



at
Camp Caraway
April 6, 2019
9:00am-3:00pm

Children's Bereavement Event
Enrollment Application

Call (336) 672-9300 with questions or for information.

Mail completed application with \$10 registration fee to:

Hospice of Randolph County

PO Box 9

Asheboro, NC 27204

~or~

Contact 336-672-9300 for other arrangements, or to pay by credit/debit.

Financial Assistance is available; Please contact us to discuss needs.

Caterpillar's Quest is a bereavement event for children, grades K-6. Any child who has experienced the loss of a loved one is invited to attend. Participants will learn about ways to cope with grief and loss, while making new friends and experiencing the excitement of Camp Caraway.

*****IMPORTANT INFORMATION*****

- **\$10 Registration Fee is due at the time of application.** Applications and registration fees for Caterpillar's Quest must be submitted to KidsPath at Hospice of Randolph County **no later than March 13, 2019.**
- Registration scholarships are available as needed. You may contact Kids Path at 336-672-9300 with any questions or for more information.

On the day of Event:

- Registration will begin at 8:30am at **Camp Caraway, 4756 Caraway Mountain Rd, Sophia, NC 27350.**
- Participants should wear clothing that is comfortable, appropriate for outdoor weather, and that they would not mind getting dirty. All participants must wear closed toe shoes and will receive a special event T-shirt when they arrive.
- We will provide lunch, snacks, and water throughout the day. No outside food is allowed for safety.

*****Caterpillar's Quest WILL BE HELD, RAIN OR SHINE*****



(336) 672-9300

Caterpillar's Quest

A Bereavement Event for Children, Grades K-6

Enrollment Application

Participant's Name _____

Date of Birth _____ Age _____ Phone: _____

Address _____

(CITY) (COUNTY) (STATE) (ZIP)

Name of school _____ 2018-19 grade level _____

How did you hear about our Camp? _____

Name of person who died _____ Age _____

Relationship to participant _____ Date of Death _____

Cause of death _____

Was participant present at death? _____ Did they live with the person who died? _____

Please describe their relationship _____

Have there been other changes/ stresses in participant's life (divorce, remarriage, relocation, illness)? _____

Is participant having any specific difficulty in school or in relationships with others? I.e.: inappropriate behavior, aggression, and withdrawal, etc.



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(Enrollment Application Continued)

In addition to the loss described above, what other deaths/losses has the participant experienced and when? _____

What are your expectations of Caterpillar's Quest? _____

Participant's hobbies and interests _____

Has participant been in any grief support or sought counseling? If yes please explain.

Name and ages of other household members _____

Briefly describe participant's personality _____

Participant's T-shirt size (circle):

- | | | | | |
|-------------|--------------|-------------|----------------|-----------|
| Youth Small | Youth Medium | Youth Large | | |
| Adult Small | Adult Medium | Adult Large | Adult X- large | Adult 2XL |

Parent/ Guardian signature _____

Relationship to participant _____

All information is confidential per our policies as explained herein.



(336) 672-9300

Parent/Guardian Consent and Liability Release Form

The undersigned does hereby give permission for our (my) child, _____, to attend and participate fully in the activities of Caterpillar's Quest/KidsPath. We (I), _____, authorize an adult, in whose care the minor has been entrusted, to consent to any X-Ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under general or special supervision and on the advice of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all cost and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

The undersigned also gives permission for their child to ride in any vehicles designated by the adult in whose care the minor child has been entrusted while attending and participating in activities sponsored by KidsPath.

In consideration for being accepted by KidsPath for participation in Caterpillar's Quest activities, we (I) being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child- participating) hereby release, forever discharge and agree to hold harmless Caterpillar's Quest, KidsPath, Hospice of Randolph County, and the directors there of from any liability, claims and demands for personal injury, sickness or death, as well as the damage, and expense of any nature whatsoever which may be incurred by the undersigned and the child-participant in the above described event.

Furthermore we (I) _____ and on behalf of our (my) child participant hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participating in recreation and activities involved therein.

Further, authorization and permission is hereby given to said event to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree(s) to hold harmless and indemnify said event, its directors, employees and agents, for liability sustained by said event as the result of the neglect, willful or intentional acts of said participants, including expenses incurred attendant thereto.

Further should it be necessary for the participant to return to home due to medical reasons, disciplinary action or otherwise, we (I) will arrange for transportation home.

Parent/Guardian signature _____

Date _____

General Confidentiality Policy

Policy: Strict confidentiality of all Caterpillar's Quest bereavement event participant information is to be maintained at all times. Any information received that either directly or indirectly relates to Caterpillar's Quest participants is privileged and not subject to disclosure.

Confidential participant information includes, but not limited to:

- Participant's name
- Scope and nature of concern/loss
- Nature of attendance
- Medical, mental health, substance abuse or developmental disability histories.
- Any information that will be adverse to health, safety, or reputation of the participant's or his /her family or significant other.

I have read, understand, and agree to abide by the Caterpillar's Quest confidentiality policy as stated above. I understand that all information obtained through interview(s) or event visit is considered confidential. I understand that all information that is part of the participant/family record is considered confidential. I agree to respect the principle of confidentiality. Unauthorized disclosure of the confidential information is a crime punishable by the court and/or civil penalties.

Parent/Legal Guardian Signature

Date



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Participant's Health History

A nurse will be on-site during Caterpillar's Quest to administer medication and attend to any medical needs. Please provide the following information regarding your child's Health History and Medications.

Participant Name _____

Hospital Insurance _____ Yes _____ No

Preferred Hospital _____

Insurance Company _____

Policy Number _____ Group# _____ Effective Date _____

Physician Name _____ Phone Number _____

Parent /Guardian Name _____

Address _____

Phone Number(s) _____

If Parent/Guardian is not available in an emergency, contact:

Name _____ Relationship _____

Address _____ Phone _____

Health Conditions (Check), Allergies (Check), Diseases (approx.date):

Frequent ear infections _____ Hay Fever/Sinus _____ Chicken Pox _____

Heart Defect/ Disease _____ Ivy Poisoning, etc _____ Measles _____

Asthma _____ Insect Stings _____ German measles _____

Diabetes _____ Penicillin _____ Mumps _____

Behavior Problems _____ Food _____ (explain below) Hepatitis _____

Epilepsy _____ Other _____

Physical Limitations _____

Please explain any that are checked: _____

Operations or serious injuries: (dates) _____

Chronic/recurring illness (physical, emotional) _____

Any prescribed meal plan, dietary restrictions, or food allergies: _____



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Medication Information

May the Health Care Staff administer Tylenol? () Yes () No

If not, please name an alternative_____

Does participant take any medications? () Yes () No

If yes, please provide information below.

Medication name_____

Dosage/Frequency_____

How administered? (Orally, Injection, etc.)_____

Medication name_____

Dosage/Frequency_____

How administered? (Orally, Injection, etc.)_____

Medication name_____

Dosage/Frequency_____

How administered? (Orally, Injection, etc.)_____

Medication name_____

Dosage/Frequency_____

How administered? (Orally, Injection, etc.)_____

ALL PRESCRIPTION MEDICATIONS MUST BE BROUGHT TO EVENT IN THEIR ORIGINAL CONTAINER FROM THE PHARMACY, PROPERLY LABELED WITH CURRENT DOSAGE. ANY CHANGES FROM THOSE ON THE CONTAINER MUST BE VERIFIED IN WRITING BY A PHYSICIAN. ALL MEDICATION MUST BE TURNED OVER TO THE HEALTH CARE STAFF AT REGISTRATION THE MORNING OF EVENT.

I hereby give my permission to the Caterpillar's Quest medical staff to administer regular medications, or any needed over-the-counter medication and provide on-site care for my child.

Parent/Guardian_____

Date_____



(336) 672-9300

Media and Communications Permission Form

To communicate the Kids Path mission and message, I give permission for Hospice of Randolph County and Kids Path to use photos, videotapes, quotations, stories, artwork, and other artistic expressions of the children and teens served through Kids Path for purposes including but not limited to display boards, social media marketing, event promotions, brochures, newsletters, lectures and training sessions. The names of children and detailed information about children will not be spoken, shared, or printed. By signing this form, I give permission for Hospice of Randolph County and Kids Path to utilize this content without my pre-approval, knowing that it will only be utilized to further the Kids Path mission.

_____ We give permission to the above uses of pictures, photos, artwork, quotations, stories, and videotapes.

_____ We give our permission with the following exceptions:

_____ We do **Not** give permission to any of the above.

Child(ren) Name(s)

Parent/Legal Guardian Signature

Date