



Thank you for your interest in attending this year's Camp Caring. The camp is being held on **Saturday, September 24, 2022. Camp will be held at Jacksons Mill 4-H Camp, 160 Jackson's Mill, Weston, WV.**

Please complete the attached registration form and return it as soon as possible to secure your space. Once your application has been reviewed and accepted, Camp Director will interview your child. All information and material needed for camp will be provided at contact or through the mail.

Please note this important information:

- ❖ The registration forms must be completed and signed in order for your child to attend camp. Incomplete information will cause a delay in processing your child's application and may result in your child being unable to attend camp, as space is limited.
- ❖ Each child will be interviewed by Camp Director before acceptance into the camp is finalized.
- ❖ If your child requires special accommodations (i.e., dietary restrictions/physical limitations), please let us know immediately. We will make every effort to accommodate special needs.
- ❖ Please plan on bringing your child to camp. Arrival time will be provided with additional camp information.
- ❖ Adults are able to attend Camp as well and participate in the adult classes.
- ❖ All campers can attend camp only once, so that others have the same opportunity.
- ❖ Please be sure to read the important information on our request for a media consent and release.

For Questions Call: Sam Leizear at 304-599-4200

SUBMIT APPLICATION BY MAIL, EMAIL, OR FAX:

Camp Caring

campcaring@wvcaring.org

Fax #- 304-599-1125

3436 University Avenue

Morgantown, WV 26505

CAMP CARING 2022 APPLICATION (DUE NO LATER THAN 9/16/22)

Camper Information

Name of Applicant: _____ DOB: __/__/____ Sex: M F

Address: _____ City/St/Zip: _____

Best Contact Phone # _____ Shirt Size (circle/adult sizes) S M L XL 2XL

School: _____ Last Grade Attended: _____

Where does child reside **if different from above.** Address: _____

Emergency Contact: _____ Number: _____

Parent/Guardian Information

Name(s) of Parent(s)/Guardian(s): _____

Relationship to Child: _____

Address: _____ City/State/Zip: _____
(If different from child)

Home Phone: _____ Work/Cell Phone: _____

Adult Attending Camp with Child (complete if different from Parent/Guardian info)

Name(s) of Parent(s)/Guardian(s): _____ Relationship to Child: _____

Address: _____ City/St/Zip: _____
(If different from child)

DOB: _____ Best Phone # to Contact: _____

Please List Shirt Size For Each Adult Attending Camp (e.g. S, M, L, XL 2XL) : _____

I _____, give permission to West Virginia Caring to share the information in this packet with the Camp Caring Staff.

Parent/Guardian Signature _____ **Date:** _____

APPLICATION DEADLINE IS September 16, 2022

**CAMP CARING MEDICAL HISTORY
AUTHORIZATION AND CONSENT TO TREAT A MINOR FORM**

Name of Child _____ DOB _____ Sex _____

Health History: (check if your child has ever had any of the following medical complications)

____ Frequent ear infection ____ Diabetes ____ Epilepsy ____ Mononucleosis

Allergies: (check any of the following allergies that pertain to your child)

____ Asthma ____ Food _____

____ Hay Fever ____ Insect Stings ____ Poison Ivy ____ Penicillin

____ Other Drug _____ Last Tetanus Vaccination Date? _____

Activities that should be restricted or physical limitations:

Will your child be bringing any medication to Camp? _____ No _____ Yes

If **Yes**, please complete fill in information below:

Name of Medication	Dosage	Times Taken

ALL MEDICATIONS BROUGHT TO CAMP MUST BE TURNED INTO THE CAMP NURSE AND WILL BE ADMINISTERED BY HER OR HER DESIGNEE.

Please check over-the-counter medications that may be administered if needed:

____ Tylenol ____ Ibuprofen ____ Cough Syrup ____ Dramamine
 ____ Decongestant ____ Antacid ____ Polysporin/Hydrocortisone
 ____ Artificial Tears ____ Other : _____

I verify that all medications brought to camp are listed on this form and that all medications must be turned in to the Camp Nurse. I authorize the Camp Nurse or designee to administer or dispense medications including over-the-counter medications.

Parent/Guardian Signature

Date

AUTHORIZATION AND CONSENT TO TREAT A MINOR

I hereby give permission and authorize Camp Caring staff/designees to provide to:

(Camper's name) _____ routine health care, first aide, administer prescribed medications, and seek emergency medical treatment; including ordering x-rays or routine tests, and ordering injections and/or surgery. I agree to the release of any records necessary for insurance purposes. I give permission to Camp Caring to arrange necessary related transportation for the camper. In the event I cannot be reached in an emergency, I hereby give permission to the physician, dentist, or other health care provider selected by Camp Caring to secure and administer treatment, including hospitalization, for the camper and acknowledge that I will be responsible for the payment of all charges related to the health care services.

Please list medical restrictions (if any):

This form may be photocopied for use outside of the camp to secure treatment.

Parent/Guardian Signature

Date

PARENTAL AUTHORIZATION

I/We authorize and request West Virginia Caring, Camp Caring nurse to administer the medication(s) prescribed by our families physician, and in so doing relieve the camp, its agents, employees or representatives of any responsibility for ill effects which may result from administering of said prescribed medication.

Parent/Guardian Signature

Date

This signed release is required for camp attendance.

Photo Permission and Release for Adults and/or Guardians attending Camp Caring

Please fill out for each adult attending, space for 2 persons has been provided. If additional adults will be attending, Camp Caring Director will provide additional form.

I, _____ grant West Virginia Caring the permission to take and use my photograph, photo image, recording, or video taken for publicity or promotional purposes for future promotional use in its public relations, internal newsletter and web site for West Virginia Caring.

Name (please print) _____

Signature: _____ Date: _____

WV Caring Representative: _____ Date: _____

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Name (please print) _____

Signature: _____ Date: _____

WV Caring Representative: _____ Date: _____

CAMP CARING

**CAMP CARING INFORMED CONSENT, AGREEMENT,
RELEASE OF LIABILITY AND PHOTO PERMISSION/RELEASE**

Informed Consent

I hereby give permission for my child, (camper's name), _____
to attend Camp Caring on, _____ and I understand that Camp Caring goal is to
help facilitate the bereavement process of my child and provide support for him/her in
expressing feelings of grief.

_____ **Parent/Guardian Initials**

Waiver and Release of Liability

As parent or guardian of my child, I agree that I will not hold Camp Caring, (a program of
West Virginia Caring.), its employees, officers, directors, volunteers, agents and
contractors liable for any personal injury, property damage, loss of insurance. I agree to
release and hold harmless Camp Caring, its employees, officers, directors, volunteers,
agents and contractors from all liability incurred as a result of my child's participation in
camp, and that these terms serve as a release for myself and members of my family.

_____ **Parent/Guardian Initials**

Photo Permission and Release

Camp Caring is granted permission to take and use any group or individual photograph,
photo image, recording, or video taken during a camp session for publicity or promotional
purposes._

_____ **Parent/Guardian Initials**

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

BEREAVEMENT HISTORY

Child Name: _____

NAME	RELATIONSHIP TO CAMPER	DATE OF DEATH	AGE AT DEATH	CAUSE OF DEATH	HOSPICE PATIENT? YES NO