



406-755-6760 • PO Box 7896 • Kalispell, MT 59904 • goodgriefcamp.org • goodgriefcamp@gmail.com

FOR THE **EXPRESSION & HEALING** OF GRIEF

Good Grief Camp Camper Intake Survey

(To be completed by Camper/Parent/Guardian)

This information is **STRICTLY CONFIDENTIAL**. Please answer the following questions with your camper. By providing this information, you are assisting us in keeping Good Grief Camp safe and beneficial for all who participate.

Please complete requested information, sign and return application to: PO Box 7896, Kalispell, MT 59904
or email to: goodgriefcamp@gmail.com

Date of Application: _____

Name of Camper (First, Last): _____

Age (6-12): _____ Shirt size: _____ adult youth

What name does the camper like to be addressed: _____

Name of Guardian(s): _____

Phone Number(s): _____ Work (If ok to contact): _____

Email: _____

Address: _____

City, State, Zip: _____

Insurance Company (For grant writing purposes only): _____

Name of school camper attends: _____ Religious preference: _____

Has the camper been away from home before? Yes No

Has the camper been at Good Grief Camp before? Yes No If Yes, how many times? _____

Name of loved one(s) who died: _____

Relationship(s) to camper of the person who died? _____

How old was the camper at the time? _____

Anything else to share about the death experience / circumstances / effect on the camper? _____

Any worries/concerns coming to camp? _____

What do you hope the camper will gain from this camp? _____

How does the camper show respect to others? _____

How can others show respect to the camper? _____

What are the camper's special talents/ skills/ interests (musical, artistic, sports, outdoors, etc.) _____

Anything else to share about the camper or additional comments? _____

Good Grief Camp Photo Consent for Campers

Good Grief Group will have photography activities and there will be volunteers taking pictures that will be used for their scrapbook that each camper will take home to remember their time at camp and share their experiences with family, friends, and others. I understand that photos may be taken home by campers and/or used as training tools, for the purpose of fund raising, and/or promotional uses for Good Grief Group.

- I give my permission to have my child's pictures taken as part of the camper's photography activities and creating scrapbooks for campers.
- I do NOT give my permission to have my child's pictures taken as part of the camper's photography activities and creating scrap books for campers.
- I give my permission to have my child's pictures taken as part of the use for training tools, for the purpose of fund raising, and/or promotional uses for Good Grief Group.
- I do NOT give my permission to have my child's pictures taken as part of the use for training tools, for the purpose of fund raising, and/or promotional uses for Good Grief Group.

Parent/Guardian Signature: _____ Date: _____

Please check all that applies to the camper:

History of physical abuse History of running away History of bed wetting

History of sexual abuse History of sleep walking

History of destructive behavior to: self others property

If your child is seeing a mental health professional, could a member of the camp team contact that therapist if necessary? Confidentiality will be maintained at all times. Please sign the attached release of information. Please provide their name and contact information:

Therapist's Name: _____ Phone: (____) _____

Good Grief Camp Camper Liability Release and Medical Treatment Consent

In consideration for (Camper's Name) _____ to participate in Good Grief Camp on date(s) _____ at _____

and understanding that there exists a risk of personal injury during such event, I hereby allow my son/daughter/ward to participate in Good Grief Camp and release Good Grief Group, officers and volunteers from any and all liability claims, injury, damage and demands that may occur as a result of their participation in Good Grief Camp. Furthermore, the under signed expressly agrees to indemnify and hold harmless Good Grief Group, it's officers and volunteers against loss from any and all further claims and actions that may hereafter at any time be brought by my son/daughter/ward for the purpose of enforcing a claim for damage on account of injuries sustained by reason of son/daughter/ward medical treatment as needed.

This release shall be binding upon my heirs and personal representative of the undersigned.

Parent/Guardian Signature: _____ Date: _____

Please print signed name: _____

Good Grief Camp Understanding of Behavior Consequences

I understand I may get “Time Out” for the following behaviors:

- Refusing to participate (unless permission from someone in authority)
- Refusing to do assigned chores
- Being in an out of bounds area
- Leaving an assigned area without permission
- Inappropriate language
- Refusing to follow requests from adults

Time out will be with an adult in clear view of other campers and staff.

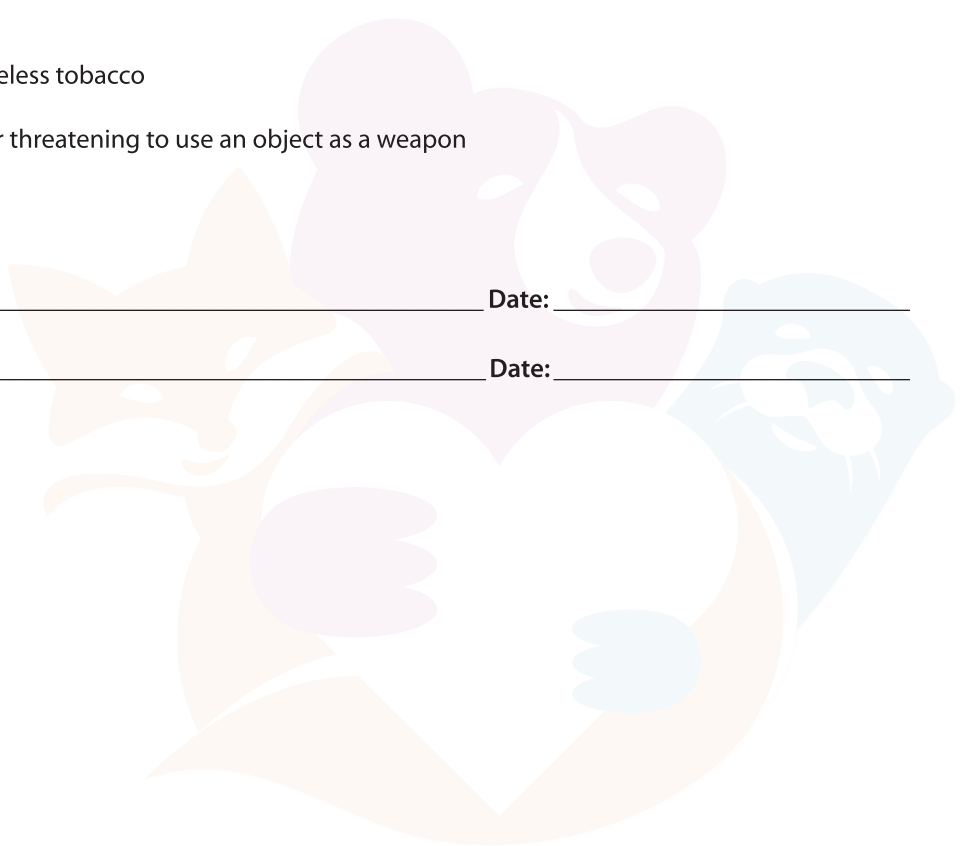
Sometimes one-on-one attention may be needed to help with behavior concerns.

I understand my family will be called and I may have to leave Good Grief Camp for the following behavior incidents:

- Running away
- Stealing
- Intentionally starting a fire
- Destructive behavior to self, others or property
- Inappropriate touching
- Having or using drugs, cigarettes or smokeless tobacco
- Having a weapon such as a knife or gun or threatening to use an object as a weapon
- Refusing to accept assigned “time outs”

Parent/Guardian Signature: _____ Date: _____

Camper Signature: _____ Date: _____



THANK YOU

For completing this application and especially for gifting us your children for camp!