



Camp STAR is a program of STAR Children’s Bereavement Services in Partnership with Bay Cliff Health Camp.

The following information will be used by those involved in your child’s experience during the camp weekend to ensure the safest and best possible care. Please answer the questions as completely as possible. All applications are kept confidential. If necessary, in the application process, permission may be requested from the parent/guardian to release medical or professional reports to STAR Children’s Bereavement Services and Bay Cliff Health Camp.

**APPLICATIONS DUE BY JULY 15th**

Camper’s Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age in August of this year: \_\_\_\_\_ Gender: \_\_\_\_\_

Camper’s T-Shirt size: Youth: S(6-8) M(10-12) L(14-16) Adult: S M L XL

\_\_\_\_\_  
Name of Parent/Guardian Parent Guardian

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Cell Phone Home Phone Work phone

**IN CASE OF AN EMERGENCY, PLEASE NOTIFY:**

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

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Cell Phone Home Phone Work phone

**ADDITIONAL CONTACT OR RESPONSIBLE PARTY THAT MAY BE CONTACTED OR PICK UP CAMPER:**

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

Cell Phone: \_\_\_\_\_

Is there anyone that is **NOT ALLOWED** to visit or pick up the camper?

**DEMOGRAPHIC INFO:** Camp STAR can be provided free of cost to all families. We are funded by Grants, Community Partners, and individual donors. Some of these funding sources request the demographics of whom we serve. All information will be kept private and never associated with any identifying information of your family. Demographic information will not exclude your child from camp.

Age of Camper: \_\_\_\_\_ Zip Code of Residence: \_\_\_\_\_

Race: \_\_\_\_\_ Average Annual Income: \_\_\_\_\_



Camp STAR Application

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

Name of the loved one who died: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of death: \_\_\_\_\_ Age of the camper at that time: \_\_\_\_\_

Please explain the circumstances about the loved one's death that would help us to understand the child's emotions. (where did it happen, was the child present, did the child understand/say goodbye, etc.)

Did the child attend the funeral/memorial service? If so, what was the child's reaction?

Have there been multiple deaths of loved ones experienced by the child?      Yes      No

If yes, please describe the nature and relationship of the other person/people who have died:

Has your child received any professional support (school counselor, psychologist, therapist, etc.)?      Yes      No

If yes, how long have they received support: \_\_\_\_\_ Are they still receiving support?      Yes      No







Camp STAR Application

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

HEALTH FORM PAGE 3 of 4

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. **Select those the camper SHOULD NOT be given.**

- Acetaminophen (Tylenol)     Ibuprofen (Advil, Motrin)     Generic cough drops
- Antibiotic cream     Antihistamine/allergy medicine     Aloe
- Calamine Lotion     Kao pectate or Pepto-Bismol     Sore throat spray
- Guaifenesin cough syrup (Robitussin DM)

**GENERAL HEALTH HISTORY** Check "Yes" or "No" for each statement. Has/Does the camper:

1. Ever been hospitalized?.....  Yes  No
2. Ever had surgery?.....  Yes  No
3. Have recurrent/chronic illnesses?.....  Yes  No
4. Had a recent infectious disease?.....  Yes  No
5. Had a recent injury?.....  Yes  No
6. Had asthma/wheezing/shortness of breath?.....  Yes  No
7. Have diabetes?.....  Yes  No
8. Had seizures?.....  Yes  No
9. Had headaches?.....  Yes  No
10. Wear glasses, contacts or protective eyewear?.....  Yes  No
11. Had fainting or dizziness?.....  Yes  No
12. Passed out/had chest pains during exercise?.....  Yes  No
13. Had mononucleosis (mono) during the past 12 months?...  Yes  No
14. Have a history of bedwetting?.....  Yes  No
15. Have problems with diarrhea/constipation?.....  Yes  No
16. Have problems falling asleep/sleepwalking?.....  Yes  No
17. Have any bleeding disorders?.....  Yes  No

Please explain any "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.



Camp STAR Application

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

HEALTH FORM PAGE 4 of 4

**RESTRICTIONS:**

No known restrictions related to camp activities/programs.

This camper is restricted from the following activities/programs:

Does your child have any disabilities? If yes, please explain:

Does your child have any behavioral challenges? If yes, please explain:

**MENTAL, EMOTIONAL, AND SOCIAL HEALTH:** Check "Yes" or "No" for each statement. Has the camper:

- 1. Ever been treated for attention deficit disorder (ADD) or attention deficit disorder with hyperactivity (ADHD)?  
Yes      No
- 2. Ever been treated for emotional issues?      Yes      No
- 3. Ever been treated for behavioral difficulties?      Yes      No
- 4. During the past 12 months, been seen by a professional to address mental or emotional health concerns?      Yes      No
- 5. Ever been treated or diagnosed as having an eating disorder?      Yes      No

Please explain any "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information:

**PARENT/GUARDIAN AUTHORIZATION FOR HEALTH CARE:**

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship to the camper: \_\_\_\_\_



Camp STAR Application

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

**WHAT HAVE WE FORGOTTEN TO ASK?** *In the space below, please provide any additional information about the camper's health or well-being that you think is important or that may affect the camper's ability to fully participate in the camp program. Attach additional information if needed.*

**INDEMNIFYING RELEASE:**

In consideration of the admission of this camper to Camp STAR, I hereby waive any and all claims, liability or demands, which I may hereafter acquire against STAR Children's Bereavement Services or Bay Cliff Health Camp, a corporation, and against any and all of their officers, directors, and staff arising from or alleged to have arisen from the treatment, care, transportation, and entertainment of said camper while at said camp in Big Bay, Michigan, and I do jointly and severally hereby indemnify STAR Children's Bereavement Services and Bay Cliff Health Camp and their officers, directors and staff against and agree to hold them safe and harmless from any and all claims, demands, liability, cost and expense by or to any person or persons whatsoever arising or occurring aforesaid.

IN WITNESS WHEREOF we have hereunto executed these presents this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signed: \_\_\_\_\_ Witness: \_\_\_\_\_

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

**Permission is hereby given for the use of photographs of the camper applicant for promotion and education about Camp STAR by STAR Children's Bereavement Services and Bay Cliff Health Camp.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATIONS DUE BY JULY 15th**

**E-mail or mail completed application to:** [upcampstar@gmail.com](mailto:upcampstar@gmail.com) or Camp STAR PO Box 878 Marquette, MI 49855

Questions can be sent to [upcampstar@gmail.com](mailto:upcampstar@gmail.com) or call/text 906-250-2489