



HOSPICE OF CHARLESTON, INC.

Shannon's Hope Camper Information

(To be completed by camper)

Your Name _____ Age _____

What are your favorite school subjects? _____

What are your favorite hobbies or crafts? _____

Do you play a musical instrument? If so, what? _____

Who are your favorite entertainers? _____

What is your favorite kind of music? _____

Do you have any brothers or sisters? If so, list their names & ages? _____

Are there any special things we should know about you? _____

How did you feel when your loved one died? _____

How do you feel about spending the night away from home? _____

Why do you want to come to Shannon's Hope? _____



HOSPICE OF CHARLESTON, INC.

Shannon's Hope Camper Information

(To be completed by parent or guardian)

Child's Name _____

If parent/guardian not available in emergency, notify:

Name _____ Relationship to Child _____

Street Address _____
Street, City, State, Zip Code

Phone Number Home: _____ Work: _____

Insurance Information (to be completed by parent/guardian)

Is camper covered by health insurance? YES NO

If yes, please provide the following:

Name of Insured _____
First Middle Last

Social Security # of Insured _____

Name of Insurance Company (Claims) _____

Address of Insurance Company _____
Street, City, State, Zip Code

Phone Number of Insurance Company (include area code) _____

Policy # _____ Insurance Agent _____

Name of Employer providing coverage _____

Address of Employer providing coverage _____
Street, City, State, Zip Code



Shannon's Hope Parent/Guardian Consent

I hereby affirm that I am the Parent or Legal Guardian of

Child's Full Name

In the event that I cannot be reached or be present, I hereby authorize the Camp Coordinator of Shannon's Hope, or his agent, to execute any and all documents including any necessary releases in my behalf which might be required by any medical facility to perform any emergency care on account of any accident or illness or incurred by my child while attending Shannon's Hope Camp.

I further agree that in consideration of my child attending Shannon's Hope Camp, I will hold the said Shannon's Hope Camp and Hospice of Charleston, Inc. harmless from any action by me or my child on account of any injury or damage sustained or suffered by my child while attending Shannon's Hope Camp, and hereby waive any right of legal action against Shannon's Hope Camp and Hospice of Charleston, Inc.

I hereby consent to the use by Hospice of Charleston, Inc. of any photographs, videotape, or artwork from Shannon's Hope Camp of the aforementioned child for reproduction in any form including advertising, illustration, presentation, or publication. I further consent to the distribution of group photos in which my child participates to other children attending Shannon's Hope Camp.

Signature of Parent or Legal Guardian _____

Relationship to Child _____

Date _____



Shannon's Hope
Camper Medical Information
(To be completed by parent/guardian or physician)

Child's Name _____ Age _____ Birthdate _____ Male/Female

Parent/Guardian's Name _____ Relationship to Child _____

Physician's Name _____ Phone Number _____

Please fill out the following with as much detail as possible (use back of form if necessary)

Allergies (types & reactions) _____

Immunization: Date of last Diphtheria - Tetanus or Tetanus Booster (must be current) _____

Operations or serious illness (dates) _____

Chronic or recurring illness (i.e. ear/throat infections, asthma, headaches, diabetes, seizures, hyperactivity)

Recent Illnesses _____

Physical Limitations involving hearing, eyesight, mobility (be specific) _____

Table with 4 columns: Med Name, Dosage, Time Given, Reason

MEDICINES

ALL medications will be turned into the Camp Nurse upon registration & they will be dispensed by the Camp Nurse ONLY.

May you child take Tylenol or Advil if needed? Please circle & initial one: YES _____ NO _____



HOSPICE OF CHARLESTON, INC.

Recommendations & Restrictions while at camp (please be specific)

Special Diet (list foods & reasons) _____

Physical Activities (i.e. athletics, running) _____

Other _____

Signature of Parent or Legal Guardian _____

Date



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(To be completed by parent or guardian)

Any recent changes in environment (home, school, work)? _____

Any problems/concerns with child? Please check any of the following that apply and explain below.

- | | | |
|--|----------------|---------------------------|
| _____ Behavior at home | _____ Anger | _____ Behavior at school |
| _____ Change in relationship with family | _____ Attitude | _____ Grades |
| _____ Moods & emotions in family | _____ Fear | _____ Problems with peers |
| _____ Sleep disorders | _____ Shock | |
| _____ Use of drugs or alcohol | _____ Sorrow | |

Explain: _____

Why do you feel this child should attend Shannon's Hope?

Has the child ever spent the night away from home?

Is there anything else that you feel is important for us to know?



Shannon's Hope Camper Information

(To be completed by parent or guardian)

Child's Name _____ Male / Female

Age _____ Birthdate _____ T-shirt Size _____ Youth / Adult

Mailing Address _____

Phone Number _____

School Child Attends _____ Grade _____

Parent/Guardian's Name _____

Relationship to Child _____

Mailing Address (if different from above) _____
Street, City, State, Zip Code

Phone Number Home: _____ Work: _____

Family Member/ Friend who Died	Relationship to Child	Date of Death	Circumstances of Death (i.e. illness, accident)	Child's Reaction to the Death

Who lives at home with child? Name	Relationship to Child	Age	
_____	_____	_____	Male / Female
_____	_____	_____	Male / Female
_____	_____	_____	Male / Female
_____	_____	_____	Male / Female