



February 13, 2017

Dear Parent/Guardian:

Attached you will find an application for spring Caring Hearts Camp which will take place May 5th – May 7th, 2017 at Dallas Valley Ranch.

We will carefully review all applications and children will be accepted based upon their individual circumstances on a first-come basis. There are limited spots available. Please return the completed application either by mail, email connie@rpci.org or fax to 306-523-2787.

Applications must be returned to our office by April 17th, 2017.

If you have any questions about Caring Hearts Camp, please call me at 306-523-2781.

We are looking forward to providing your child with a healing camp experience.

Sincerely,

Connie Borsa

Connie Borsa
Intake Coordinator

Regina Palliative Care & Bereavement Centre
1802 McAra St., Regina, SK S4N 6C4
After February 28th we will be located at #200 – 2150 Scarth St., Regina, SK S4P 2H7
www.rpci.org



Caring Hearts Camp Application

May 5th – May 7th, 2017



Full Name of Camper: _____

Address: _____

City: _____ Postal Code: _____

Male

Female

Date of Birth _____ Age _____

School _____ Grade _____

Name of Parent/Guardian _____

Relationship to child _____

Cell number _____ Home number _____ Work number _____

Parent's/Guardian's Email Address _____

Emergency Contact #1 (if parent/guardian is unreachable):

Name _____ Relationship to Camper _____

Cell number _____ Home number _____ Work number _____

Emergency Contact #2 (if parent/guardian is unreachable):

Name _____ Relationship to Camper _____

Cell number _____ Home number _____ Work number _____

Camper's Relationship to the deceased (It is the camper's _____): _____

Name of deceased _____

Date of death _____

Age of deceased _____

Cause of death _____

Was she/he living with the child at the time of death? Yes No

Is the child aware of the circumstances of the death? _____

Has the child attended Caring Hearts Camp in the past? _____ If yes, when? _____

Where did you hear about Camp? _____

Please describe any other recent changes/losses/stresses if any, in the child's life (divorce, prolonged illness, relocation, loss of home, etc.)

What are you most concerned about related to the child's grief?

Is the child displaying any problematic behavior or do you have any behavioral concerns?

Please provide any other information you feel we may need to know

Hoodie Size for Child:

Youth:

Adult:

_____ Small (size 4 – 5)

_____ Small

_____ Medium (size 6 – 8)

_____ Medium

_____ Large (size 8 – 10)

_____ Large

_____ X-Large (size 12 – 14)

_____ X-Large

Sask. Health Card Number _____

Doctor's Name _____ Phone Number _____

Does the Camper have any medical conditions? (ie. diabetes, asthma, seizures, hyperactivity, bedwetting, phobias, etc.)

Medication Required None As below

Name of drug: _____ Dosage _____

Name of drug: _____ Dosage _____

Name of drug: _____ Dosage _____

If your child is on a prescription medication, please bring the medication in the original container. The container should be clearly labelled with the child's first and last name, what the medication is and the time and dose to be given. Send just enough medication for the weekend.

I, _____ give permission for _____
(parent/guardian) (camper)

to be given over-the-counter medications by the Camp nurse if required. (ie. Tylenol, Advil, Gravol, antacids, cough syrup, antidiarrheal, antihistamines, other)

Does the camper have any allergies? (ie. food, drugs, bee stings, animals)

Does the Camper have an epi-pen? _____

Date of last Tetanus injection _____

In case of a serious accident or illness, x-rays, special drugs, the services of a physician, dentist, hospital or other related services, the charges will be billed to the parent/guardian.

Signature of Parent/Guardian _____ Date _____

Name of Parent/Guardian (please print) _____



Conditions of Enrolment/Consent

Please read this form and sign at the bottom.

Return this form along with the application.

If you have questions or concerns, call Connie at 306-523-2781.

May 5 – May 7, 2017

1. The Caring Hearts Camp (CHC) Director and/or Dallas Valley Ranch Camp reserves the right to dismiss a camper who, in their opinion, is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of the Camp. Should this occur, it will be the parent's/guardian/s responsibility to retrieve the camper from CHC.
2. The parents/guardians submitting this application are those having legal custody over the child. Conditions of custody, if applicable, will be fully communicated in writing to the Camp Director, including a photocopy of the section of any Court Order referring to visitation rights.
3. While every precaution shall be taken to ensure the welfare and protection of the campers, Regina Palliative Care Inc. & Bereavement Centre, volunteers, facilitators and board members along with the Dallas Valley Ranch Camp directors, staff members and employees are hereby released from any and all liability in the event of any accident or misfortune that may occur to the applicant camper.
4. In the event that a camper requires special medication, x-ray or treatment beyond that which is possible at the Camp, the parent(s)/guardian(s) will be notified immediately and will be responsible for any additional expense for additional care or transportation.
5. In the event of a surgical emergency, every effort will be made to contact family, however if the Camp Director is unable to locate a family member, I give permission to the physician assessing the child named on this form to hospitalize, secure proper treatment for and order injection, anesthesia or surgery as required.
6. I give permission for Regina Palliative Care Inc. & Bereavement Centre to use any photograph my child is in for future promotional and/or educational materials.
7. I give permission for Regina Palliative Care Inc. & Bereavement Centre to videotape my child at Camp to use for future promotional and/or educational materials.
8. The parent(s)/guardian(s) hereby agree to reimburse Dallas Valley Ranch Camp for any damage caused by the applicant camper.
9. I have read the accompanying material outlining the various camp activities and give permission for my child to take part in these activities.
10. I have read all the material in the application package and I hereby accept the conditions of enrolment.

Child's Name _____

Date _____

Parent(s)/Guardian(s) Name _____

Parent(s)/Guardian(s) Signature _____