CAMP STAR
SHARING TOGETHER & REMEMBERING

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 camper'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.

Camp is held the second weekend of August at Bay Cliff Health Camp in Marquette, MI. Visit www.starcbs.org for more information

Applications are accepted until spots are full or until July 31st

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 ☐ XXL

Parent or Guardian Information:

First Name _____ Last Name _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

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

DEMOGRAPHIC INFO: Camp STAR is able to 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: _____

Has your camper 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

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Camper Name: _____

Name of the person that died: _____

Relationship: _____ Date of death: _____ Age of the camper at that time: _____

Please explain the circumstances of the death that would help us better understand the emotions of your camper. (where did it happen, were they present, did they understand/say goodbye, etc.)

Did your camper attend the funeral/memorial service? If so, what was their reaction?

Have there been multiple deaths experienced? ☐ Yes ☐ No
If yes, please describe the nature and relationship of the other person/people who have died: (add additional pages to application if needed)

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Camper Name: _____

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Emergency Contact:

First Name: _____ Last Name: _____

Phone number: _____ Work number: _____

MEDICAL INSURANCE INFORMATION:
This camper is covered by family medical/hospital insurance ☐ Yes ☐ No

_____ _____
Insurance Company Policy Number/Group Number

_____ _____
Subscriber Insurance Company Phone Number

Name of Primary Physician: _____

Primary Physician Phone Number: _____

Name of Dentist: _____

Dentist Phone Number: _____

Name of Orthodontist (if applicable): _____ Phone Number: _____

DATE (year) OF LAST IMMUNIZATION:
Diphtheria, tetanus, pertussis (DTaP or Tdap): _____
Tetanus Booster: _____
Mumps, Measles, Rubella (MMR) _____
Varicella (chicken pox): _____ or had chicken pox _____ (year)
Haemophilus Influenza (HIB): _____

If your camper has not been immunized, please sign agreeing to the following statement:
I understand and accept the risks to my child from not being fully immunized.

_____
Signature of Parent or Legal Guardian

RESTRICTIONS: (activities can include, hiking, indoor and outdoor active games, walking, jumping, etc.)

☐ No known restrictions related to camp activities/programs.

☐ This camper is restricted from the following activities/programs:

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Camper Name: _____

ALLERGIES:

☐ No known allergies

☐ Allergic to insect stings

☐ Camper carries an Epi-Pen

☐ Allergic to these medications (List the name of the medicine and reaction when medicine was taken):

FOOD ALLERGIES:

Name of the food and reaction when food was eaten:

DIET AND NUTRITION:

☐ Camper eats a regular diet

☐ Camper eats other diet: _____

☐ This camper is restricted from eating the following:

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:

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Camper Name: _____

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.

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

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

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Camper Name: _____

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)

Please pack enough medication to last the entire weekend at camp (Friday afternoon through Sunday afternoon). **Keep all medication in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and frequency of administration.** Please bring all medications in a Ziploc bag labeled with your camper's name. Medicine will be stored and administered in the Nurse's Cottage during the duration of camp. Upon arrival at camp check-in, we will update any changes to medications.

☐ Camper will **NOT** take any daily medication while attending camp.

☐ Camper will take the following daily medication(s) while at camp: "Medication" is any substance a person takes to maintain and /or improve their health. This includes vitamins and natural remedies.

Name of Medication	Date started	Reason for taking it	When it is given	Amount or dose given

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: _____

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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: _____ Witness 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 _____

E-mail or mail completed application to:

E-Mail
upcampstar@gmail.com

Mail
Camp STAR PO Box 878 Marquette, MI 49855

Questions can be sent to upcampstar@gmail.com or call/text 906-250-2489