



Dear Parent or Guardian,

Hospice of North Idaho is proud to offer a unique camp experience to our community's grieving youth. Camp Kaniksu provides an opportunity for grieving children and teens ages 6-16 to participate in a weekend of fun, support, and expression.

Camp Kaniksu is a three-day, two-night camp experience provided under the professional direction and supervision of grief counselors, social workers, and trained volunteers from Hospice of North Idaho. Campers will meet others who have experienced significant loss through the death of someone close. Both structured and non-structured activities are designed to help youth recognize they are not alone in their grief and that having fun is also part of healing. Traditional camp experiences combined with therapeutic activities help bereaved children explore their grief in a safe and supportive environment.

Registration is currently open for Camp Kaniksu. Space is limited to 45 campers. Returning campers are welcome to submit a registration form at any time and will be placed on a waiting list to ensure new campers get priority. Our goal is to serve all children who have experienced a significant loss, therefore returning campers will be contacted by April 15th, 2019 and informed about remaining space available for camp 2019.

Dates for Camp Kaniksu are June 25-27, 2021, at Camp Lutherhaven on Lake Coeur d'Alene. Registrants are responsible for their one transportation to and from camp.

If you are interested in having your child or teen attend camp this upcoming summer, please fill out the attached application and submit it to the Community Support Services Department. You may print and mail it or complete the application online and email it to kronk@honi.org. Once the application is received, a grief counselor will contact you to schedule the pre-camp meeting.

We look forward to meeting you and your child or teen!

Kaylee Kron, LMSW GC-C
Community Support Services Manager and Camp Director
(208) 772-7994

Camp Kaniksu is a free service of Hospice of North Idaho,
although donations are greatly appreciated.

Camper's Full Name _____

IMPORTANT DATES TO REMEMBER FOR CAMP 2019

PLEASE FILL IN AS YOU LEARN ABOUT THESE DATES AT YOUR UPCOMING MEETINGS
AND KEEP WITH YOU FOR YOUR RECORDS

| CAMP REGISTRATION MEETING | DATE | TIME | LOCATION |
|--|------|------|---|
| This will be the first-time meeting with a camp staff member to go over registration form and answer any questions about camp. | | | 2290 W Prairie Ave Coeur d' Alene ID |

| PRE-CAMP GROUP SESSION | DATE | TIME | LOCATION |
|--|------|------|---|
| All campers will be required to attend one pre-camp group session to help them prepare for the camp experience | | | 2290 W Prairie Ave Coeur d' Alene ID |

| CAMP CHECK IN | DATE | TIME | LOCATION |
|---|-----------|--------|---|
| Check in will be when you bring your camper to the camp weekend | 6/25/2021 | 2:30PM | Camp Lutherhaven 3258 W Lutherhaven Rd, Coeur d'Alene, ID 83814 |

| OPENING CEREMONY | DATE | TIME | LOCATION |
|---|-----------|--------|-------------------------------------|
| Parents will be required to stay for an opening ceremony to support their camper(s) | 6/25/2021 | 3:00PM | Amphitheater at Camp Lutherhaven |

| PARENT GRIEF CAMP | DATE | TIME | LOCATION |
|---|-----------|--------|----------|
| As a very special addition to camp this year, we are offering an hour-long training for parents on how to best support their campers following the camp weekend | 6/25/2021 | 3:30PM | Chapel |

| CAMPER PICK UP | DATE | TIME | LOCATION |
|--|-----------|---------|---|
| Following the camp weekend, parents will be responsible for picking up their child | 6/27/2021 | 12:00PM | Camp Lutherhaven 3258 W Lutherhaven Rd, Coeur d'Alene, ID 83814 |

Camper's Full Name _____

2021 CAMP KANIKSU APPLICATION
SUBMIT AN APPLICATION FOR EACH CHILD

PLEASE PRINT LEGIBLY

CAMPER INFORMATION

| LAST | FIRST | M. I. | NICKNAME |
|------|-------|-------|----------|
| | | | |

| STREET | CITY | STATE | ZIP |
|--------|------|-------|-----|
| | | | |

| DOB | AGE AT TIME OF CAMP | GRADE NEXT FALL | GENDER |
|-----|---------------------|-----------------|--------|
| | | | |

| | | | | | | | | | | |
|----------------------|-------|---|---|---|-------|----|---|---|---|----|
| CIRCLE T-SHIRT SIZE: | YOUTH | S | M | L | ADULT | XS | S | M | L | XL |
|----------------------|-------|---|---|---|-------|----|---|---|---|----|

PREVIOUS CAMP RELATED EXPERIENCE:

| | | |
|--|--------------|----------|
| CAMPER HAS BEEN TO CAMP KANIKSU | YES | NO |
| IF YES, HOW MANY TIMES HAS THIS CAMPER BEEN TO CAMP KANIKSU? | # | _____ |
| CAMPER HAS SPENT THE NIGHT AWAY FROM HOME | YES | NO |
| CAMPER HAS ATTENDED AN OVERNIGHT CAMP | YES | NO |
| CAMPER HAS EXPERIENCE SWIMMING | YES | NO |
| IF YES, DESCRIBE THEIR SWIM LEVEL (Check level below): | | |
| BEGINNER | INTERMEDIATE | ADVANCED |

PARENT / GUARDIAN INFORMATION

| LAST | FIRST | RELATIONSHIP TO CAMPER |
|------|-------|------------------------|
| | | |

FILL IN **ONLY** IF OUR MAILING ADDRESS IS DIFFERENT THAN THE ABOVE ADDRESS

| STREET | CITY | STATE | ZIP |
|--------|------|-------|-----|
| | | | |

| PRIMARY PHONE | SECONDARY PHONE | EMAIL ADDRESS |
|---------------|-----------------|---------------|
| | | |

EMERGENCY CONTACT (MUST BE DIFFERENT THAN PARENT / GUARDIAN)

| LAST | FIRST | RELATIONSHIP TO CAMPER | PRIMRY PHONE NUMBER |
|------|-------|------------------------|---------------------|
| | | | |
| | | | |
| | | | |

Camper's Full Name _____

BEREAVEMENT HISTORY

PLEASE FILL OUT EACH QUESTION THOROUGHLY, EVEN FOR RETURNING CAMPERS. THIS INFORMATION WILL BE USED TO HELP INFORM CAMP COUNSELORS WHO WILL BE WORKING WITH YOUR CHILD. THE MORE INFORMATION, THE BETTER.

1. NAME OF THE PERSON WHO DIED: _____

2. RELATIONSHIP TO THE CAMPER: _____

3. CAUSE OF DEATH: _____

4. DATE OF DEATH: _____

5. AGE OF CAMPER AT TIME OF DEATH: _____

6. DID THE DECEASED LIVE WITH THE CAMPER?: _____

7. DESCRIBE THE RELATIONSHIP BETWEEN THE DECEASED AND THE CAMPER: _____

8. WAS THE DEATH ANTICIPATED OR SUDDEN FOR THE CAMPER? _____

9. HAS THE CAMPER BEEN TOLD THE FACTS SURROUNDING THE DEATH? YES NO

IF YES, PLEASE EXPLAIN WHAT THEY HAVE BEEN TOLD, IF NO, PLEASE DESCRIBE:

10. PLEASE DESCRIBE THE CAMPER'S REACTION TO THE DEATH: _____

Camper's Full Name _____

11. IS THIS YOUR CHILD'S FIRST EXPERIENCE WITH LOSS/DEATH? YES NO

IF YES, PLEASE LIST PRIOR DEATHS AND LOSSES YOUR CHILD HAS EXPERIENCED

(PLEASE INCLUDE PET DEATHS, BIG LIFE CHANGES): _____

12. WAS YOUR CHILD PRESENT DURING THE DEATH? YES NO

IF YES, PLEASE DESCRIBE THIS EVENT: _____

13. DOES YOUR CHILD SPEAK OPENLY ABOUT THE PERSON WHO DIED? YES NO

14. DOES YOUR FAMILY SPEAK OPENLY ABOUT THE PERSON WHO DIED? YES NO

15. DID YOUR CHILD ATTEND A FUNERAL OR MEMORIAL SERVICE IN HONOR OF THEIR

LOVED ONE? YES NO THERE WAS NO SERVICE

IF YES, WHAT WAS YOUR CHILD'S REACTION DURING THIS EVENT? _____

IF THERE WAS NO SERVICE OR THEY DID NOT ATTEND, HOW DID YOUR CHILD 'SAY
GOODBYE' TO THEIR LOVED ONE? _____

16. PLEASE DESCRIBE ANYTHING ELSE THAT YOU FEEL WOULD BE BENEFICIAL FOR
YOUR CHILD'S COUNSELORS TO KNOW ABOUT THE DEATH OF THEIR LOVED ONE:

Camper's Full Name _____

ABOUT MY CAMPER

PLEASE TAKE SOME TIME TO HELP US BEST UNDERSTAND HOW TO SUPPORT YOUR CAMPER THROUGHOUT THE WEEKEND. THE MORE INFORMATION THAT IS PROVIDED, THE BETTER PREPARED WE ARE TO HELP.

1. PLEASE DESCRIBE HOW YOUR CHILD SHOWS THEY ARE GRIEVING: _____

2. PLEASE DESCRIBE ANY BARRIERS THAT YOUR CHILD MIGHT HAVE TO SHARING THEIR GRIEF WHILE AT CAMP KANIKSU (I.E. SHYNESS, ANXIETY, COMPLICATED RELATIONSHIP WITH THE DECEASED, ETC.) _____

3. IS YOUR CAMPER DISPLAYING ANY NEW BEHAVIORS FOLLOWING THE DEATH OF THEIR LOVED ONE THAT ARE CONCERNING TO YOU? YES NO
IF YES, PLEASE DESCRIBE: _____

4. PLEASE DESCRIBE ANY ADDITIONAL STRESSORS OR CHANGES IN YOUR CHILD'S LIFE RECENTLY (I.E. DIVORCE, RELOCATION, CHANGE IN SCHOOL, ETC.): _____

5. HAS YOUR CHILD EVER EXPERIENCED ABUSE OF ANY KIND? YES NO
IF YES, PLEASE EXPLAIN: _____

6. HAS YOUR CHILD RECEIVED ANY PROFESSIONAL SUPPORT? YES NO
IF YES, PLEASE DESCRIBE AND CLARIFY IF THEY ARE CURRENTLY RECEIVING SERVICES _____

IF YOUR CHILD IS RECEIVING SERVICES AND YOU WOULD LIKE US TO CONSULT WITH THEM PRIOR TO YOUR CHILD ATTENDING CAMP, PLEASE GIVE US CONTACT INFORMATION: _____

7. ARE THERE ANY LANGUAGE, DISABILITY, AND/OR RELIGIOUS NEEDS THAT WE SHOULD BE AWARE OF IN ORDER TO BEST SERVE YOUR CHILD? YES NO
IF YES, PLEASE DESCRIBE: _____

Camper's Full Name _____

MEDICAL INFORMATION

PLEASE INCLUDE A PHOTO COPY OF YOUR CHILD'S INSURANCE CARD

THIS INFORMATION WILL ONLY BE PROVIDED TO THE CAMP NURSE AND OTHER NECESSARY TEAM MEMBERS WORKING WITH YOUR CHILD.

PARENT / GUARDIAN CONTACT INFORMATION

| LAST | FIRST | PHONE NUMBER | RELATIONSHIP TO CAMPER |
|------|-------|--------------|------------------------|
| | | | |

PREFERRED PHYSICIAN

| LAST | FIRST | PHONE NUMBER | LOCATION |
|------|-------|--------------|----------|
| | | | |

1. PLEASE LIST ANY MEDICATION ALLERGIES: _____
2. PLEASE LIST ANY FOOD ALLERGIES: _____
3. HOSPITAL PREFERENCE, IN CASE OF EMERGENCY: _____
4. CAMPER'S HEIGHT: _____ CAMPER'S WEIGHT: _____
5. DATE OF LAST TETANUS SHOT: _____
6. DOES YOUR CAMPER EXPERIENCE OR BEEN DIAGNOSED WITH ANY OF THE FOLLOWING?:

| CONDITION: | EXPLAIN, IF YES: | |
|-----------------------------------|------------------|--|
| PHYSICAL LIMITATIONS | | |
| CONVULSIONS/ SEIZURES | | |
| DIABETES | | |
| EAR INFECTIONS | | |
| HEARING IMPAIRMENT | | |
| MOTION SICKNESS | | |
| NOSEBLEEDS | | |
| RECURRING HEADACHES/STOMACH ACHES | | |
| AUTISM/ASPERGERS | | |
| ADD/ADHD | | |
| ANXIETY / DEPRESSION | | |
| SLEEP DISORDER | | |

7. DOES YOUR CHILD HAVE ANY OTHER CONDITIONS THAT MAY EFFECT THEIR PARTICIPATION AT CAMP? YES NO
 IF YES, PLEASE DESCRIBE: _____

Camper's Full Name _____

MEDICATION LIST

PLEASE LIST ALL MEDICATIONS BEING BROUGHT TO CAMP.
ALL MEDICATIONS MUST BE TURNED INTO THE CAMP NURSE AT CHECK IN AND
ADMINISTERED BY THE NURSE AT THE TIMES DESIGNATED BELOW.

Medication: _____
For what condition: _____ Dosage: _____
Time(s) of administration (AM, MID DAY, DINNER, PM): _____
DIRECTIONS FOR NURSE: _____

Medication: _____
For what condition: _____ Dosage: _____
Time(s) of administration (AM, MID DAY, DINNER, PM): _____
DIRECTIONS FOR NURSE: _____

Medication: _____
For what condition: _____ Dosage: _____
Time(s) of administration (AM, MID DAY, DINNER, PM): _____
DIRECTIONS FOR NURSE: _____

Medication: _____
For what condition: _____ Dosage: _____
Time(s) of administration (AM, MID DAY, DINNER, PM): _____
DIRECTIONS FOR NURSE: _____

Medication: _____
For what condition: _____ Dosage: _____
Time(s) of administration (AM, MID DAY, DINNER, PM): _____
DIRECTIONS FOR NURSE: _____

My child will not be bringing any medications to camp, initial here:

Camper's Full Name _____

PARENT / GUARDIAN MEDICAL CONSENT FORM

PLEASE READ THIS DOCUMENT THOROUGHLY AS IT PERTAINS TO YOUR CHILD'S MEDICAL TREATMENT AND REQUIREMENTS OF PARTICIPATION AT CAMP KANIKSU.

I (Print your name) _____ am the legal guardian of (Print camper's name) _____. I have requested that Hospice of North Idaho enroll my child as a participant of Camp Kaniksu. As a condition of this camp, I do hereby agree on behalf of my child to the following:

KNOWN AND UNKNOWN RISKS

I understand that my child's presence at and participation in the camp presents varying degrees of risk - some of which are unknown – which may arise from a condition of the premises at which the camp is held; from an action of any person in connection with the conduct of any planned or unplanned activity; or from other unforeseen elements.

While it is understood that the camp programs and activities are fully supervised by qualified staff whose goal is to make every camp experience as safe as possible, I acknowledge that such known and unknown risks exist. I understand that my child may incur personal injury or property damage while attending this camp, and I fully and willingly agree to assume all risks associated with these activities on behalf of my child.

MEDICAL RELEASE

I consent that the designated nurse for Camp Kaniksu will be responsible for all routine medical care for my child that I have designated in the 'medical information / medication list' pages. I consent to first aid and emergency medical care for my child if necessary, including emergency medical transport, as a result of any accident or illness while participating in camp.

I understand that I am responsible for any medical expenses that may be incurred by my child. I give permission for Hospice of North Idaho and the designated camp nurse, in conjunction with Lutherhaven Ministries to provide transportation, or arrange for transportation if needed.

Parent / Guardian Signature: _____ Date: _____

Camper's Full Name _____

PARENT / GUARDIAN CAMP PARTICIPATION CONSENT FORM

PLEASE READ EACH STATEMENT THOROUGHLY AND INITIAL AFTER EACH TO INDICATE CONSENT AND AN UNDERSTANDING OF THE REQUIREMENTS OF CAMP KANIKSU.

REQUIREMENTS OF CAMP KANIKSU PARTICIPATION

I understand that my child is required to attend a Pre-Camp Group Meeting in order to help them meet fellow campers and become familiar with what will be expected of them at Camp Kaniksu. (Initial here) _____

I understand that I am responsible for all transportation of my child to and from Camp Kaniksu. In the event that my child needs to leave Camp Kaniksu unexpectedly, whether by illness or by refusal to adhere to camp rules, I understand that I need to be available by phone throughout the camp weekend. (Initial here) _____

I understand that Hospice of North Idaho will share the information given in this registration packet with the Camp Kaniksu Staff / Volunteers who will be working with my child. I understand that this information will only be given on a need to know basis as outlined by HIPAA Privacy Standards. (Initial here) _____

I am aware that, although Hospice of North Idaho and Camp Kaniksu are not affiliated with any religious practices, Camp Lutherhaven is a Christian-based facility and they do offer a prayer time before meals. My child is not required to participate in this prayer and it is not a part of other Camp Kaniksu activities. (Initial here) _____

PUBLICITY RELEASE

Hospice of North Idaho will be taking photos throughout camp weekend for the purpose of promoting Camp Kaniksu and other Youth Bereavement Programs throughout the year. The photos taken will never be sold or shared to third parties but may be used on the Hospice of North Idaho website, Facebook page, or other printed materials. Please check the applicable box to indicate your choice for your child:

___ I give permission for a designated staff to take photographs, videotape, or interview my child while at Camp Kaniksu

___ I do not give permission for a designated staff to take photographs, videotape, or interview my child while at Camp Kaniksu

Parent / Guardian Signature: _____ Date: _____

Camper's Full Name _____

Lutherhaven Ministries
Camp Lutherhaven & Shoshone Mountain Retreat
Program Participant Information & Release of Liability



Disclosure: Camp Lutherhaven & Shoshone Mountain Retreat's programs include a variety of outdoor activities, including

- Low & High Ropes Challenge Course Activities
- Rock Climbing
- Archery & Target Shooting
- Swimming
- River Floating
- Canoeing
- Boating & Water Sports
- Hiking
- Active, Run-Around Games
- Rigorous Physical Activity

The level of participation in any Lutherhaven Ministries program or activity is at all times completely up to the individual's choice. All Lutherhaven Ministries program elements are built and conducted to the highest industry standards by professional staff utilizing appropriate equipment systems. However, each participant must assume the risk that he or she may suffer an emotional or physical injury or disability while involved in any outdoor physical activity.

Complete this form entirely! Certain health information must be known to the facilitator(s) conducting programs so they may respond appropriately if health or emergency needs arise. This information is held in confidence.

Name of Group _____ Date _____

1. Name _____ Date of Birth : ____ / ____ / ____

2. Do you have health/accident insurance? ____ No ____ Yes If yes, name and address of insurance company: _____

3. Do you have any temporary or permanent disabilities or conditions of any nature that may limit or jeopardize your participation in active programs? ____ No ____ Yes If yes, identify and explain: _____

4. Are you currently taking any medication (prescribed or over-counter)? ____ No ____ Yes If yes, what and for what? _____

5. Do you have any life-threatening or severe health-threatening allergies, reactions to medications, or any other medical limitations? ____ No ____ Yes If yes, identify and explain: _____

Release of Liability: I understand that certain activities at Camp Lutherhaven and Shoshone Mountain Retreat may be physically or emotionally demanding. I affirm that my or my child/ward's health is good, and that I am not or my child/ward is not under a physician's care for any undisclosed condition that may affect my or my child/ward's fitness or ability to participate in physical activities. I recognize the inherent risk of injury, disability or death in physical activities, and I assume the risk of participating in these activities on behalf of myself or my child/ward. I understand that such risks may include falling from heights, drowning, and being hit by an object, among other risks, including unknown risks. I release and hold harmless Camp Lutherhaven; Shoshone Mountain Retreat; Lutherhaven Ministries, Inc., its officers, directors, members, employees, and agents, ("Lutherhaven") from any and all claims made on behalf of myself or my child/ward for bodily injury, including death, resulting from participation in Lutherhaven's programs and activities, whether such claims arise from Lutherhaven's negligence or otherwise.

Photo Release Lutherhaven Ministries may use, reproduce, assign and/or distribute photographs or videos of myself/my child for use in materials they may create for the purpose of promoting Lutherhaven Ministries and its programs.

/my child/ward will/can not participate in the following activities: _____

Applicant's Signature (If 18 years or older): _____ Date: _____

Parent's or Guardian's Signature (If participant is under 18 years old): _____

Participant's Address: _____

Home Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____