



CAMP CHRYSALIS APPLICATION

958 20th Place, 2nd Floor • Vero Beach, FL 32960 • 772.567.5551 • www.vnatc.com

CAMPER

Camper's Name: _____

Age: _____ Date of Birth: ____/____/____

Gender: ☐ Female ☐ Male

School: _____ Grade: _____

FAMILY

Name of Parent or Legal Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Home: (____) _____ Work: (____) _____ Cell: (____) _____

Email address: _____

Adult responsible for dropping off/picking up child *(If different from above)*: _____

Relationship to Child: _____

Phone: (____) _____ Work: (____) _____ Cell: (____) _____

EMERGENCY CONTACTS

Please list 2 people, other than you, to contact/release in case of an emergency.

Name: _____ Relationship to child: _____

Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Name: _____ Relationship to child: _____

Phone: (____) _____ Work: (____) _____ Cell: (____) _____

How did you hear about camp? *Please mark all that apply*

☐ Flyer from school:

☐ Newspaper article/advertisements:

☐ TV/Radio:

☐ Other (please explain): _____





CAMP CHRYSALIS APPLICATION

958 20th Place, 2nd Floor • Vero Beach, FL 32960 • 772.567.5551 • www.vnatc.com

CHILD'S BEREAVEMENT HISTORY

Child's Name: _____ Child's Age: _____

Please indicate as many details as possible when answering the following questions. Attach extra pages if necessary.

Name of loved one who died? (Full name) _____

What was the relationship like between the child and their loved one who died? _____

Did the loved one receive hospice services? ☐ Yes ☐ No

Has your camper experienced multiple deaths? ☐ Yes ☐ No

If yes, please explain. _____

Has your camper received professional support? (i.e. psychologist, psychiatrist, pastoral counselor, school counselor)

☐ Yes ☐ No If yes, please explain: _____

Has your camper experienced any of the following? *Please check all that apply.*

☐ Angry outbursts

☐ Frequent nightmares

☐ Frequent physical complaints

☐ Isolates himself/herself

☐ Extreme behavior changes

☐ Long episodes of sadness

Date of death: ____ / ____ / ____ Cause of death: _____

What are your concerns for your camper related to their grief? _____

Any other changes/stresses in this child's life? (i.e. divorce, illness, relocation) _____

Has your child attended Camp Chrysalis before? ☐ Yes ☐ No

Are you interested in additional information regarding the VNA's bereavement support for your camper? ☐ Yes ☐ No



CAMP CHRYSALIS APPLICATION

958 20th Place, 2nd Floor • Vero Beach, FL 32960 • 772.567.5551 • www.vnatc.com

MEDICAL INFORMATION FORM

Child's Name: _____ Date of Birth: ____ / ____ / ____ Age: ____

Child's Physician Name: _____ Phone Number: _____

ALLERGIES: List any and all allergies the camper has by type. Please note severity of allergy and describe allergic reaction.

If medication is required, please list type, frequency and dosage.

Food Allergies: _____

Allergies to Medication: _____

Plant Allergies: _____

Animal/insect Allergies: _____

Other Allergies: _____

OPERATIONS and SERIOUS/CHRONIC ILLNESS:

Has the camper had any operations? ☐ Yes ☐ No

Has the camper had any serious or chronic illnesses? ☐ Yes ☐ No

If yes to either question, please explain: _____

MEDICAL CONDITIONS: Check any conditions that the camper is prone to.

☐ Fainting ☐ Seizures ☐ Headaches ☐ High blood pressure

☐ Upset stomach ☐ Diarrhea ☐ Constipation ☐ Heart Problems

☐ Asthma/respiratory problems ☐ Other _____

MEDICATIONS: List medications and specify what the medication is used for, when it should be taken, and what the dosage is.

ALL MEDICATION MUST BE IN ORIGINAL CONTAINER WITH THE CAMPER'S NAME LISTED.

Medications child will be taking while at Camp:

Name of Medications/Dosage	What is it being given for?	What time(s) & How often?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



CAMP CHRYSALIS APPLICATION

958 20th Place, 2nd Floor • Vero Beach, FL 32960 • 772.567.5551 • www.vnatc.com

ACTIVITIES:

We will be participating in some outside activities during Camp Chrysalis. Camp volunteers will oversee the safety of your child during all activities. Please make arrangements for the proper supplies necessary for your child's safety and comfort.

PARENT/LEGAL GUARDIAN PERMISSION STATEMENT

I verify that the above medical information is complete and accurate and that my child has no medical conditions or diagnoses that would prohibit him/her from safely participating in camp. I hereby authorize the calling of a physician to provide whatever emergency medical or surgical treatment is necessary including: X-rays, routine tests, hospitalization, anesthesia and/or surgery for the camper as named above in the event I cannot be reached in an emergency. This form may be photocopied for use out of camp.

Parent/Legal Guardian Signature

Date

Printed Name of Parent/Legal Guardian

Medication Authorization

I hereby authorize the nurse to give _____ the medication(s) listed and described above.

Parent/Legal Guardian Signature

Date

Printed Name of Parent/Legal Guardian

INFORMED CONSENT, RELEASE AND INDEMNIFICATION AGREEMENT

1. I, _____ hereby give permission for my child, _____ to attend **CAMP CHRYSALIS**. I understand that the goal is to help facilitate the bereavement process of my child and provide support for him/her in expressing feelings of grief.

2. In consideration of the above-named child being granted permission by VNA/HOSPICE to attend **CAMP CHRYSALIS**, I, for myself and on behalf of my child, release and discharge VNA/Hospice, its agents, employees, volunteers and officers from all claims, demands, actions and judgments, which my child or I ever had or now may have against VNA/Hospice for all personal injuries, either physical or emotional, known or unknown, and injury to property, real or personal sustained by my Child's person or property, during his or her attendance of **CAMP CHRYSALIS**, whether the injury is caused by negligence or any other fault.

3. Also, in consideration of the above-named child being granted permission by VNA/HOSPICE to attend **CAMP CHRYSALIS**. I agree to indemnify and hold harmless VNA/Hospice for any and all claims, demands, actions and judgments whatsoever of every name and nature, both in law and equity, which my child ever had or now has or may have against VNA/Hospice for all personal injuries, either physical or emotional, known or unknown, and injury to property, real or personal, sustained by my child's person or property during his or her attendance at **CAMP CHRYSALIS**, including but not limited to, injury by or arising from VNA/Hospice's own negligence.

I, the undersigned, have read this release and understand all of its terms.

Parent/Legal Guardian Signature

Date

Printed Name of Parent/Legal Guardian

PHOTOGRAPHIC/VIDEO CONSENT AND RELEASE

I do hereby consent and agree that the Visiting Nurse Association of the Treasure Coast Inc., its employees or agents have the right to take photographs or record video of me (and/or my property) and to use these in any and all media, now or hereafter known, and for any purpose whatsoever. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to the Visiting Nurse Association of the Treasure Coast Inc., its agents and employees all rights to exhibit this work in print and electronic form publicly or privately for marketing purposes. I waive any rights, claims or interest I may have to control the use of my identity or likeness in the photographs and agree that any uses described herein may be made without compensation or additional consideration of me.

I represent that I am at least 18 years of age, and have read and understand the foregoing statement, and am competent to execute this agreement.

Name of Camper: _____

Parent/Legal Guardian Signature

Date

Printed Name of Parent/Legal Guardian

CELL PHONE/ELECTRONIC DEVICE POLICY

Camp Chrysalis is a **No Cell and Electronic Device Phone Zone**. In order to protect campers' privacy, the VNA does not allow campers to possess cell phones and/or electronic devices at Camp Chrysalis.

We want campers to focus on connections being made at camp. However, be assured, that Camp Counselors will not hesitate to call if there is a major concern with your child. Counselors will also be available at the end of the day to provide feedback regarding your child's experience at Camp.

Camp staff will be equipped with phones in the event that communication with your camper is necessary. You will receive contact phone numbers at Camp sign-in.

Name of Camper: _____

Parent/Legal Guardian Signature

Date

Printed Name of Parent/Legal Guardian

THE CAMPER'S PLEDGE

I want to come to Camp Chrysalis to have FUN, to meet other grieving kids and to learn more about my grief.

Camper's Signature/Date

I promise that I will cooperate with the camp counselors, respect the feelings and property of other campers and obey the Camp Rules.

Camper's Signature/Date

Parent/Guardian's Signature/Date