



## 2022 CAMP ERIN® Hawaii Camper Application

**CAMP ERIN-Hawaii will be: August 19-21, 2022 (Tentative)**

**CAMPER INFORMATION (FILL OUT A SEPARATE APPLICATION FOR EACH CAMPER) PLEASE PRINT OR WRITE LEGIBLY**

**Camper's name:** \_\_\_\_\_

**Camper prefers to be called:** \_\_\_\_\_ **Sex:**  Male  Female

**Age:** \_\_\_\_\_ **Date of birth (MM/DD/YYYY):** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**School name:** \_\_\_\_\_

**Siblings (list names/ages):** \_\_\_\_\_

**T-shirt size (check one):**  Child S  Child M  Child L  
 Adult S  Adult M  Adult L  Adult XL  Adult 2X  Adult 3X

**PARENT/GUARDIAN:** \_\_\_\_\_ **Relationship to camper:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Phone: Day:** (\_\_\_\_) \_\_\_\_\_ **Eve:** (\_\_\_\_) \_\_\_\_\_ **Cell:** (\_\_\_\_) \_\_\_\_\_

**E-mail address (We use this to communicate important information with you):** \_\_\_\_\_

**What is the best time/way to reach you? (E.g., Afternoon/e-mail):** \_\_\_\_\_

**EMERGENCY CONTACTS: Please list two people other than you to contact in case of emergency at camp:**

**Emergency contact #1 name:** \_\_\_\_\_ **Relationship to camper:** \_\_\_\_\_

**Phone: Day:** (\_\_\_\_) \_\_\_\_\_ **Eve:** (\_\_\_\_) \_\_\_\_\_ **Cell:** (\_\_\_\_) \_\_\_\_\_

**Emergency contact #2 name:** \_\_\_\_\_ **Relationship to camper:** \_\_\_\_\_

**Phone: Day:** (\_\_\_\_) \_\_\_\_\_ **Eve:** (\_\_\_\_) \_\_\_\_\_ **Cell:** (\_\_\_\_) \_\_\_\_\_

**Has camper attended Camp Erin before?**  Yes (specify year/ location): \_\_\_\_\_  No

**How did you hear about Camp Erin** (check all that apply)?

Hospice of Kona  School  Web  Advertisement  Other(specify): \_\_\_\_\_

**BEREAVEMENT HISTORY** (ATTACH EXTRA SHEET IF YOU NEED MORE SPACE)

**Name(s) of person(s) who died:** \_\_\_\_\_

**Relationship(s) to child:** \_\_\_\_\_

**Was this person a significant caregiver of the child/camper primary caregiver?**  Yes  No

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

**What was the cause of death?** \_\_\_\_\_

**Was the death anticipated?**  Yes  No

**Was the child present at the time of death?**  Yes  No

**Did the child attend the funeral/memorial service?**  Yes  No

If yes, what were your child's reactions to/comments about the service? \_\_\_\_\_

**Do you and the child talk about the deceased?**  Yes  No

**Did the child receive counseling or therapy before or after the death?**  Yes  No

If yes, please specify services received, dates and length of service:

**Did the child receive grief support services before or after the death?**  Yes  No

If yes, please specify services received, dates and length of service:

**Describe the relationship between the child and the deceased** (e.g., close, distant): \_\_\_\_\_

**How did the child react to the death?** \_\_\_\_\_

**Describe how the child indicates that he/she is grieving.** \_\_\_\_\_

**Has the child exhibited any of the following behaviors in the last 3 months?** (Check all that apply.)

- |   |  |   |   |  |
|---|--|---|---|--|
| <input type="checkbox"/> Depression         | <input type="checkbox"/> Special fears                         | <input type="checkbox"/> Lying                    | <input type="checkbox"/> Stealing                   | <input type="checkbox"/> Destruction of property   |
| <input type="checkbox"/> Run away from home | <input type="checkbox"/> Discussed suicide                     | <input type="checkbox"/> Regression               | <input type="checkbox"/> Nightmares                 | <input type="checkbox"/> Ongoing sleep disturbance |
| <input type="checkbox"/> Harmed self        | <input type="checkbox"/> Harmed others                         | <input type="checkbox"/> Behavior problems (home) | <input type="checkbox"/> Behavior problems (school) |  |
| <input type="checkbox"/> Drug/alcohol use   | <input type="checkbox"/> Unusual/inappropriate sexual behavior |   |   |  |

If they have exhibited any of these behaviors, have they been addressed by a therapist or doctor? How? \_\_\_\_\_

Has the child experienced any other deaths?  Yes  No

If yes, please specify the deaths and describe the impact on the child:

Describe any other changes/stresses in the child's life in the last 6 months. (e.g., divorce, illness, moving).

Has the child's behavior, things they have said or done concerned you lately?  Yes  No

If yes, please specify:

**CAMP INFORMATION** (ATTACH EXTRA SHEET IF YOU NEED MORE SPACE)

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

What, if any, concerns do you have about the child coming to camp?

What, if any, concerns does the child express? \_\_\_\_\_

<b>Has the child ever:</b>	Spent a night away from home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Attended day camp?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Attended overnight camp?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

List any special interests or hobbies the child has: \_\_\_\_\_

List any dietary restrictions or food allergies the child has (e.g., vegetarian, lactose intolerant, peanut allergy):

List any special medical needs/conditions or physical challenges the child has (e.g., asthma, diabetes, mobility issues): \_\_\_\_\_

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

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

The following questions are used to gather demographic statistics. Please check all that apply.

**Race/Ethnicity**

- African-American     Native American     Asian     Caucasian     Native Hawaiian or Other Pacific Islander
- Hispanic/Latino     Multi-Racial     Other: \_\_\_\_\_

**Would you describe your family as Low income?** Does the youth qualify for or receive free lunch at school?

- Yes     No

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

If so, what branch?

- Army     Navy     Marine Corps     Air Force     Coast Guard     National Guard     Other

**Is either guardian an active, reserve or National Guard military member or military veteran?**     Yes     No

If so, what branch?

- Army     Navy     Marine Corps     Air Force     Coast Guard     National Guard     Other

**NAME (Printed):** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**RELATIONSHIP TO CAMPER:** \_\_\_\_\_

*If submitting application online, we can print it in our office, and you can sign it at the Save-Your-Spot Pizza Party.*

PLEASE RETURN TO:    **Hospice of Kona**  
**PO Box 4130**  
**Kailua-Kona, HI.**  
**96745**

**Email: [info@hospiceofkona.org](mailto:info@hospiceofkona.org)**  
**Office: 808.324.7700**  
**Fax: 808.331.0767**

**[Eluna Guidance on Camp Procedures - 04/18/2022 Updates:](#)**

**Vaccine Recommendation**

Eluna continues to strongly recommend that network partners encourage all staff, volunteers, and campers 5 years old and older complete the COVID vaccination process two (2) weeks prior to attending camp and that all staff, volunteers, and campers 12 years old and older to get the COVID vaccine booster two (2) weeks prior to attending camp.

**Updated Testing Recommendation**

If as defined above, the camp is located in a high COVID transmission community, Eluna recommends that partner organizations conduct rapid COVID tests at or prior to registration of all campers, volunteers and staff.