Camp Erin® East TN - Lakeway Area
Camper Application

Camp will be held from **Friday, March 14 - Sunday, March 16, 2025,** at Camp Carson in Newport, TN.

Friends of Hospice will be hosting Camp Erin East TN - Lakeway Area. This is a transformational weekend camp specifically designed for kids and teens, ages 6-17, who have experienced the death of a significant person. Camp Erin combines traditional, fun camp activities with grief education and emotional support, free of charge for all families. Led by grief professionals and trained volunteers, Camp Erin provides a unique opportunity for youth to increase levels of hope, enhance self-esteem, and especially learn that they are not alone.

Campers will be chosen on a first-come, first-serve basis, with priority given to new campers*. Camp space is limited.
**Campers that have previously attended Camp Erin or Camp H.U.G.S. will automatically be added to the waitlist. Please verbally inform thestaff if your child has experienced a significant death since attending.*

For more information, please call 423-586-5284, or go to www.hospicefriends.org/camperin ***Submission of this application does not constitute acceptance into Camp Erin.***

CAMPER INFORMATION (**COMPLETE A SEPARATE APPLICATION FOR EACH CAMPER**). PLEASE PRINT OR WRITE LEGIBLY

Camper's First Name:_____**Last Name:**_____

Age *(as of Oct. 4, 2025)* ____ **Date of birth** *(MM/DD/YYYY)*: _____ **Grade:**_____

My Camper should be placed in the following cabin : **Male** **Female** (Please circle preference)

School name:_____

Siblings (list names/ages)**:**_____

_____

T-shirt size ***(Adult sizes. circle one)*:** **Small Med Large X-Large 2X 3X 4X**

Race/Ethnicity *(Check all that apply.)*:
☐ African American/Black ☐ Native American ☐ Asian ☐ Caucasian/White ☐ Pacific Islander
☐ Hispanic/Latino ☐ Multi-Racial ☐ Not Listed:_____

PARENT/LEGAL GUARDIAN: Any parent/legal guardian listed on this form can receive information about the program and about the camper. *(If legal guardian(s) is not the biological parent, please provide custodial paperwork)*

(1) First Name:_____**Last Name:**_____**Relationship to camper:**_____

Phone: Cell: (____)_____ **Home**: (___)_____

E-mail address *(watch for important updates)*:_____

Mailing address:_____

City:_____ **State:**_____ **Zip:**_____

(2) First Name:_____**Last Name:**_____**Relationship to camper:**_____

Phone: Cell: (_____)_____ **E-mail address:**_____

Mailing address:_____

City:_____ **State:**_____

Camper's Name:_____

BEREAVEMENT HISTORY

Has the camper ever attended Grief Camp before? ☐ Yes *(specify year)* _____ ☐ No

How did you hear about Camp Erin? *(check all that apply)*
☐ Advertisement ☐ Counselor ☐ School ☐ Web ☐ Church ☐ Other:_____

Name(s) of significant person(s) who died:_____

Relationship(s) to camper:_____

What did the camper call their person(s):_____

Date(s) of death:_____ **Age(s) of deceased at time of death:**_____

What was the cause(s) of death:_____

What does the camper know about the death:_____

_____

Was the death anticipated? ☐ Yes ☐ No

Was the camper present at the time of death? ☐ Yes ☐ No

Was the deceased a significant caregiver of the camper? ☐ Yes ☐ No

Did the camper attend the funeral/memorial service? ☐ Yes ☐ No
If YES, what were your camper's reactions to the service? If NO, was there a reason they did not attend?

_____

_____

Do you and the camper talk about the deceased? ☐ Yes ☐ No

Did the camper receive counseling/grief support before or after the death? ☐ Yes ☐ No
If yes, please specify services received and length of service:

_____

Describe the relationship between the camper and the deceased (e.g., saw each other every day; visit twice a year)**:**

_____

What have you observed that indicates your camper is grieving?_____

_____

Has the camper experienced any other deaths? *(e.g., pets, distant relative)* ☐ Yes ☐ No
If yes, please specify the deaths and describe the impact on the camper: _____

_____

Camper's Name:_____

CAMPER BEHAVIOR

Has the camper exhibited any of the following behaviors in the last two months? *(Check all that apply.)*

☐ Depression ☐ Special fears ☐ Lying ☐ Stealing ☐ Destruction of property
☐ Run away from home ☐ Discussed suicide ☐ Regression ☐ Nightmares ☐ Ongoing sleep disturbance
☐ Harmed self ☐ Harmed others ☐ Behavior problems at home ☐ Behavior problems at school
☐ Drug/alcohol use ☐ Unusual/inappropriate sexual behavior ☐ Other ☐ None

Please provide more information about the behaviors checked above: _____

_____

Describe any other changes/stresses in the camper's life. *(e.g., divorce, illness, moves)* _____

_____

Have you noticed a change in the camper's friendships or peer relationships? ☐ Yes ☐ No
If yes, please specify:_____

_____

Has the camper's behavior, things they have said or done concerned you lately? ☐ Yes ☐ No
If yes, please specify: _____

_____

Does the camper have any triggers that upset them? *(e.g., specific noise, smell, words, etc.)* ☐ Yes ☐ No
If yes, please specify: _____

_____

Has the camper ever been involved with the juvenile justice system? ☐ Yes ☐ No
If yes, (check all that apply)

☐ Arrested ☐ Held in juvenile detention ☐ Placed on probation
☐ Went to court ☐ Involved for status offense (ex. Truancy, runaway, ungovernable)
☐ Other

If yes, please provide more information about the items checked above: _____

_____

CAMP INFORMATION

Have you and the camper talked about him/her coming to Camp Erin? ☐ Yes ☐ No

What, if any, concerns do YOU have about the camper coming to camp?_____

_____

What, if any, concerns do YOUR CAMPER express about coming to camp?_____

_____

Camper's Name:_____

Has the camper ever…

spent a night away from home?	☐ Yes	☐ No
spent a night away from home since the death?	☐ Yes	☐ No
spent a night away from home since quarantine?	☐ Yes	☐ No
attended a day camp?	☐ Yes	☐ No
attended an overnight camp?	☐ Yes	☐ No

Is there anything we should know about the camper's religious beliefs or faith practice? _____

_____

Is there anything else we should know to better serve the camper? _____

_____

_____

DEMOGRAPHICS

(This information will be used for grant applications, research projects, and to better serve the community. The following questions are optional and not used to determine acceptance. This information is used to better meet the needs of the communities we serve and gain critical funding to continue offering Camp Erin free of charge. Your personal information is kept confidential.)

In the last year did you or anyone in your family qualify for any government assistance program?

☐ **Yes** ☐ **No** ☐ **Prefer not to answer**

Was the deceased an active, reserve, or National Guard military member or military veteran? ☐ Yes ☐ No

*If so, who and what branch?*_____

Is the camper's parent/guardian an active, reserve, or National Guard military member or military veteran? ☐ Yes ☐ No

*If so, who and what branch?*_____

CAMPER MEDICAL INFORMATION

Please fill out everything to the best of your knowledge. Camp staff and/or camp nurse may call to follow up. The following information will be reviewed with the parent/guardian and the camp nurse the first day of camp at check-in.

EMERGENCY CONTACTS: Please list **three people other than parents/guardians** to contact in case of emergency at camp**:**

(1) **Emergency contact #1 full name:**_____**Relationship to camper:**_____

Phone: **Cell**: (_____)_____**Home**: (_____)_____

(2) **Emergency contact #2 full name:**_____**Relationship to camper:**_____

Phone: **Cell**: (_____)_____**Home**: (_____)_____

(3) **Emergency contact #3 full name:**_____**Relationship to camper:**_____

Phone: **Cell**: (_____)_____**Home**: (_____)_____

Camper's Name:_____

Camper's Regular Physician Name:_____**Phone:** ( )_____

Is the camper currently under the care of a counselor/mental health professional? ☐ Yes ☐ No

If yes, Name:_____ Phone: ( )_____

Does the camper have any of the following medical concerns: *(Check all that apply)*

☐ Physical Limitations
☐ Asthma
☐ Convulsions/Seizures
☐ Speech impairment
☐ Other
☐ Diabetes
☐ Dietary Restrictions
☐ Medical Sleep Problems
☐ Vision Impairment
☐ No Medical Concerns
☐ Motion Sickness
☐ Nosebleeds
☐ Hearing Impairment
☐ Long-term illness

Please provide more information about the medical concerns checked above: _____

_____

Is the camper allergic to anything? *(Please specify to what, severity, and reaction below)* ☐ Yes ☐ No

Allergies to medication:_____

Food allergies:_____

Plant allergies:_____

Animal/insect allergies:_____

Other allergies:_____

Does your camper use an EpiPen? *If yes, please bring to camp.* ☐ Yes ☐ No

Has the camper been fully vaccinated against COVID-19? ☐ Yes ☐ No ☐ Prefer not to answer.
This is for contact tracing purposes and will not affect acceptance status.

Any dietary restrictions? *(Vegetarian, gluten free, etc.)* _____

_____

Has the camper had any serious or chronic illness? ☐ Yes ☐ No
If yes, please specify:_____

_____

Does the camper have any known physical, mental, or social difficulties which may affect participation and/or for which consideration should be given? ☐ Yes ☐ No
If yes, please specify:_____

_____

Camper's Name:_____

Does the camper's activity need to be restricted in any way? ☐ Yes ☐ No

If yes, please specify:_____

CAMPER MEDICATION INFORMATION

Does your camper currently take any long-term medications? ☐ Yes ☐ No

If yes, please list all of your camper's current long-term medications. We understand that these might change before camp.
ALL MEDICATIONS MUST BE IN THE ORIGINAL CONTAINER WITH THE CAMPER'S PRESCRIPTION WHEN ARRIVING AT CAMP.

(1) Name of medication:_____**Used for:**_____

To be taken at:_____ **Dosage:**_____**Prescription or OTC:**_____

Other Information:_____

(2) Name of medication:_____**Used for:**_____

To be taken at:_____ **Dosage:**_____**Prescription or OTC:**_____

Other Information:_____

(3) Name of medication:_____**Used for:**_____

To be taken at:_____ **Dosage:**_____**Prescription or OTC:**_____

Other Information:_____

(4) Name of medication:_____**Used for:**_____

To be taken at:_____ **Dosage:**_____**Prescription or OTC:**_____

Other Information:_____

By signing below, I am certifying that all information in this application to be true, complete, and correct to the best of my knowledge and belief. I am also certifying that I am the legal parent/guardian of the above-named camper, known in this form as 'camper' or 'child.'

I am also authorizing Eluna and Friends of Hospice to contact me by phone, text, and email regarding mychild and with information about Camp Erin. I understand that there will be more forms to fill out and a family interview prior to my child's acceptance into Camp Erin East TN - Lakeway Area.

NAME OF PARENT OR LEGAL GUARDIAN (Printed):_____

SIGNATURE OF PARENT OR LEGAL GUARDIAN:_____

DATE:_____/_____/_____ **RELATIONSHIP TO CAMPER:**_____

Camper’s Name:_____