



camp celebrate hope 2024

Saturday, September 21, 2024

9:00 am to 7:00 pm at Camp Fellowship

CAMP CELEBRATE HOPE DAY CAMP SATURDAY, SEPTEMBER 21, 2024

Parents and Guardians:

We at Hospice & Palliative Care of the Piedmont are excited for the 28th Annual Children's Grief Camp---**CAMP CELEBRATE HOPE!** Camp will be held **September 21th from 9 am to 7 pm** at Camp Fellowship located on Lake Greenwood. Hospice & Palliative Care of the Piedmont continues to serve the needs of grieving children and their families in Greenwood, Laurens, Edgefield, Abbeville, Anderson, McCormick, Newberry, and Saluda counties.

Camp Celebrate Hope is open to grieving children and youth ages 6 – 14. Participants will have the opportunity to learn and share with each other about grief and loss in a safe and caring environment. The children will have the opportunity to participate in activities such as canoeing, boating, fishing, arts and crafts, and games. Because of generous contributions from individuals throughout our communities, Camp Celebrate Hope will be offered at **no charge** to the children that attend.

There will be a Closing Ceremony at the end of the Day Camp, and we would like all parents and guardians to attend with their children. Please arrive no later than 6:15.

Enclosed you will find the required camp application along with other information.

The application will need to be:

- **Dropped off at the Hospice Administrative Building, OR**
- **Mail to: Hospice & Palliative Care of the Piedmont
408 West Alexander Ave, Greenwood, SC 29646
ATTENTION: Cathy Burdette, OR**
- **Scanned and emailed to cburdette@hospicepiedmont.org
NO LATER THAN SEPTEMBER 1, 2023**

Should you have any questions, please contact Cathy Burdette, Bereavement Coordinator Assistant or Lori Shaw, LMSW at 864-227-9393.

Best regards,

Lori Shaw, LMSW
Project Hope Coordinator



Hospice & Palliative Care of the Piedmont
Camp Celebrate Hope
Saturday, September 21, 2024
Application is **due no later than September 6th!**

PLEASE RETURN TO: Hospice & Palliative Care of the Piedmont
ATTN: CATHY BURDETTE
408 West Alexander AVE, Greenwood, SC 29646

Celebrate Hope is open to grieving children and youth ages 6 – 14. Please complete **ONE APPLICATION PER CHILD** when more than one child in a family is applying.

Camper Information

CAMPER NAME: _____ circle: Male or Female
CAMPER AGE: _____ CAMPER GRADE: _____
MAILING ADDRESS: _____
CITY: _____ ZIP: _____ HOME PHONE: _____ CELL PHONE: _____
T-SHIRT SIZE circle one: **YS YM YL S M L XL 2XL** SCHOOL: _____
PARENT/GUARDIAN NAME(S): _____
NAMES & AGES OF OTHER CHILDREN IN THE FAMILY: _____

Grief Information

NAME OF PERSON WHO DIED: _____
RELATIONSHIP TO CAMPER: _____
DATE OF DEATH: _____ CAUSE OF DEATH: _____
HOW DO YOU FEEL YOUR CHILD HAS HANDLED HIS OR HER GRIEF AND LOSS? _____
HAS YOUR CHILD EVER ATTENDED CAMP CELEBRATE HOPE BEFORE? YES ___ NO ___
IF YES, WHAT YEAR? _____
HAS YOUR CHILD ATTENDED A SCHOOL-BASED GRIEF SUPPORT GROUP BEFORE? YES ___ NO ___
IF YES, WHAT SCHOOL AND WHAT YEAR? _____

Please explain in detail any additional concerns or information regarding your child that the camp staff and counselors should be aware of or find helpful.

Example: changes in behavior, grades, socially, emotionally, etc.

MEDICATION ADMINISTRATION CONSENT
HOSPICE & PALLIATIVE CARE OF THE PIEDMONT

THIS FORM IS TO BE COMPLETED BY THE PARENT OR GUARDIAN OF THE CHILD ATTENDING CAMP CELEBRATE HOPE.

MEDICAL INFORMATION: COMPLETE ALL INFORMATION--- PUT N/A IF IT DOES NOT APPLY

PHYSICIAN NAME: _____ PHONE: _____

ALLERGIES (TYPES AND REACTIONS): _____

DATE OF LAST TETANUS SHOT OR BOOSTER: _____

CHRONIC OR RECURRING ILLNESSES (EXAMPLE: asthma, headaches, ear or throat infections)

DESCRIBE ANY BEHAVIORAL OR EMOTIONAL CONCERNS OR PROBLEMS: _____

SPECIAL DIET: _____

PHYSICAL LIMITATIONS: _____

IS CHILD COVERED BY HEALTH INSURANCE? _____ IF YES, NAME OF INSURED: _____

EMPLOYER OF INSURED: _____ POLICY NUMBER: _____

INSURANCE COMPANY: _____

IF PARENT / GUARDIAN IS NOT AVAILABLE IN CASE OF AN EMERGENCY LIST THE PERSON TO CONTACT: _____ RELATIONSHIP: _____ PHONE NUMBER _____

The camp nurse will administer the medications. If your child takes medication at school, please plan for your child to take the same medication at camp.

NAME OF MEDICATION	DOSAGE	TIMES TO BE GIVEN
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following nonprescription medications may be administered by the Camp Nurse for minor needs per directions on the bottle. Please put your initials beside the medicine(s) below we have permission to give if needed.

Tylenol _____ Pepto Bismol _____ Kaopectate _____ Benadryl _____

LIST ANY DRUG ALLERGIES: _____

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

HOSPICE & PALLIATIVE CARE OF THE PIEDMONT CONSENTS:

For Medical Treatment and Waiver of Liability, Transportation, and Media

PLEASE PRINT THE FOLLOWING INFORMATION:

Name of Camper: _____

I, _____, the parent/guardian of _____
give consent for my child to attend Camp Celebrate Hope and to participate in its activities.

In the event that I cannot be reached or be present, I hereby authorize any Hospice & Palliative Care of the Piedmont staff member to execute any and all documents including any necessary consents, agreements, and releases on my behalf which might be required by any medical facility to perform any emergency treatment on account of any accident or illness sustained or incurred by my child while attending Camp Celebrate Hope. I understand that in the event emergency hospital treatment is needed, my child will be transported to an area hospital. I understand that I will be responsible for the costs of any medical treatment provided to my child.

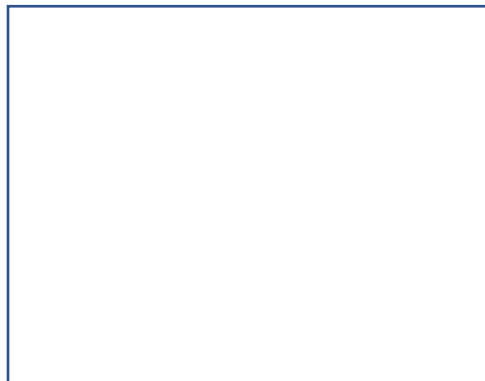
I further agree that in consideration of my child attending Camp Celebrate Hope, I will indemnify and hold harmless the said Camp Celebrate Hope and Hospice & Palliative Care of the Piedmont from any legal action sought by or on behalf of any person on account of any injury or damage sustained or suffered by my child while attending Camp Celebrate Hope or undergoing any medical treatment, and hereby waive any right of legal action by or on behalf of me or my child against Camp Celebrate Hope, Hospice & Palliative Care of the Piedmont, or Camp Fellowship.

I also give permission for the staff or volunteers of Camp Celebrate Hope to transport my child to and/or from locations for the purpose of Camp Celebrate Hope, Camp Fellowship, and the Hospice Center. Should it be necessary, I also grant permission for my child to be transported home from Camp. I further agree that in regard to transportation to and from Camp activities, I will indemnify and hold harmless Hospice & Palliative Care of the Piedmont and their staff.

In addition, I hereby consent to the use of any photographs, news stories, or audiovisuals of my child for the purposes of marketing illustration or publication for Camp Celebrate Hope of Hospice & Palliative Care of the Piedmont.

Signature of Parent/Guardian: _____ Date: _____

Please (if possible) attach a photo of your child here:



Items to bring for Camp

(Everything else is provided)



Any medication your child is to take while at the day camp along with enclosed medication permission slip



A keepsake or picture of your child's special loved one who passed away



Lightweight jacket, if needed



Change of clothes - just in case your child gets wet entering or exiting the canoe



Please do not send cell phones, games, money, candy, radios, I-pods, mp3 players, pocketknives, or anything of this nature



There is no swimming allowed at the camp, so make sure your child understands that they cannot get in the water.



There will be lifeguards present at this event, and all children will be required to wear life jackets that will be provided to them while participating in canoeing, boat riding, or fishing.



Put your child's name on all belongings including any medications sent.

Map of Camp Fellowship

457 Camp Fellowship Road, Waterloo, SC 29384



Check-in is at 9:00 AM at the Conference Center - 3rd building on left

PARENTS/GUARDIANS:

Please return to camp by 6:15 PM to join your child for the closing ceremony

COMPLETE AND RETURN ENCLOSED REGISTRATION

NO LATER THAN SEPTEMBER 6, 2024

Questions? Contact Cathy Burdette, Bereavement Program Assistant

864-227-9393 extension 233