



**APPLICATION FORM**

**Standing Together**  
**2014-2015**

*A grief and loss support group for kids and teens*

Kids & Teens Names:	Age:	Grade:	Gender:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of person who has died: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Was the loved one who died on Providence Hospice?  Yes  No  
(This does not effect group participation. This information is for statistical purposes only).

Guardian(s)/Parent(s) Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_

Best number to reach you at: \_\_\_\_\_ Cell Home Work

Email address: \_\_\_\_\_

What is the best method to contact you? Phone Email

Have you discussed coming to the group with your child and/or teen?  Yes  No

Does your child and/or teen want to attend?  Yes  No

Does your child and/or teen have any food allergies or restrictions? (We usually order pizza.)  Yes  No

If any child or teen is currently taking medication, please list: \_\_\_\_\_

\_\_\_\_\_

Does your child and/or teen receive special services (e.g., counseling, speech therapy, special education)?

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Any other family or loss issues that facilitators should be aware of: \_\_\_\_\_

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Do you have any concerns about enrolling your child and/or teen in the group? \_\_\_\_\_

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Do you have any particular topics that you would like addressed during the group? \_\_\_\_\_

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What are you hoping that you and your child will receive by attending this group? \_\_\_\_\_

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Please add any other information about your child or teen as appropriate. Use another sheet of paper, if necessary.

*I consent to these kids and/or teens participation in the grief support group STANDING TOGETHER.*

*I understand that safety will be the top priority for staff and volunteers of this group. I assume all risks and hazards of the conduct of the program and release from responsibility any person providing transportation to and from activities. In case of injury, I do hereby waive claims or legal actions, financial or otherwise, against Hospice of Snohomish County or First Presbyterian Church, their elected and appointed officials and employees, the organizers, sponsors, supervisors or any volunteer connected with the program. I grant permission for photo images (or likeness) of this group to be taken, with discretion.*

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Signature of Parent or Guardian

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Date

Please mail or fax this form to:

STANDING TOGETHER  
Providence Hospice of Snohomish County  
2731 Wetmore Avenue, Suite 500  
Everett, WA 98201  
(425) 261-4869 FAX

Questions or more information:

Jeff Smith, MA, Grief Support Services Counselor  
(425) 261-4844  
jeffrey.smith@providence.org



**August 21-23, 2015**

Camp Erin Everett is a FREE 3 day over-night camp for youth in grades K-12 who have experienced the death of a significant person. The weekend is a traditional, high energy, fun camp coupled with grief support and education.

Camp Erin Everett is held at Camp Killoqua, in Stanwood, about 20 miles northwest of Everett. Camp is facilitated by professional staff and trained volunteers of Providence Hospice & Home Care of Snohomish County.



*“ At Camp Erin learned that there are others who are going through what I’m going through – Teen ”*

*“ Camp Erin helped me express my feelings about the loss of my dad. Camp Erin made me feel safe and I could cry if I wanted. – Kid, 9 ”*



**Grief Support Services – Providence Hospice**

**(425) 261-4807**



Contact us for more information & to request an application. Spaces are limited and fill quickly!

- Boating
- Campfires
- Music
- Rock climbing
- Nature walks
- Arts & crafts
- Field sports
- Swimming
- ...and **MORE!**

Date received \_\_\_\_\_

# CAMPER APPLICATION

Please return application to:  
**Camp Erin**  
2731 Wetmore Ave.  
Everett, WA 98201



**Camper's Name:** \_\_\_\_\_  
*Last First Middle*

Camper prefers to be called: \_\_\_\_\_ Sex:  M  F

Age: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_ Grade (entering in fall): \_\_\_\_\_

Siblings or other children in household (list names/ages): \_\_\_\_\_

School name: \_\_\_\_\_ District: \_\_\_\_\_

**Race/ Ethnicity** (Used for demographic purposes, does not impact the acceptance process). **Check all that apply:**

- Asian  African American  American Indian / Alaskan Native  Caucasian
- Latino / Hispanic  Pacific Islander  Other \_\_\_\_\_

**Estimated annual household income** where the child resides (Used for demographic purposes, does not impact the acceptance process).

- less than \$25,000;
- \$25,000 - 50,000;
- \$50,000 - 100,000;
- over \$100,000

### Child's t-shirt size

- Child S  Child M  Child L
- Adult S  Adult M  Adult L  Adult XL  Adult XL  Adult 2X  Adult 3X

Parent/Caregiver: \_\_\_\_\_

Relationship to child/ teen: \_\_\_\_\_ Are you legal guardian?  Yes  No

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State/Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

What is the best time / way to reach you? (afternoons/email): \_\_\_\_\_

### Emergency Contacts:

Please list 2 people other than you to contact/release child to in case of emergency:

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

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Other #: \_\_\_\_\_

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

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Other #: \_\_\_\_\_

## BEREAVEMENT HISTORY

Please use following page to expand your answers as needed.

CHILD'S NAME: \_\_\_\_\_

1. Name of person(s) who died: \_\_\_\_\_

2. Relationship to child: \_\_\_\_\_

3. Date of Death \_\_\_\_\_ Age of the deceased, at time of death: \_\_\_\_\_

4. Was the death anticipated?  Yes  No

5. How did this person(s) die? \_\_\_\_\_

6. Did the deceased receive Providence Hospice Services?  Yes  No

7. Was your child present at the time of death?  Yes  No

Comments: \_\_\_\_\_

8. How did your child react to the death? \_\_\_\_\_

9. \_\_\_\_\_

10. Did the child see the deceased after the death?  Yes  No

11. Did your child attend the funeral/memorial service?  Yes  No

If yes, what were your child's reactions/comments to the service? \_\_\_\_\_

12. Do you and your child talk about the deceased?  Yes  No

13. Did the child receive counseling after the death?  Yes  No

14. Has your child ever received mental health counseling?  Yes  No

15. Please describe the relationship between child and the deceased (e.g., close, saw on occasion, distant, etc.)

16. How your child indicates that he/she is grieving: \_\_\_\_\_

17. Has your child experienced any other deaths?  Yes  No

Comments: \_\_\_\_\_

18. Have there been any other changes/stresses in your child's life (i.e. divorce, illness, relocation, etc.)?

Please explain: \_\_\_\_\_

19. Has your child said or done anything, recently, that has concerned you?  Yes  No

If so, please explain: \_\_\_\_\_

20. Has your child exhibited any of the following behaviors since the death? (Check all that apply.)

- |   |  |   |   |  |
|---|--|---|---|--|
| <input type="checkbox"/> Depression         | <input type="checkbox"/> Special fears                         | <input type="checkbox"/> Lying                    | <input type="checkbox"/> Stealing                   | <input type="checkbox"/> Destruction of property   |
| <input type="checkbox"/> Run away from home | <input type="checkbox"/> Discussed suicide                     | <input type="checkbox"/> Regression               | <input type="checkbox"/> Nightmares                 | <input type="checkbox"/> Ongoing sleep disturbance |
| <input type="checkbox"/> Harmed self        | <input type="checkbox"/> Harmed others                         | <input type="checkbox"/> Behavior problems (home) | <input type="checkbox"/> Behavior problems (school) |  |
| <input type="checkbox"/> Drug/alcohol use   | <input type="checkbox"/> Unusual/inappropriate sexual behavior |   |   |  |

Please use following page to provide additional information about any boxes you have checked.



## CAMP INFORMATION

1. Has your child attended Camp Erin before?     No     Yes, when/location: \_\_\_\_\_
2. Are you applying to another Camp Erin?     No     Yes, location: \_\_\_\_\_
3. Have you and the child/teen talked about attending Camp Erin 2014?     Yes     No
4. How does your child feel about coming to Camp?:  
 Looking forward to Camp     Unsure about Camp     Does not want to attend
5. What concerns does your child have about coming to Camp? \_\_\_\_\_  
\_\_\_\_\_
6. What concerns do you have about your child coming to Camp? \_\_\_\_\_  
\_\_\_\_\_
7. Has your child ever:
  - a. Attended day camp?     Yes     No
  - b. Attended overnight camp?     Yes     No
  - c. Spent a night away from home & caregiver?     Yes     No
8. List any **special medical needs** or **physical challenges** your child has (e.g., asthma, diabetes, mobility issues):  
\_\_\_\_\_
9. If supervised water-play (wading, swimming, kayaking) is offered do you have any concerns? \_\_\_\_\_  
\_\_\_\_\_
10. Please list any special interests/hobbies your child has: \_\_\_\_\_  
\_\_\_\_\_
11. Is there anything we should know about your child's religious beliefs or faith practices? \_\_\_\_\_  
\_\_\_\_\_
12. Is there anything we should know to better serve your child? \_\_\_\_\_  
\_\_\_\_\_
13. How did you learn about this program?  
 Hospice     School     Counselor     Friend     Other: \_\_\_\_\_

## Medical Information: Permission to Administer Medications

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Camp Erin Everett is staffed by a registered nurse. The nurse may not diagnose or prescribe medication or treatment.

In order to relieve your child's distress when ill, the Camp Health Personnel needs your written permission to administer the following over-the-counter medications. Medications will be administered only when deemed necessary by camp health personnel and only at recommended weight/age dosages as listed on the product label.

Please place your **initials** next to whichever over-the-counter medications you are authorizing. If you do not authorize medications supplied by camp, please initial the space provided for "NO" and indicate the substitute that you will send to camp for your child.

1. For pain, fever, cramps, headache – **Please initial only one.**

- \_\_\_\_\_ No preference. Camp has my permission to administer either Acetaminophen (Generic substitute for Tylenol®) or Ibuprofen (Generic substitute for Advil®).
- \_\_\_\_\_ Camp has my permission to administer only Acetaminophen (Generic substitute for Tylenol®).
- \_\_\_\_\_ Camp has my permission to administer only Ibuprofen (Generic substitute for Advil®).
- \_\_\_\_\_ NO, I will send in \_\_\_\_\_.

Please indicate what your child prefers: \_\_\_\_\_ Liquid \_\_\_\_\_ Chewable Tablets \_\_\_\_\_ Pill (swallow)

2. **For allergic reaction to insect bite/sting Benadryl® or generic Diphenhydramine**

\_\_\_\_\_ YES, camp has my permission to administer. \_\_\_\_\_ NO, I will send \_\_\_\_\_  
*Initials Initials*

3. **To relieve itching (poison ivy/insect bite/rash) – anti-itch topical (Benadryl® spray/ Caladryl® lotion)**

\_\_\_\_\_ YES, camp has my permission to administer. \_\_\_\_\_ NO, I will send \_\_\_\_\_  
*Initials Initials*

4. **To cleanse eyes/eyewash – Hypotears® Saline Solution**

\_\_\_\_\_ YES, camp has my permission to administer. \_\_\_\_\_ NO, I will send \_\_\_\_\_  
*Initials Initials*

5. **To induce vomiting – Ipecac**

\_\_\_\_\_ YES, camp has my permission to administer. \_\_\_\_\_ NO, I will send \_\_\_\_\_  
*Initials Initials*

**Bee/insect stings:** Our protocol is to remove the stinger when possible, apply ice at site of bite/sting, and observe child. Benadryl® will be administered if deemed necessary by Camp Erin Everett Medical Staff, or if there is a history of reaction as indicated below. For a severe reaction, an Epi-Pen® will be given when supplied by the parent/guardian.

- Has never been stung       Has been stung with no reaction       Epi-Pen® will be sent by parent/guardian

**All medications sent from home must be kept with the Camp nurse, in the original pharmacy container and prescribed in the name of the child. ALL medications must be properly labeled with the child's name, and accompanied by instructions, signed by parent/guardian, indicating dosage, and time(s) to be administered.**

**Medications child will be taking at Camp:**

Name of Medication/Dosage	What is it being given for?	What time(s)? & How often?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



## CAMP ERIN RELEASE OF LIABILITY FORM

Participant name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Parent/Guardian Address: \_\_\_\_\_

Parent/Guardian Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

I am the legal parent/guardian of the above-named participant who is under eighteen years of age, and I am fully competent to sign this form.

As parent/guardian having legal custody of the above-named participant, who is voluntarily enrolled in the Camp Erin program of Providence Hospice of Snohomish County at the Camp Fire, Camp Killoqua ("Camp"), I hereby give permission for the above-named participant to attend Camp and participate in all Camp activities.

I understand that camping programs (including this Camp program) involve inherent risk and possible injury because of the nature of the activities involved. I hereby accept all risk to the above-named participant's health and of his/her injury or death that may result from such participation at Camp, and I hereby release the Camp, Providence Hospice of Snohomish County, Camp Fire USA and their respective governing boards, officers, employees, volunteers, agents and representatives from any liability to the above-named participant and to myself, our personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to the above-named participant's property and for any and all illness or injury to the above-named participant's person, including his/her death, that may result from or occur from the above-named participant's attendance at Camp and/or participation in Camp activities.

**Initial here that this section has been read and understood:** \_\_\_\_\_

I hereby represent and warrant that the above-described participant does not have any physical or mental condition that would impair his/her capability for full participation as intended and expected of participants at Camp (except for: \_\_\_\_\_). I understand that this statement of the above-named participant's good health is required before he/she may attend Camp.

**Initial here that this section has been read and understood:** \_\_\_\_\_

I understand that in order to provide a safe and cooperative group experience, a Camp participant may be dismissed at any time from the Camp program for reasons such as behavior, illness/injury or homesickness.

**Initial here that this section has been read and understood:** \_\_\_\_\_

In case of minor injury or illness to the above-described participant, I hereby give permission for the Camp Nurse to provide first aid according to Camp Erin Doctor's Standing Orders for Camp Nurses.

**I HAVE CAREFULLY READ THIS DOCUMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR THE ABOVE-NAMED PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO SUCH PARTICIPANT'S PROPERTY THAT OCCURS WHILE ATTENDING CAMP AND PARTICIPATING IN CAMP RELATED ACTIVITIES.**

\_\_\_\_\_  
*Signature of parent or legal guardian*

\_\_\_\_\_  
*Date*

**AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION  
FOR COMMUNICATIONS & MARKETING**

1. I authorize Providence Hospice and Home Care of Snohomish County (PHHC) to 1) interview, 2) photograph, and/or 3) videotape my child and to use the interview(s), photograph(s), or videotape(s) in connection with marketing and public relations purposes which include electronic media, brochures, newsletters, and other printed materials, displays, and/or radio and television and internet. If the intended use is not included above, please indicate:

*Interview, Photo, Video OK* - **OR** -  *Cabin Photo Only* - **OR** -  *None*

Name of camper – please print \_\_\_\_\_

Address: \_\_\_\_\_ Unit: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

2. I understand that the information used or disclosed pursuant to this authorization is not covered by federal privacy regulations, and that any health information disclosed may be re-disclosed and is no longer protected under federal law.

3. I understand that this authorization is for the uses contemplated above. The use of these materials for archival or historical purposes is part of PHHC operations and is not encompassed in this authorization.

4. I understand that I do not need to sign this authorization. Refusal to sign the authorization will not adversely affect my ability to receive health care services or reimbursement for services.

5. I understand that PHHC may use this information at any time up to one year from the date signed, or upon revocation, whichever occurs first. PHHC will honor my revocation to the extent that this authorization has not been relied on for the creation and distribution of materials that include my information. To revoke this authorization, please send a written statement (including your full name, address and phone number) stating that you are revoking this authorization to: *Camp Erin, Providence Hospice and Home Care of Snohomish County, 2731 Wetmore Avenue, Ste. 500, Everett, WA 98201*

6. I have read this authorization and I understand it, and warrant that I have reached the age of legal majority according to the laws of Washington State.

By: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: Camper's Personal Representative

Personal Representative's Name (please print) \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

**For official Providence use only.**

Camp Erin®-Everett photos to be used in a variety of public relations and marketing media: website, brochures, promotional DVD, PHHC newsletters, articles about Camp Erin/PHHC, and potential fundraising efforts.



Dear Prospective Camper and Family,

Thank you for your interest in Camp Erin Everett, which will be held **August 21-23, 2015** at Camp Killoqua in Stanwood. You are making an important step in helping a grieving child. We hope Camp Erin can make a difference for you and your family.

Please complete the enclosed application and return it to our office as soon as possible, as space at camp is limited and applicants are considered on a first-come basis. Also, please note that preference is given to campers who have not attended Camp Erin before and campers who reside in Snohomish County. (We do maintain a waiting list for applicants, whose applications were received after all spots were filled, for those who have attended camp before, or those who live outside of Snohomish County. We often accept applicants on this waiting list during the month of August).

Applications may be sent to: Providence Hospice of Snohomish County  
Attn: Camp Erin  
2731 Wetmore Avenue, Ste. 500  
Everett, WA 98201

Email: [Heather.sessions@providence.org](mailto:Heather.sessions@providence.org)

Once we have received your application we will contact you to discuss your interest in Camp Erin and schedule a camper interview.

Please do not hesitate to contact the Camp Erin team with questions at (425) 261-4807. We've also included a list of frequently asked questions which may be helpful.

Sincerely,

*Heather Sessions*

Heather Sessions, LICSW  
Camp Erin Everett Director  
Greif Support Services Coordinator

# Camp Erin Everett 2015

## Frequently Asked Questions

### **What is Camp Erin?**

Camp Erin Everett is a three-day, overnight camp experience for children grades K-12 who has experienced the death of a significant person. Camp Erin is a traditional, high-energy, fun camp that also provides an opportunity for youth to be with others who have also experienced a loss. Campers will be placed with others of similar ages and participate in age appropriate activities. In addition, a concurrent Teen Retreat for teenage campers takes place in a different area of the camp.

### **Who facilitates Camp Erin Everett?**

Camp Erin is facilitated by professional bereavement staff of Providence Hospice of Snohomish County and specially trained volunteers. Staff and volunteers lead grief activities and sharing times, supervise recreation, and provide support to campers throughout the weekend. A registered nurse will be available on site at all times to dispense medications and to respond to medical problems that may arise.

### **I've submitted an application. Now what?**

You will be contacted by Camp Erin leadership to let you know that your application has been received. We will discuss your application and schedule a camper interview for your family to receive more information about Camp and learn more about you! If your camper is accepted, we will provide you with information about the mandatory Getting-To-Know-You event that will be held in early August.

### **Is there a cost to attend Camp Erin Everett?**

No, Camp Erin Everett is offered at no charge to campers and families.

### **What important dates should I put on my calendar?**

Mandatory Getting-To-Know-You Night at the Everett Aqua Sox: date and time TBD  
Camp Erin Everett: Friday August 21 through Sunday August 23, 2015

### **How can my family get extra support prior to Camp?**

Camp Erin is one of many options available for supporting grieving children and teens. Providence Hospice of Snohomish County also offers a monthly support group, Standing Together, which meets during the school year. Support groups, counseling, and education services are also available for individuals of all ages. Please contact the Bereavement Department at (425) 261-4807 to discuss what type of support would be most helpful for you and your family at this time.

### **I have additional questions. Who can I ask?**

Please do not hesitate to contact us. We can be reached by phone at (425) 261-4807 or by email at [heather.sessions@providence.org](mailto:heather.sessions@providence.org).

# STANDING TOGETHER

## A Grief Support Group for Kids & Teens

**Standing Together is a free grief support group for youth in grades K-12 facilitated by trained staff and volunteers of Providence Hospice of Snohomish County.**

**Meetings are held on the 2<sup>nd</sup> Saturday of each month, October-June, from 12-2pm. Pizza lunch is provided.**

**2014-15 School Year Dates**  
October 11, November 8,  
December 13, January 10,  
February 14, March 14,  
April 11, May 9, June 13

**First Presbyterian Church**  
**2936 Rockefeller Avenue**  
**Everett, WA 98201**

**For more information & to receive an application, please contact us:**

**Grief Support Services**  
**(425) 261-4807**

After the death of someone important in a child or teen's life, it can be a bewildering time. We have heard from many youth that they felt alone and that their peers didn't "get it."

Standing Together exists in order to bring grieving youth together in a safe, supportive, and fun environment. At Standing Together kids and teens meet together in small groups with others their own age. They have opportunities to share, engage in creative expression activities, and learn that they truly aren't alone.

**When asked about Standing Together, kids & teens shared:**

"The best part about Standing Together is knowing there are other kids out there like me."

"What I want other teens to know about Standing Together is that it's not a place you go to because something is wrong with you—it's a place you go to be safe and understood."

"I learned it's okay to talk about your loved one."

At Standing Together we realize that children are also part of larger systems that are impacted by loss, too. Parents and guardians at times struggle with how to recognize grief reactions in youth or how support a grieving child. For this reason there is a concurrent family meeting that runs while the youth meet in their small groups.

**When asked about Standing Together, adults shared:**

"The most helpful part of the parent group for me was hearing how other kids do and don't show their emotions. Also, it's been the one place people ask how I feel about the loss."

"Although it can be challenging to walk through the door—the experience of connecting with others is healing."