATION CONFIRMING THE GUARDIANSHIP MUST BE INCLUDED WITH THIS APPLICATION. IF MARITAL STATUS IS SEPARATED OR DIVORCED, PARENTS/LEGAL GUARDIANS MAY BE REQUIRED TO PROVIDE ADDITIONAL INFORMATION.**

Permission to use photographs, videotape and/or audiotape of you and/or your family for promotional, educational and/or fundraising activities.

On behalf of myself and my family, I do hereby give Camp Sunshine, without consideration or compensation, permission to use photographs, videotape, and/or audiotape that may be taken or recorded while my child and family are attending Camp for promotional, educational, or fundraising activities. It is my understanding that these likenesses may be used to promote public and professional understanding and support of the program. I waive any right that I may have to inspect or approve the finished product or the use to which it may be applied.

Parent/Guardian/Other Adult _____ Signature _____ Date _____
 (please print)

Parent/Guardian/Other Adult _____ Signature _____ Date _____
 (please print)

Permission to use photographs and/or videotape of you and/or your family for postings on Social Media.

On behalf of myself and my family, I do hereby give Camp Sunshine, without consideration or compensation, permission to use photographs and/or videotape that may be taken or recorded while my child and family are attending Camp for postings on social media including but not limited to postings on Camp Sunshine at Sebago Lake's official Facebook page. I waive any right that I may have to inspect or approve the finished product or the use to which it may be applied.

Parent/Guardian/Other Adult _____ Signature _____ Date _____
 (please print)

Parent/Guardian/Other Adult _____ Signature _____ Date _____
 (please print)

AUTHORIZATION FOR CAMP SUNSHINE TO PROVIDE MEDICAL TREATMENT

I hereby give my consent for Camp Sunshine's medical personnel to provide any and all reasonable and necessary medical treatment for my children. I understand and consent that I am responsible for all medical expenses incurred by Camp Sunshine on my behalf or on behalf of any members of my family.

(Please include all of the children in your family who will be attending Camp Sunshine).

Children's Names	Date of Birth
1.	
2.	
3.	
4.	
5.	
6.	
7.	

This authorization shall remain in effect while we are attending Camp Sunshine at Sebago Lake in Casco, Maine.

Parent/Guardian/Other Adult _____ Signature _____ Date _____
 (please print)

Parent/Guardian/Other Adult _____ Signature _____ Date _____
 (please print)

I understand and agree that information disclosed regarding any of the individuals named in this application and related documents may be disclosed or otherwise released to appropriate organizations or individuals (including, but not limited to: members of the Camp Sunshine staff, insurance companies, and physicians) in connection with attendance at Camp Sunshine at Sebago Lake, Inc. I hereby confirm that the above information is true and accurate and that once accepted, I agree to update this information as you may request.

Parent/Guardian/Other Adult _____ Signature _____ Date _____
 (please print)

Parent/Guardian/Other Adult _____ Signature _____ Date _____
 (please print)

Please return this application form to:

Camp Sunshine
 35 Acadia Rd.
 Casco, Maine 04015
 Fax: 207-655-3825

If you have any questions, please call 207-655-3800.



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Health History Form

Please complete pages 1 and 2 of this form for each person attending *other than the camper*. Information must be filled out by a parent/guardian for all minors. Any changes to this form should be provided to Camp Sunshine staff prior to arrival.

Name _____ Birth date _____ Age: _____ Gender: _____

Relationship to camper _____ Parent/guardian (if applicable) _____

Name (in full) as you would like it to appear on the nametag _____

Address _____ City _____ State _____ Zip _____

Insurance Information

Is the participant covered by family medical/hospital insurance? yes no

Carrier or plan name _____ Policy No. _____ Group No. _____

Medications

Please list all medications taken routinely. Bring enough medication to last the entire camp session. Keep all medication in original packaging/bottle that identifies the prescribing drugs.

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #3 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

General Questions (Explain "yes" answers)

- | | | |
|--|------------------------------|-----------------------------|
| 1. Have you had any recent injury, illness, or infectious disease? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 2. Do you have a chronic recurring illness/condition? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 3. Have you ever been hospitalized? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 4. Have you ever had surgery? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 5. Have you ever had a head injury? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 6. Have you ever been knocked unconscious? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 7. Have you ever passed out during exercise? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 8. Have you ever been dizzy during exercise? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 9. Have you ever had a seizure? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 10. Have you ever had chest pain during or after exercise? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 11. Have you ever had high blood pressure? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 12. Have you ever been diagnosed with a heart murmur? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 13. Do you have diabetes? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 14. Do you have asthma? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 15. Have you ever had an eating disorder? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 16. Have you ever had emotional difficulties for which professional help was sought? | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Please explain "Yes" answers, noting the number of the questions: _____

Camper's name _____

Name _____

Allergies

Describe reaction and management of the reaction

Medication allergies (list)

Food allergies (list)

Other allergies (list)

Dietary Restrictions

- Does not eat pork
- Does not eat eggs
- Does not eat dairy
- Other (describe) _____

Explain any restriction to activities (e.g. what cannot be done, what adaptation or limitations are necessary)

Use this space to provide any additional information about participant's behavior and physical, emotional, or mental health about which camp should be aware:

To the best of your knowledge, which of the following has the participant had?

- Chickenpox
- Measles
- German Measles
- Mumps
- Hepatitis A
- Hepatitis B
- Hepatitis C
- TB Mantoux Test Result: Positive Negative

Name of family physician: _____ Phone _____

***(YOU DO NOT NEED A PHYSICIAN'S SIGNATURE)**

Parent/Guardian/Adult Authorizations: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities as noted.

I hereby give permission to Camp Sunshine's medical personnel to provide any and all reasonable and necessary medical treatment for the person herein described. I further understand and consent that I am responsible for all medical expenses incurred by Camp Sunshine on behalf of the person herein described.

Signature of custodial parent/guardian or adult camper _____

Printed Name _____ Date _____