



HOSPICE *of* HUNTINGTON

Help us get to know you....

To be completed by prospective camper

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK

Name _____

I am _____ years old. I am in the _____ grade

My T-Shirt size is Adult S___ M___ L___ XL___ Other_____

I am planning to go Camp Good Grief because _____ died.

I want to go to Camp Good Grief because.... (Please mark all that apply)

_____ I miss the person that died.

_____ I would like to meet other kids that have had a special person in their life die.

_____ I would like to learn ways to cope with the death.

_____ My parent/guardian(s) are making me go.

_____ I would like to get away from home for awhile and have fun with kids my own age.

_____ Other (explain) _____

What are some of your fears about going to Camp Good Grief? Circle all that apply.

_____ I feel uncomfortable about talking with others about death.

_____ I am afraid I won't have anything in common with the other kids.

_____ I don't want to stay away from home.

To be completed by camper's Parent/Legal Guardian.

****PLEASE PRINT CLEARLY IN BLUE OR BLACK INK****

Camper's Legal Name _____

The name that the camper likes to be called _____

Date of Birth _____ / _____ / _____ Age _____

Sex: _____ Male _____ Female

Parent/legal guardian: _____
(Relationship)

Street Address: _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

How do you think this camp would benefit your child?

CAMP GOOD GRIEF BEREAVEMENT HISTORY

Please include as many details as possible when answering the following questions.

(Attach extra pages if necessary.) **PLEASE PRINT CLEARLY IN BLUE OR BLACK INK**

1. Who was the person who died? (Name) _____
Relationship to child _____ Date of Death _____
Birth date of deceased _____
2. Cause of death _____
3. Age of child at the time of the death _____ Age of the person who died _____
4. What was the relationship like between the child and their loved one who died?

5. Where did this person die? Home _____ Hospital _____ Other _____
Explain: _____

6. Was the child present at the time of death? Explain circumstances. If no, how was the child told about the death?

7. Did the child attend the funeral/memorial service? Yes _____ No _____
Was this the child's choice? _____
8. Has the child received any professional support? (i.e. psychologist, psychiatrist, Pastoral counselor, school counselor) Yes _____ No _____ If yes, how long was professional support provided? _____
Name of therapist _____
Agency _____
9. Have there been multiple deaths of loved ones experienced by this child?
Yes _____ No _____ If "yes", please explain nature of death and relationship of persons who died to the child. (Also include pets)

10. Any other changes/stresses in this child's life? (i.e. divorce, illness, relocation, trauma, Friend/family moving out of area, changing schools, involvement with legal system)
Yes_____ No_____ When did the changes occur?

11. What are your concerns regarding your child's grieving? (eg. School performance, friendships, behavioral changes, loss of interest in activities, sleeping and eating patterns, truancy, fighting, passive, withdrawn, etc.)

12. Please describe your child's personality. (How do they interact or get along with other children? Adults?)

13. How does your child respond to changes in environment?

13. Is this the first time staying away from home? Is this the first time away from home since death occurred?

14. Please list any fears/phobias your child may have:
