



Camp Jamie Day Camp

Dear Parent/Guardian,

Thank you for your interest in Camp Jamie, Day Grief Camp. Enclosed you will find an application packet for camp, which will be held on **Saturday September 24th 2022**.

Please complete and return the entire packet by **Friday September 9th, 2022** and either bring/mail to 1 Frederick Health Way, Frederick, MD 21701 or email to griefsupport@frederick.health

We will be conducting phone interviews to help with the referral process.

Camp Jamie Day Grief Camp will be held at **ThorpeWood Retreat Center at 12805 Mink Farm Rd, Thurmont, MD 21788**. Transportation to ThorpeWood by bus will be available. We will be asking that all bus riders arrive at our campus located at 1 Frederick Health Way by 9:00AM on Saturday, September 24th, 2022, and that all campers using private transportation arrive by 9:45AM at the main lodge at ThorpeWood.. We are requesting that all guardians then return to ThorpeWood at 4:00PM to have dinner and join your camper in our memorial closing ceremony.

This one-day camp is designed to gently teach coping skills and help build self-esteem and trust. It also offers a safe, comfortable environment for children to express their grief. Through interactions with other children, adults, nature, and animals, the children experience the universality of loss and learn that they are not alone in their grief.

Licensed and trained counselors, as well as trained staff and volunteers, are part of the day camp experience, leading both large and small groups on issues such as sharing feelings, building trust, and memorializing loved ones through creative expression.

All of the participants will also experience the Equine Learning Program designed to build self-confidence, teamwork, and trust. Many other recreational activities are built into this weekend, making it a real camp experience. The children will enjoy hiking, arts and crafts specifically designed to help them in their grieving process, and making s'mores!

A day camp is just a small time frame, but we know we can truly make a difference in the life of a child in this short time period. The intention is to lay the foundation of communication, knowledge, and coping skills, upon which families can continue to build.

Please feel free to contact us at 240-566-3030 or griefsupport@frederick.health if you have questions.

Thank you,
The Bereavement Team

Camp Jamie Camper Application

Today's date _____

Referral Source _____

Camper's Name _____
Last First Middle

Nickname (if any) _____

In the morning, will your camper be transported via (circle one): BUS PRIVATE TRANSPORT

Camper's preferred pronouns _____

Camper's t-shirt size (circle one)

Youth S M L XL

Adult S M L XL 2XL

Has the camper been fully COVID vaccinated (circle one)? YES NO

Home Address _____

City _____ State _____ Zip _____ County _____

Age _____ Date of Birth _____ Sex _____

Parent's/Guardian's Name _____

Daytime Phone # _____ Evening Phone # _____

Email Address _____

Siblings:	Name	Age
	_____	_____
	_____	_____
	_____	_____

Has the child attended Camp Jamie in the past? _____ If so, when? _____

Has the child attended any bereavement camp in the past? If so, when and where?

Number of parents/guardians who will be attending the second half of camp (at 4 pm) _____

Name(s) and any dietary restrictions:

PERSON TO CONTACT IN THE EVENT OF AN EMERGENCY

NAME _____ RELATIONSHIP TO CHILD _____

DAYTIME PHONE # _____

CELL PHONE # _____

Please attach a photo of your child to the application.

Bereavement history

1. Name of the person(s) who died _____
2. Relationship to the child _____
3. Date of death _____ Age of deceased at time of death _____
4. How did this person(s) die? _____
5. Was the child present at the time of death? _____

Explain circumstances

6. How did the child respond when they witnessed the death/received news of the death?

7. Did the child attend the funeral/memorial service? If no, why not?

8. Please explain how the child indicates that they are still grieving

9. Has the child received any professional support (i.e. psychologist, psychiatrist, school counselor, support group, etc.)? If so, how long was the professional support provided?

10. Has the child experienced any other deaths? If so, please explain

11. Have there been any other changes/stressors in the child's life (i.e. divorce, illness, relocation, etc.)?

If so, please explain

About The Child

1. List three to five words that describe the child:

2. List some activities/hobbies the child enjoys most:

3. What are the child's strengths:

4. What motivates the child? What discourages the child?

5. What hopes and goals do you have for the child at camp?

6. Is there any other important information you would like to share about the child?

Behavior/Physical/Medical

Does the child have any of the following? (please circle one)

- | | | |
|--|-----|----|
| 1. Sleep disorders (i.e. sleep walking, bed wetting, etc.) | YES | NO |
| 2. Eating disorders | YES | NO |
| 3. Poor school attendance | YES | NO |
| 4. Poor grades | YES | NO |
| 5. Lack of social skills | YES | NO |
| 6. Difficulty getting along with peers | YES | NO |
| 7. Difficulty getting along with adults | YES | NO |
| 8. Difficulty getting along with family | YES | NO |
| 9. Behavior problems | YES | NO |
| 10. Physical limitations | YES | NO |
| 11. Allergies | YES | NO |
| 12. Asthma | YES | NO |
| 13. Dietary restrictions | YES | NO |
| 14. Convulsions/seizures | YES | NO |
| 15. Diabetes | YES | NO |
| 16. Frequent ear infections | YES | NO |
| 17. Hearing impairment | YES | NO |
| 18. Motion sickness | YES | NO |
| 19. Nosebleeds | YES | NO |
| 20. Wears glasses/contacts | YES | NO |
| 21. Medications taken on a regular basis | YES | NO |
| 22. Other _____ | | |

Camper Release of Liability

I understand and agree that Frederick Health Hospice, Frederick Health, and Frederick Health's Board of Directors, Officers, Employees, and Volunteers are released from any legal responsibility and/or liability for negligence arising out of any accidents or illnesses which occur while the child listed below attends Camp Jamie.

Name of Child _____

Parent/Guardian signature

Date

Camper Publicity Permission

Upon occasion, videotaping and/or photography may occur during camp activities. This material may be used for future publicity by Frederick Health Hospice, Frederick Health, and Frederick Health's Board of Directors. In addition, with Hospice staff permission and supervision, the news media may wish to photograph, videotape, and/or interview some of the children attending camp. Please sign below if you have no objections to videotapes, photographs, and/or interviews of your child.

Name of Child _____

Parent/guardian signature

Date



Property Use and Program WAIVER AND RELEASE Form

I, the undersigned, as part of my, or my minor child's or children's, participation in any programs or classes offered by ThorpeWood, LLC. (hereinafter "ThorpeWood"), and use of the property and facilities owned by the Merle Thorpe, Jr. Charitable Trust and operated by ThorpeWood, including but not limited to any ThorpeWood overnight programs or classes, do hereby acknowledge my understanding and agreement to the following:

I do hereby understand, acknowledge, consent and agree, as part of the **Frederick Health Hospice, Camp Jamie** program to be held at the ThorpeWood property located in Thurmont, Maryland on **September 25, 2021** (hereinafter the "Program"), which Program I or my minor child or children, as indicated below, has/have applied to attend and participate, that the Program includes activities which may include hiking, fishing, and experiences with the farm animals at the ThorpeWood property and facilities, along with other children enrolled in the Program. By signing below I hereby acknowledge, represent and warrant that I am the parent or legal guardian of the minor child/children noted below, and I do hereby authorize my minor child/children to attend and participate in the Program.

I do hereby further waive, release, discharge and agree to indemnify and hold harmless ThorpeWood, LLC and the Merle Thorpe, Jr. Charitable Trust and its officers, directors, employees, contractors, volunteers, agents and representatives, from and against any and all liability arising out of or incident to me or my minor child's or children's attendance and participation in the Program.

IN WITNESS WHEREOF, I have executed this Waiver and Release as of the date noted below.

WITNESS:

X _____

Print witness name

WITNESS:

X _____

Print witness name

PARTICIPANT

X _____

Print participant name & date

PARENT/LEGAL GUARDIAN

X _____

Print name Parent/Legal Guardian

Date: _____

Print name(s) of minor child(ren)



**Farm Program
WAIVER AND RELEASE Form**

I am aware that being in the presence of farm animals poses potentially serious risks of injury or death to its participants and that my animals or I may be injured or die as a result of my negligence, the negligence of others, or through no fault of mine or anyone else, because of the nature of the activity in which I am going to be engaged. I also understand that farm animals, even the most well-trained, can become unpredictable and difficult to control, and no one can foresee animals' reaction to bee stings, excitement, weather conditions, sounds, movements, objects, persons, animals, and the group dynamics of such situations.

By signing this release and waiver, I understand that I am giving up (waiving and releasing) any right I may have to sue or to make any subsequent claim against ThorpeWood, LLC., the owner of the farm animals, any ride leaders, helpers, their families or any private property owners.

_____ Signature of farm program participant

_____ Printed name

_____ Signature of parent/guardian
(if rider is under the age of 18)

_____ Printed name of parent/guardian

_____ Emergency contact information

_____ Date