

Hospice
of Davidson
County

CAMP
Comfort
2024

Kids

Day Camp

Age appropriate activities addressing grief & loss
Registration Required (scholarships available)
\$20 fee - includes t-shirt, snacks, & lunch

— Rising 1st-5th grade: Thursday, July 11 from 9:00am to 1:00pm

— Rising 6th-8th grade: Thursday, July 25 from 9:00am to 1:00pm

— Rising 9th-12th grade: Wednesday, July 31st from 9:00am to 1:00pm

200 Hospice Way, Lexington, NC 27292
336-475-5444



Check-In: 8:30 to 9:00am
Camp begins: 9:00am
Pick-Up: 1:00 to 1:30pm

Hospice of Davidson County
200 Hospice Way, Lexington, NC 27292

Camp Guidelines

- **Camp Comfort is a safe environment to work through feelings.**
- **Each camper is allowed to express their own unique feelings about death in a safe environment without judgment.**
- **Each camper has the right to feel grief emotions and heal in their own time, through their own individual grief process.**

Coming to Camp

Camp activities will be held both inside and outside on the HODC Campus.

- Wear tennis shoes or other closed-toe shoes; no flip-flops.
- Dress appropriately in shorts and shirts.
- Leave all electronic devices at home. Camp staff have phones that will be used if needed.
- Snacks and lunch are provided - there is no need to bring food/drinks.

Behavior During Camp

- Respect one another.
- Be considerate of other camper's feelings.
- Listen when others are sharing.
- If you make a mess, clean it up.
- Place all trash in trash cans.
- If it is not yours, do not touch it.
- Show respect to other campers and camp staff.

Disciplinary Process

- Name-calling, insulting, fighting, foul language, disrespectful behavior, and violence will not be tolerated.
- Camp staff will give up to three (3) verbal warnings before the camper will be dismissed from camp.
- If a parent/guardian is called regarding a behavior problem, the camper must be picked up within one (1) hour of the phone call.

Questions? Reach out to Emily Sullivan at 336-474-2082 or esullivan@hospiceofdavidson.org



2024 Camper Registration

- ___ Rising 1st-5th grade: Thursday, July 11 from 9:00am to 1:00pm
- ___ Rising 6th-8th grade: Thursday, July 25 from 9:00am to 1:00pm
- ___ Rising 9th-12th grade: Wednesday, July 31st from 9:00am to 1:00pm

Camper Information

(Fill out a separate form for each camper.)

First Name _____ Last Name _____

Preferred Name _____

Date of Birth _____ Age _____ Gender _____

Name of Parent/Guardian _____

Address _____

Phone (Cell) _____ Phone (Other) _____

Emergency Contact

(Who should we contact in an emergency if the parent/guardian cannot be reached.)

Name _____ Relationship to Child _____

Phone (Cell) _____ Phone (Other) _____

Name _____ Relationship to Child _____

Phone (Cell) _____ Phone (Other) _____

Pick Up List

(List anyone other than the parent/guardian who may pick up your child from camp. Only individuals listed here will be allowed to pick your child up from camp.)

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

T-Shirt Size

Child: Small Medium Large XLarge

Adult: Small Medium Large XLarge XXL

2024 Camp Comfort Registration - Page 2

Camper's Name _____

Grief History

Name of Person who Died _____ Date of Loss _____

Relationship to Child _____ Age of Child when Person Died _____

Did Child Attend Funeral/Memorial Service? _____

Has the Child Experienced the Death of other Loved Ones? _____

Has Your Child Received Professional Support?

School Counseling? _____ Mental Health Counseling? _____

Have there been any other Major Changes or Stressors in your Child's Life, such as divorce, illness, relocation, etc.? If so, please describe.

Please share anything else that will be beneficial for us to know about your child and his/her grief.

Health & Behavioral History

Food Allergies _____

Medication Allergies _____

Environmental/Pet Allergies _____

Dietary Restrictions _____

Reactions to Allergens Listed Above _____

Health History - Check All that Apply

- | | | |
|---|---|---|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Depression | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Nose Bleeds |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> OCD |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> ODD |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Fainting | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Sickle Cell Anemia |
| <input type="checkbox"/> Defiance | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Other: _____ |

Explain any that you checked above.

2024 Camp Comfort Registration - Page 3

Camper's Name _____

Consent & Release

Consent to Attend

I (Parent/Guardian) _____ give permission for (Child's Full Name) _____ to attend Camp Comfort 2024. I understand that the goal of camp is provide support for the child in expressing feelings of grief and provide education on healthy coping skills for grief emotions. I will indemnify and hold harmless Hospice of Davidson County and Camp Comfort from any legal action sought by or on my behalf of any person on account of any injury or damage sustained or suffered by my child while attending Camp Comfort or undergoing medical treatment, I hereby waive any right of legal action by or on behalf of me and/or my child against Hospice of Davidson County and/or Camp Comfort.

Consent for Medical Treatment

In the event I cannot be reached or be present, I hereby authorize Hospice of Davidson County staff to execute any and all documents necessary including any consents, agreements, and releases in my behalf which are required by a medical facility to perform any treatment on account of any accident or illness sustained or incurred by (Child's Full Name) _____ while attending Camp Comfort. I understand that in the event that emergency medical treatment is needed, my child will be transported to a local hospital's emergency department. I understand that I will be responsible for the costs of any medical treatment provided to my child.

Publicity Release

I voluntarily agree (Child's Full Name) _____ may be photographed and/or videotaped, and I authorize the unrestricted use of his/her image, voice, likeness, and/or story/quotes by Hospice of Davidson County, Inc. ("HODC"). I claim no right to compensation for any of same.

Parent/Guardian Permission Statement

The health history included in this packet is correct as far as I know, and (Child's Full Name) _____ has my permission to participate in all camp activities except as noted. If he/she appears to be ill, I will not send him/her to Camp Comfort. I give permission to Hospice of Davidson County Camp Comfort staff to share the information contained in this packet with other staff and counselors who will be working with my child.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

Camp registration is \$20 per camper (includes t-shirt, snacks, & lunch)

- _____ Check Enclosed (Make checks payable to Hospice of Davidson County.)
- _____ Cash
- _____ Scholarship Requested
- _____ Credit Card (Visit <https://bit.ly/HODCCampComfort> or scan the QR code.)



***The registration packet must be completed (including signatures) and returned to Emily Sullivan. (Mail to Hospice of Davidson County, 200 Hospice Way, Lexington NC 27292 or email to esullivan@hospiceofdavidson.org.)

Registration is not complete until both the registration packet and payment are submitted. You will receive a confirmation email once both are received and your camper's registration is confirmed.***

2024 Camp Comfort Registration - Page 4

Camper's Name _____

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I agree to abide by the rules of Camp Comfort.

Signature of Camper _____ Date _____

I have reviewed and discussed the rules with the camper.

Signature of Parent/Guardian _____ Date _____