

Please list other household members:

Name	Age	Relationship	Name	Age	Relationship

What is the primary language spoken in the home? _____

Has this child ever spent the night away from relatives and/or home? Yes No

Do you or your child have concerns about your child coming to camp? Yes No

If yes, please explain: _____

What would you like your child to gain by attending camp? _____

Has your child said or done anything that has concerned you? Yes No

If so, please explain: _____

Please check and explain any of the following behaviors that you have seen in your child (explain if needed)

- | | |
|---|---|
| <input type="checkbox"/> Anger _____ | <input type="checkbox"/> Depression _____ |
| <input type="checkbox"/> Nightmares _____ | <input type="checkbox"/> Lying _____ |
| <input type="checkbox"/> Stealing _____ | <input type="checkbox"/> Run away from home _____ |
| <input type="checkbox"/> Mentioned suicide _____ | <input type="checkbox"/> Cause harm to others _____ |
| <input type="checkbox"/> Caused harm to self _____ | <input type="checkbox"/> Cause harm to property _____ |
| <input type="checkbox"/> Fears _____ | <input type="checkbox"/> Regression (i.e. bedwetting, baby talk): _____ |
| <input type="checkbox"/> Using drugs or alcohol _____ | <input type="checkbox"/> Promiscuity _____ |
| <input type="checkbox"/> Breaking the law _____ | <input type="checkbox"/> Other: _____ |

Please list any other recent losses, changes, or stressors in your child's life (divorce, illness, move, finances):

Has your child and/or family received counseling in relation to this loss? Yes No

Counselor's Name: _____

Please list any special needs that your child has (ADD, ADHD, non-ambulatory, etc.):

Does your child have any medical or health problems? Yes No

If yes, please explain: _____

Does your child have any conditions, medical issues, etc. that might prevent or limit their activities at camp (games, time outdoors, etc.)? Yes No

If yes, please explain: _____

Is your child currently taking any medications? Yes No

If yes, please list: _____

Any additional comments or things we should know about your child:

PLEASE COMPLETE THE SECTION RELEVANT TO YOUR CHILD'S GRIEF EXPERIENCE(S)

PLEASE COMPLETE IF YOUR CHILD'S LOSS IS DUE TO SEPARATION OR DIVORCE:

Are the child's parents:

Separated, How long? _____ Divorced, How long? _____

How often does the child see the parent(s) not living in the home? _____

What type of relationship does your child have with the parent(s) not living in the home? _____

Do you freely discuss the separation/divorce? Yes No

If not, please explain: _____

PLEASE COMPLETE IF YOUR CHILD'S LOSS IS DUE TO DEATH:

Name of person who died: _____ Relationship to child: _____

Date of death: _____ Nature of the death: Illness _____

Accident _____ Other _____

How did you explain this death to your child? _____

Did your child attend the funeral service? Yes No

If not, please explain: _____

Do you freely discuss the deceased? Yes No

If not, why not? _____

Do you discuss the loss/death now? Yes No

If not, why not? _____

PLEASE COMPLETE IF YOUR CHILD'S LOSS IS DUE TO INCARCERATION:

Name of person is incarcerated: _____ Relationship to child: _____

Date of incarceration: _____ Expected time of release: _____

How did you explain this to your child? _____

PLEASE COMPLETE IF YOUR CHILD'S LOSS IS DUE TO DEPLOYMENT:

Name of person deployed: _____ Relationship to child: _____

Date of deployment: _____ Expected return: _____

Has person been deployed before, if so when and how long? _____

How did you explain this to your child? _____

How did you hear about Camp Courage? School counselor Friend Newspaper Past Participant Church

Other _____

HAVE THE CHILD COMPLETE THIS SECTION:

Write why you want to attend Camp Courage: _____

SIGNATURE of PARENT/GUARDIAN _____ Date _____