



Dear Parent/Guardian:

Camp Courage is a weekend overnight camp for children and teens ages 6 – 19 who are grieving the death of a loved one. Under the guidance of professional counselors and trained volunteers, campers enjoy traditional summer camp fun combined with grief support activities to address their losses. The goal of Camp Courage is to provide a safe environment for children and teens to express their thoughts and feelings, and to recognize that they are not alone in their grief.

Camp Courage 2022 will be held June 17-19 at Pioneer Trails on Big Blue Lake in Muskegon County. Applications are available online at <https://harborhospicemi.org/resources/camp-courage>, or by calling 231.728.3442 or 1.800.497.9559. Due to generous support from Harbor Hospice and our community, the only cost to attend camp is a \$10 registration fee (payable after acceptance to camp.) **Application deadline is May 10, 2022.** Due to planning and scheduling requirements, we cannot accept applications after that date.

Please note that submitting an application does not guarantee acceptance to camp. Priority is given to first-time campers and those who are in the most need as determined by a clinical review process. Returning campers may be placed on a waiting list and accepted as space allows.

The Harbor Hospice Board and management team have supported the life-changing experience of Camp Courage for 29 years. We believe that providing grief support in the early stages can have positive lifelong effects. If you have any questions about camp or the application process, please do not hesitate to contact us.

Sincerely,

Kari Allen, LLMSW
Social Worker/Camp Courage Director
KAllen@HarborHospiceMI.org



Camp Courage 2022

Camper Application (ages 6 – 14)

****Application deadline is May 10, 2022****

Name _____ Birthdate _____ Sex _____

Parent/Guardian Name _____ Phone _____

Street Address _____

City _____ State _____ Zip _____ County _____

School Name _____ Grade (entering) _____

How did you hear about Camp Courage? _____

Has camper previously attended Camp Courage? Yes (year: _____) No

COVID-19 vaccination dates (DD/MM/YYYY): 1st dose _____ 2nd dose _____ Booster _____

Information About Deceased Loved One

Name of deceased _____ Relationship to camper _____

Was the deceased a patient of Harbor Hospice? Yes No

Date of death _____ Death was: illness-related sudden violent

How did the death occur?

What was the camper told about the death?

Was the camper present at the death? Yes No

Describe the relationship between the camper and the deceased:

Any additional losses: _____

Indicate how often the camper is currently experiencing the following:

	Rarely or Never	Sometimes or Occasionally	Frequently or Always
Trouble sleeping at night			
Unwillingness to sleep alone in room			
Unwillingness to sleep alone in bed			
Eating problems			
Withdrawal from friends or family			
Fighting with siblings			
Fighting in school			
Difficulties with schoolwork			
Getting into trouble at school			
Unwillingness to go to school			
Temper tantrums			
Stomach aches or nausea			
Headaches			
Other physical complaints			
Talks about hurting self			
Talks about hurting others			
Attempts to hurt self			
Attempts to hurt others			
Anger about loved one's death			
A longing to be with the deceased			
Lack of enjoyment of favorite activities			
Crying without specific reason			
Inability to concentrate when necessary			
Refusal to talk about deceased			
Obsession with death			
Going back to "babyish" behaviors			
Excessive fears			
Needing constant attention			
Bedwetting (*see below)			

*If bedwetting:

Does the camper wear appropriate undergarment at night? Yes No

Is he/she able to put undergarment on themselves? Yes No

What is being done to help stop bedwetting?

Additional Information

Does the camper want to attend Camp Courage? Yes No

Is the camper comfortable being away from home? Yes No

If disturbed by being away from home, what usually helps?

Camper has fear of: the dark water animals storms being alone

other fear (describe): _____

Eating habits/issues we should know about:

Physical restrictions:

Allergies:

Medications (name and purpose):

Is the camper receiving any professional mental health services? Yes No

If yes, name of counselor _____ Phone _____

Any other information we should know about:

Camper's t-shirt size:

Child x-small Child small Child medium Child large Child x-large

Adult small Adult medium Adult large Adult x-large Adult xx-large

Describe the camper's behavior at home and school:

I attest that the information on this application is complete and accurate to the best of my knowledge. I grant permission for Camp Courage directors to communicate with my child's mental health provider and/or school staff for the purpose of verifying information and assessing my child's appropriateness for participation with Camp Courage.

Parent/Legal Guardian – Printed Name

Parent/Legal Guardian – Signature

Date

*If legal guardian, please attach documentation.

Applications can be submitted via mail, email or fax:

Harbor Hospice
Attn: Camp Courage Director
1050 W. Western Ave., Suite 400
Muskegon MI 49441

Email: info@HarborHospiceMI.org • Fax: (231) 722-0708