

Camp Pathways

A Journey Through Grief

Saturday, June 22nd 2024

Please Print:

Name of Child: _____
(Last) (First)

Home Address: _____
Street City/State Zip

Date of Birth _____ Age _____ Gender: _____

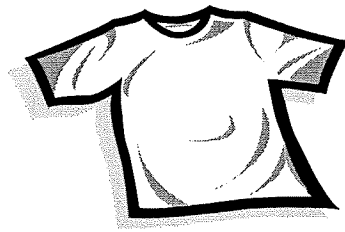
With whom is the child living? _____

Relationship: _____

Home or Cell Number: _____

Email: _____

A Camp Pathways Tee Shirt will be given to each attendee.



Tee Shirt Size (please circle a size)

Youth: S M L Adult S M L XL

PERSONAL INFORMATION

Has this child attended any grief workshops before? Circle one: YES NO Year _____

Who is the significant person in this child's life who has died? _____

Relationship: _____

Cause of Death: _____ Date of Death: _____

Was this an extended illness? _____ How long? _____

Do you freely discuss the deceased? _____ How often? _____

If not, why not? _____

How did you explain the death to your child? _____

Is the child currently receiving counseling? _____

Did your child attend the funeral service? _____ If not, why? _____

Is there any other information about the death you would like for us to know? _____

Has your child said or done anything recently that has concerned you? _____

If so, what? _____

Have there been any other major events for the family before or since the death? (Include divorce, moves, change of schools, new health problems, unemployment, financial hardship, etc.)

Medication: Is the child taking medication? (Please list the medications, and their purpose):

Confidentiality Statement

Northern Arizona Hospice/Camp Pathways staff and volunteers will uphold the confidentiality of camp participants. Participant information and communication regarding Camp Pathways will remain confidential, with the exception of:

- Mandatory reporting of any possible child/elder abuse
- The clear possibility of harm to yourself or others
- Court ordered release of records
- For case consultation or supervision
- For auditing purposes through the agency or funding sources

During camp, it is expected that personal information will be discussed. We ask camp participants to honor the confidentiality of other campers. **Your signature indicates that you have explained the importance of confidentiality to your child(ren) and will assist them in maintaining confidentiality.**

Signature of Parent/Legal Guardian

Date

In what ways are you hoping to benefit from Camp Pathways? (please check all that apply)

- To give our child a safe place to grieve
- To meet others who have experienced a similar loss
- To help my child cope with the death
- To help my child better understand death
- To help my child to express feelings about the death
- Other: _____

How did you hear about Camp Pathways? _____

Comments you would like to share about this child that was not included on the application:

This application has been completed by: _____

Relationship to child: _____

Camp Pathways Agreement

I, _____, give permission for my child, _____, to attend Camp Pathways. The information included in this application is completed honestly and correctly to the best of my knowledge. I give permission for the child to participate in camp activities, except as noted:

If the child(ren) appear(s) to be ill, I will not send him/her to the camp.

I give permission for general first aid/medical treatment to be administered to the child as deemed necessary in case of illness and/or injury. I agree to hold Northern Arizona Hospice/Camp Pathways, including staff/volunteers harmless from any and all claims of injury sustained by the camp participant(s).

I agree to hold Northern Arizona Hospice/Camp Pathways staff/volunteers harmless to any claims of any and all personal injury, whether physical or emotional, and injury/damage to property sustained by camp participant(s).

If at any time throughout the camp, the participant(s) become disruptive, I understand that they could be asked to leave. As the responsible party, I agree to remain available if I need to be contacted by phone concerning my child(ren) for any reason, and to remain available to pick the child(ren) up to take them from camp if deemed necessary.

I give permission to Camp Pathways to share the information provided on this application with counselors or volunteers who will be working with these children/adults.

Signature of Parent/Legal Guardian _____ Date _____

Pick up and Drop off Schedule

Drop off: Saturday, June 22nd 2024 at 7:30 am

Pick up: Saturday, June 22nd 2024 at 4:30pm

Adventure Encounter

551 N. Main Street

Cottonwood, Az 86326

Parents and guardians,

- **On Saturday morning, please arrive with your child at the camp site by 7:30 am. Please accompany your child to the table set up for registration for the check-in process. A signature from a parent or guardian will be required.**
- **By 4:30 pm, please arrive at the camp site to pick up your child. Please come to the table at the front that has been set up to sign your child out.**

**You may email, mail, drop off, or fax this
application to:**

Northern Arizona Hospice

Camp Pathways

Attention: Ed Gardner

Email: edward.gardner@lhcgroupp.com

Cottonwood: 203 South Candy Lane, Suite 2A

Cottonwood, 86326

Fax: 928-639-6078

If you have any questions or need assistance in
completing the application please contact Ed Gardner @
928-639-6676 (O) or 559-759-2966 (M)

**PLEASE HAVE APPLICATIONS
RETURNED NO LATER THAN
May 17th 2024**