



Camp STAR – CAMPER APPLICATION

Camp STAR is a program of STAR Children’s Bereavement Services in partnership with Bay Cliff Health Camp. Camp STAR is held in August, Friday – Sunday. Visit www.starcbcs.org for dates and more information.

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.

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

Camper’s First Name: Middle: Last:
Preferred Name: Gender: DOB: Age as of August 1st:

A shirt is provided to all campers. Select size below:

YOUTH: SMALL (6-8) MEDIUM (10-12) LARGE (14-16)
ADULT: SMALL MEDIUM LARGE X-LARGE XX-LARGE XXX-LARGE

Parent or Guardian Information:

First: Middle: Last:
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:



CAMPER NAME:

GRIEF HISTORY:

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)



CAMPER NAME:

HEALTH HISTORY:

Physician: Physician's Phone:
Name of Insurance Subscriber: Insurance Provider:
Subscriber ID #: Contract/Group/ID #:

EMERGENCY CONTACT – List two contacts

Name: Relationship:
Cell Phone: 2nd Phone (home/work):

Name: Relationship:
Cell Phone: 2nd Phone (home/work):

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

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

1. Ever been treated for attention deficit disorder or attention deficit disorder with hyperactivity (ADD/ADHD)?

YES NO

2. Ever been treated for emotional issues? YES NO

Are they still receiving support (i.e. school counseling, therapy, etc.): YES NO

3. Ever been treated for behavioral difficulties? YES NO

4. 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:

CAMPER NAME:

GENERAL HEALTH HISTORY Check "Yes" or "No" for each statement. Has or 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 the camper have any allergies? YES NO

List all allergies: (i.e. medicine, food, animals, etc.) (If allergic to medicine, list the name of the medicine and reaction when medicine was taken):

Does the camper carry an Epi-Pen: YES NO



CAMPER NAME:

Please list any pertinent health (physical, emotional, or behavioral) concerns you would like our medical professionals to know that may impact your camper's weekend at camp star (i.e. allergies, seizure disorders, asthma, physical restrictions, depression, anxiety, etc.).

List any dietary restrictions: (i.e. celiacs, vegetarian, vegan, etc.)

MEDICATIONS:

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. This includes vitamins and natural remedies.**

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. Nursing staff will discuss these medications with you and pertinent staff during check-in.

Will camper have medications to take during camp: YES NO

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 STAR Children's Bereavement Services, 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:



CAMPER NAME:

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
STAR Children’s Bereavement Services
Box 878
Marquette, MI 49855

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