

# Jaime's Tree House



Attach Child's Photo Here  
(REQUIRED)

## Child Camper Information

Thank you for your interest in the 2021 Jaime's Tree House Bereavement Day Camp to be held from 9 AM to 3 PM on Saturday, October 23, 2021 **at the M.S. Bailey Laundry (Event Space) on the campus of Thornwell Home for Children located in Clinton, South Carolina.**

So that we may learn more about you, please complete and return the following application & forms. **The application deadline is Monday, October 18, 2021.**

### T-Shirt Size:

**Youth:**  Sm  Med  Lg **Adult:**  Sm  Med  Lg  XL  XXL  XXXL

**Child's Name:** \_\_\_\_\_ **Name on name tag:** \_\_\_\_\_

Sex:  F  M Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade (current): \_\_\_\_\_

COVID-19 Vaccination Status  Fully Vaccinated  Partially Vaccinated  Non-Vaccinated

Social Distancing and Masking will be utilized during Jaime's Tree House to the highest extent possible.

School Name/City \_\_\_\_\_

Hobbies/Sports: \_\_\_\_\_

Names and Ages of Brothers and Sisters:

\_\_\_\_\_

Name of loved one who died: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Date of death: \_\_\_\_\_ Cause of death: \_\_\_\_\_

Other loved ones who have died: \_\_\_\_\_

Other associated Campers: \_\_\_\_\_

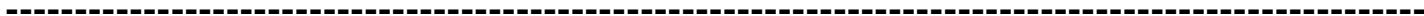
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CAMPER’S PLEDGE

- 1. I pledge that I will do my best to take part in all of the camp activities, learning all I can and letting the other campers take full advantage of the program, too.
- 2. I pledge to wear a face mask provided to me by Hospice of Laurens County and to maintain social distancing as much as possible during Jaime’s Tree House.
- 3. I understand that if I am unable to benefit from Jaime’s Tree House, or if I am unable to allow other campers to fully take part in things, I may be asked to take a “time out,” or see my parent or guardian, or if needed, to return home.
- 4. I pledge that if I have any medicine which I am supposed to take at school and/or at home, I will take it at Camp, so that I can be at my best.
- 5. I pledge that if I have any special problems at Camp, I will let one of the Counselors know. I understand that my needs are very important and that I am at Camp to learn all I can and also have a lot of fun.

Camper signature: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_/Date \_\_\_\_\_



Photography / Story Audio-Visual Release Form

I hereby affirm that I am the Parent/Guardian of: \_\_\_\_\_ and hereby consent to the use of any pictures, photographs, news stories or audio-visual of the aforementioned minor for reproduction of the same in any form including marketing, illustration or publication for Jaime’s Tree House Day Camp, Hospice of Laurens County, Hospice and Palliative Care Palmetto Region, or Thornwell.

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

Relationship to child: \_\_\_\_\_

**Jaime's Tree House**

**Camper Questions**

**(Please print)**

What has been the hardest thing about losing your loved one? \_\_\_\_\_  
\_\_\_\_\_

Whom do you talk to about the death of your loved one? \_\_\_\_\_  
\_\_\_\_\_

What other kind of losses have you had and when? (pet, divorce, moving, changing schools, etc.) \_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Questions**

**(Please print)**

1. In your opinion, how has the camper coped with his/her loss? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does the camper have any limitation (physical or emotional) that may affect his/her camping experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Has this camper previously attended Jaime's Tree House or any other bereavement or grief programs? If yes, please identify when and where.  
\_\_\_\_\_  
\_\_\_\_\_

4. How did you learn about Jaime's Tree House Bereavement Day Camp? Please be specific:

Guidance Counselor: (Name of school & Counselor) \_\_\_\_\_

Physician: (Name) \_\_\_\_\_

Hospice agency/employee (Name of Hospice): \_\_\_\_\_

Other (be specific): \_\_\_\_\_

- Friend
- Relative
- Pastor/Youth Minister

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### JAIME'S TREE HOUSE MEDICAL INFORMATION

#### Camper Medical Information/Part A (Please print)

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
City State Zip

Home Phone#: \_\_\_\_\_ Cell #: \_\_\_\_\_

Other: \_\_\_\_\_ E-mail address: \_\_\_\_\_

#### Emergency Contact:

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

Home Address: \_\_\_\_\_  
City State Zip

Home Phone#: \_\_\_\_\_ Cell #: \_\_\_\_\_

Other: \_\_\_\_\_ E-mail address: \_\_\_\_\_

#### Camper Medical Information/Part B

Psychiatric or behavioral problems: (ex. hyperactive, withdrawn, etc.) Please describe in detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical, learning, or other disabilities/limitations. Please be specific: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**MEDICINES:** All medications will be turned in to the camp nurse on registration day in their original container. They will be dispensed by the camp nurse and/or doctor only. **Please list all medicines:**

- Medicine: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time Given: \_\_\_\_\_  
Reason: \_\_\_\_\_ Side Effects: \_\_\_\_\_
- Medicine: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time Given: \_\_\_\_\_  
Reason: \_\_\_\_\_ Side Effects: \_\_\_\_\_
- Medicine: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time Given: \_\_\_\_\_  
Reason: \_\_\_\_\_ Side Effects: \_\_\_\_\_

Does the camp nurse and/or physician have permission to treat minor illnesses or injuries with over the counter medicine (e.g., Tylenol, children's aspirin, Pepto-Bismol, etc.)?  YES  NO

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RESTRICTIONS WHILE AT CAMP

Special Diet (please explain reason and foods) \_\_\_\_\_

Physical Activities (ex., athletics, running, etc.) \_\_\_\_\_

Other: \_\_\_\_\_

Camper Medical Information/Part C

- 1. Is the camper allergic to bee stings?  Yes  No
- If yes, does the camper have an "Epi-Pen?"  Yes  No
- Does the camper know how to self-administer the "Epi-Pen?"  Yes  No
  
- 2. Does the camper use an inhaler?  Yes  No
- If yes, does the camper need supervision for use?  Yes  No
- Does the camper have your consent to keep the inhaler with him/her?  Yes  No
  
- 3. Does the camper have any **LIFE THREATENING** food or other allergies?  Yes  No

If Yes, Please List: \_\_\_\_\_.

Medical Treatment Consent

In the event that I cannot be reached or present, I hereby authorize Hospice of Laurens County and Hospice and Palliative Care Palmetto Region to execute any and all documents including necessary consents, agreements, and releases on my behalf which might be required by any medical center to perform any treatment on account of any accident or illness sustained or incurred by my child while attending Jaime's Tree House Day Camp. I understand that in the event that emergency hospital treatment is needed, my child will be transported to an area medical center. I understand that I will be responsible for the costs of any medical treatment provided to my child.

I further agree that in my child's attending Jaime's Tree House, I will indemnify and hold harmless Jaime's Tree House, Hospice of Laurens County, Hospice and Palliative Care Palmetto Region, and Thornwell from any legal action sought by, or on my behalf by any person on account of any injury or damage sustained or suffered by my child while attending Jaime's Tree House or undergoing medical treatment; and I hereby waive any right of legal action by, or on behalf of, me or my child against Jaime's Tree House, Hospice of Laurens County, Hospice and Palliative Care Palmetto Region, and Thornwell Staff or Volunteers.

Signature of Parent/Guardian \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Relationship to the child Date