



Dear Parent or Guardian,

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

Camp Kaniksu Day Camp is a **3 day, 1 overnight** camp experience provided under the professional direction and supervision of social workers, and trained volunteers from Hospice of North Idaho. Campers will meet others who have also 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 for Camp Kaniksu opens March 15th and closes June 1th. Space is limited to 40 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. Returning campers will be contacted after May 15th and informed about remaining space available to them.

Camp Kaniksu Day 1 of Camp is held June 28th at the Hospice of North Idaho Campus and Days 2 & 3 with overnight, will be held on June 29th and 30th Camp Lutherhaven on Lake Coeur d'Alene. Registrants are responsible for their own 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 Grief Support at griefsupport@honi.org or you may print and mail the completed application to **Hospice of North Idaho – Grief Support Services 2290 W Prairie Ave, Coeur d'Alene, ID 83815**. 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!

(208) 772-7994

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

Camper's Full Name _____

2024 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 AT BIRTH	PRONOUN

Bathroom accommodations will be according to Gender at Birth

CIRCLE T-SHIRT SIZE:	YOUTH	S	M	L	ADULT	XS	S	M	L	XL
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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 <input type="checkbox"/>	INTERMEDIATE <input type="checkbox"/>	ADVANCED <input type="checkbox"/>

PARENT / GUARDIAN INFORMATION

LAST	FIRST	RELATIONSHIP TO CAMPER

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

STREET	CITY	STATE	ZIP

PRIMARY PHONE	SECONDARY PHONE	EMAIL ADDRESS

PARENT / GUARDIAN MUST BE AVAILABLE BY PHONE THROUGHOUT BOTH CAMP DAYS, IN CASE OF AN EMERGENCY OR IN THE EVENT THAT THEIR CAMPER NEEDS TO BE PICKED UP EARLY

EMERGENCY CONTACT (MUST BE DIFFERENT THAN PARENT / GUARDIAN)

LAST	FIRST	RELATIONSHIP TO CAMPER	PRIMARY 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 _____

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 _____

MEDICATION LIST

PLEASE LIST ALL MEDICATIONS, SUPPLEMENTS, AND VITAMINS 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 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 I am responsible for all transportation of my child to and from Camp Kaniksu. If 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:

INITIAL ONE OF THE OPTIONS BELOW

___ **I give permission** for a designated staff to take photographs, recordings, or interview my child while at Camp Kaniksu for the intended future use in Hospice of North Idaho outreach, marketing materials and fundraising efforts.

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

Parent / Guardian Signature: _____ Date: _____

Camper's Full Name _____

**Lutherhaven Ministries
Camp Lutherhaven, Shoshone Mountain Retreat, & McPherson Meadows
Program Participant Information & Activity Release of Liability**



Disclosure: *Lutherhaven Ministries' programs at all of its sites include a variety of activities involving some degree of risk:*

- Group Activities that may expose participants to infectious diseases
- Low & High Ropes Challenge Course Activities
- Rock Climbing
- Horseback Riding*
- Swimming
- River Floating
- Canoeing
- Boating
- Hiking
- Biking
- Active Games
- Rigorous Physical Activities
- Other Activities Not Included Here

There is no way to eliminate any potential risk of injury, disability, or even death associated with camp activities. 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 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, disability, or even death while involved in any physical activity.

Complete this form entirely! Certain health information must be known to the facilitator(s) conducting programs so they are prepared to respond appropriately if health or emergency needs arise. This information is held in confidence, but may be disclosed for the health or safety of you or others, or as required by law.

Name of Group: _____ Date: _____

1. Participant Name: _____ Date of Birth _____

2. Is there *any* activity you do not want yourself or your child/ward to engage in? If yes, please specify the activity and the reason why you do not want them to engage in it.

3. Do you or your child/ward have Health Insurance? ____No ____Yes. If yes, name of participants insurance company, group number and policy number.

4. Do you or your child/ward have any physical disabilities or medical conditions (temporary or permanent) that may limit or jeopardize participation in active programs? ____No ____Yes If yes, identify and explain: _____

5. Do you or your child/ward have any physical or medical conditions (temporary or permanent) that may put those around you at risk? ____No ____Yes If yes, identify and explain: _____

6. Are you or your child/ward currently taking any medication (prescribed or over-counter)? ____No ____Yes If yes, what and for what? _____

7. Do you or your child/ward have any life-threatening or severe health-threatening allergies, reactions to medications, or any other medical limitations? ____No ____Yes If yes, identify and explain: _____

Camper's Full Name _____

Release of Liability for claims not covered and paid by insurance: I understand that certain activities at Camp Lutherhaven and Shoshone Mountain Retreat may be physically or emotionally demanding. I understand that attending Camp Lutherhaven and Shoshone Mountain Retreat may expose me to infectious disease. 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 understand that each participant assumes the risk of participating in these activities. On behalf of myself and my child/ward, I release Lutherhaven Ministries, Inc., (a/k/a Lutherhaven Ministries), the Lutherhaven Ministries' staff, Board of Directors, and members from all liability for any injury, infection or condition arising out of my or my child's/ward's participation in any Lutherhaven Ministries activity or program, or arising from my or my child's/ward's use of Lutherhaven Ministries' property, to the extent not covered and paid by insurance.

Indemnification and Hold Harmless: In consideration for letting me or my child/ward attend a Lutherhaven Ministries activity and/or use Lutherhaven Ministries premises, I further indemnify and hold harmless Lutherhaven Ministries, Inc., (a/k/a Lutherhaven Ministries), the Lutherhaven Ministries' staff, Board of Directors, and members against any and all claims or actions arising out of my or my child's/ward's access to Lutherhaven Ministries premises or involvement in any Lutherhaven Ministries activity to the extent that the claim or action is not covered and paid by Lutherhaven Ministries' liability insurance.

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

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

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

Parents or Guardian's Printed Name (If participant is under 18 years old): _____

Participant's Address: _____

Participant Phone: (_____) _____ Email: _____

Emergency Contact: _____ Phone: (_____) _____

*Horseback Riding requires additional liability release.

Revised 1/19/2023 rs