



# Grief camps for kids

A fun day for kids 5 - 16 who've experienced loss

## Camper Registration Packet

Choose your location for camp by checking box:

- Virginia - July 12, 2024
- North Carolina - July 19, 2024

# Camp Love's PEAK Registration

(Please use a separate form for each camper)

Camper's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

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

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

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

## Emergency contact information/pick up list

Emergency contact if Parent/Guardian cannot be reached.

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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### Pick up list

(Other than Parent/Guardian, please list anyone, who may pick up your child. Only those listed will be able to pick up your child.)

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

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

## T-shirt Order

Camp T-shirts will be ordered this year. Please check the size shirt your child will need.

Youth sizes  S  **M**  L  XL

Adult sizes  S  **M**  L  XL

# Grief History

Child's Name: \_\_\_\_\_

Has camper previously attended grief camp?  Yes  No When? \_\_\_\_\_

Name of person who died: \_\_\_\_\_

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

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

Age of child at the time of death: \_\_\_\_\_ Age of person who died: \_\_\_\_\_

Did the child attend the funeral/memorial service?  Yes  No

Have there been any other deaths of loved ones experienced by this child?  Yes  No

Has your child received any professional support?

Love's PEAK Counseling  Yes  No

School Counseling  Yes  No

Mental Health Counseling  Yes  No

Have there been any other changes or stresses in your child's life? (Divorce, illness, relocation, etc.) Please describe:  Yes  No

Any other information that you would like us to know about your child's grief:

# Health and Behavioral History

Childs Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Drug Allergies: \_\_\_\_\_

Environmental Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Reactions to any allergies listed above:

## Health History (check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> ADHD                  | <input type="checkbox"/> Depression                        | <input type="checkbox"/> Menstrual cramps   |
| <input type="checkbox"/> Anxiety               | <input type="checkbox"/> Diabetes                          | <input type="checkbox"/> Motion Sickness    |
| <input type="checkbox"/> Asperger's Syndrome   | <input type="checkbox"/> Eating disorders                  | <input type="checkbox"/> Nose bleeds        |
| <input type="checkbox"/> Asthma                | <input type="checkbox"/> Epilepsy                          | <input type="checkbox"/> OCD                |
| <input type="checkbox"/> Autism                | <input type="checkbox"/> Fainting                          | <input type="checkbox"/> ODD                |
| <input type="checkbox"/> Cerebral Palsy        | <input type="checkbox"/> Glasses/contact lenses/Impairment | <input type="checkbox"/> PTSD               |
| <input type="checkbox"/> Constipation/diarrhea | <input type="checkbox"/> Hearing Impairment                | <input type="checkbox"/> Sickle Cell Anemia |
| <input type="checkbox"/> Convulsions/seizures  | <input type="checkbox"/> Heart disease                     | <input type="checkbox"/> Sleep disorders    |
| <input type="checkbox"/> Defiance              | <input type="checkbox"/> Kidney Disease                    | <input type="checkbox"/> Other: _____       |

Please explain any "yes" answers to the above questions. Indicate any information that may be useful to the camp staff, including the camp nurse. Also indicate any activities to be encouraged or restricted.

Does your child need any special equipment at camp or have a One-to-One worker, who will attend camp with your child?  Yes  No

Has your child been in trouble with the law?  Yes  No

Answering yes does not mean your child will be excluded from camp but will help us better provide for your child's needs and the other children at camp. Please describe:

Please list any medications your child takes on a regular basis and would need during camp hours. Include medication name, dosage, and time needed.

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# Consent & Release

## Consent to Attend Camp

I (Parent/Guardian), \_\_\_\_\_, hereby give permission for (Child's Name) \_\_\_\_\_ to attend Camp Love's PEAK on \_\_\_\_\_.

I understand that the goal of came is to help facilitate the grief process of my child and provide support for him/her in expressing their feelings of grief.

I further understand that in consideration of my child attending Camp Love's PEAK, I will indemnify and hold harmless Mountain Valley or Camp Love's PEAK 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 Love's PEAK or undergoing medical treatment, I hereby waive any right of legal action by or on behalf of me and /or my child against Mountain Valley or Camp Love's PEAK.

## Consent for Medical Treatment

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

## Photo/Story/Audio-Visual Release

I hereby affirm that I am the parent/guardian of (Child's Name) \_\_\_\_\_, and I consent to the use of Mountain Valley and Camp Love's PEAK, photographs, news stories or audio visual of my child for reproduction of the same in any form including, marketing, illustrations, education, or publication.

Yes       No

## Parent/Guardian Permission Statement

The health history included in this packet is correct so far as I know, and the person herein described has my permission to participate in all prescribed camp activities except as noted. If he/she appears to be ill, I will not send him/her to the program. I give permission to Camp Love's PEAK staff to share the information contained in this packet with the volunteer(s) & counselors who will be working with my child.

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

MV Representative: \_\_\_\_\_ Date: \_\_\_\_\_

# Camper Rules

Child's Name: \_\_\_\_\_

1. Please wear tennis shoes or other closed toed shoes. Please no flip flops. This is for the safety of the child.
2. Children should dress appropriately in shorts and modest shirts. Sneakers should be worn to protect feet. We will be having activities outside.
3. Each child is allowed to express their own unique feelings about death in a safe environment.
4. Each child has the right to need other people to help them with their grief, especially grown-ups who care about them.
5. Please be considerate of other campers' feelings as they work through their own grief.
6. Leave all electronic devices at home. There will be a variety of activities to keep campers busy. Camp staff will have phones if needed.
7. All participants will respect each other and camp staff. Name-calling, insulting, fighting, foul language, disrespectful behavior and violence are never acceptable. Dismissal from camp may result after two verbal warnings.
8. A parent/guardian called for a behavior problem resulting in dismissal must make sure their child is picked up within one hour of being called.
9. Please keep our camp facilities clean. Be mindful to keep all belongings together and all trash in the garbage cans.
10. If it's not yours, then be respectful of the owner and do not touch.

Please indicate any dietary restrictions: Vegetarian/Other: \_\_\_\_\_

Please list any other special needs or requests (fear of animals, water, clowns, etc.):

How did you hear about camp?

By registering for this camp, you are agreeing to abide by the rules and understanding of the Camp Love's PEAK and you have discussed these rules with your child/children. You understand that attendance to Camp Love's PEAK is based upon mutual respect and consideration between campers and staff.

I have read and understand this form:

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Camper: \_\_\_\_\_ Date: \_\_\_\_\_

## What to Bring

(Please remove this page to keep,  
so you will know what to bring on camp day)

1. Bring an item that belonged to or was given to you by your loved one. (This can be a picture or an object.)
2. Bring a swimsuit or swim trunks with you to camp. There will be water activities at camp.
3. Wear Tennis Shoes. Flip Flops may be brought and worn during water activities.
4. Bring a towel for water activities.
5. Bring ONE change of clothes, including under garments please.

It is not necessary to bring food or drinks from home.  
All meals and snacks will be provided.



# Grief camps for kids + teens

Love's PEAK staff lead a day of fun and reflection

Register at [mtnvalleyhospice.org/camp2024](https://mtnvalleyhospice.org/camp2024)



## Art + music + activities

We create the **BEST** experience for kids who've had a loss in their lives

Our grief camps are a fun, free day for children (5-12) and teens (13-16) who've experienced a loss or are expecting a loss in the near future. Through art, music, and other fun activities kids come together in a therapeutic environment, learning that mourning is not a process of forgetting but a way of remembering with less pain.

July 12th

8am - 5pm

VIRGINIA

## Jack Dalton Park

130 Jack Dalton Rd  
Collinsville, VA 24078

Registration closes July 5, 2024

July 19th

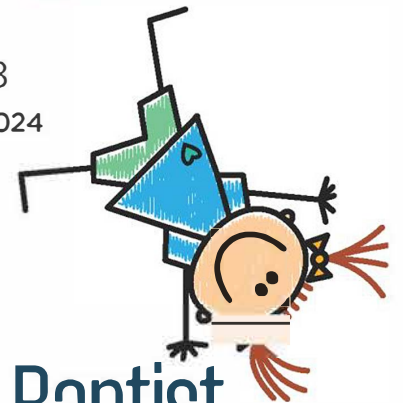
8am - 5pm

NORTH CAROLINA

## Dobson First Baptist

204 S Crutchfield St  
Dobson, NC 27017

Registration closes July 12, 2024



To register after a deadline or if you have questions about our camps, please contact Kristie Byrd at (888) 789-2922

