

The Good Grief Group P.O. Box 7896

Kalispell, MT 59904

Tax ID# 82-1337890

• goodgriefcamp.org • goodgriefcamp@gmail.com 406-755-6760

Combining the healing elements of nature with activities that provide a safe outlet for the expression of a child's grief.

## Good Grief Camp Camper Intake Survey To be completed be 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. Thank you!

Name of Camper:Age:Shirt Size: What name does the camper like to be addressed?					
Name of Guardian(s):					
Address:					
Phone numbers(s): Home: Cell: Work (If ok to contact):					
Name of school camper attends:Religious Preference:					
las the camper been away from home before? YesNo					
Has the camper been at Good Grief Camp before YesNo 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	?
Please check all that applies to the camper:  History of Physical Abuse History of R History of Sexual Abuse History of sl History of destructive behavior to self/ others or	leep Walking
******************  If your child is seeing a mental health professional, coul necessary? Confidentiality will be maintained at all time. Please provide their name and contact information:	ld a member of the camp team contact that therapist if
Therapist's Name:	Phone:( )
Parent/Guardian Signature:	Date:
*************	**************
•	se and Medical Treatment Consent
To be signed by	y parent/guardian
and demands that may occur as a result of their particip expressly agrees to indemnify and hold harmless Good	Lake Lutheran Camp and understanding that there aby allow my son/daughter/ward to participate in Good I volunteers from any and all liability claims, injury, damago action in Good Grief camp. Furthermore, the under signed Grief Group, it's officers and volunteers against loss from ter at any time be brought by my son/daughter/ward for it of injuries sustained by reason of son/daughter/ward
Signature of Parent/Guardian	Date
Please print signed name	

## Good Grief Camp Photo Consent for Campers To be signed by Parent/ Guardian

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 photography activities and creating scrapbooks for campers.	part of the camper's		
	_ 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 NUT give my permission to have my child's pictures taken as patools, for the purpose of fund raising, and/or promotional uses for	U		
	Signature of Parent/Guardian	Date		
*********************				
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 (musica	al, artistic, sports, outdoors, etc.}
Anything else to share about the camper or additional comme	nts?
Parent/Guardian Signature -	Date

Thank you for completing the application and especially for gifting us your children for camp!!

## **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
- Inappropriate touching
- Have or using drugs or 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"

Signature of Parent/ Guardian	Date
Signature of Camper	Date