

**Camp Phoenix**  
**June 19, 2009**  
**Camp Permission Slip/Liability Release/Photo Release**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade in Fall 2009: \_\_\_\_\_

Name of Parent/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

My child has my permission to participate in recreation therapy and activities at Community Mercy Hospice's Camp Phoenix support program. I will not hold Community Mercy Health Partners (on behalf of Community Mercy Hospice) liable for any injury that may occur. I agree to pay for any and all expenses (including but not limited to any medical expenses) that might be required for my child's care.

Should any problems arise concerning the behavior of my child that would require them to return home prior to the end of the activity, I will make arrangements to come pick up my child.

I understand that photos of activities will be taken during camp activities. I recognize that Community Mercy Hospice may elect to use photographs and video images of events in publicity materials including but not limited too website, newspapers, and newsletters and I hereby grant permission for photo/video images of my child to be taken and used for such purposes.

I hereby give my consent for Camp Phoenix's medical personnel to provide any and all reasonable and necessary medical treatment for my child. I understand and consent that I am responsible for all medical expenses incurred by Camp Phoenix on my behalf or on behalf of any members of my family.

**Required Information:**

Emergency Contact:

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Medical Conditions—Allergies, chronic illness, or other conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Date of Last Tetanus shot: \_\_\_\_\_

Any other information (special needs, concerns): \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(Parent or legal guardian)**

Camp Phoenix is a one-day bereavement camp for children ages five to 16 who have experienced the death of a loved one. The children will have a safe environment to share their thoughts and experiences through age-appropriate crafts, activities and discussion groups. The day camp's emphasis is placed on helping the children to understand what grief is, discussing normal responses to death, and learning ways to express and cope with their grief. Community Mercy staff members, trained Hospice volunteers, assisted by high school students will not be providing counseling, rather, facilitating opportunities for the campers to voluntarily share their thoughts with other children who best can understand and relate to each other's experiences.

Camp Phoenix will be located at Grace Lutheran Church, 1801 Saint Paris Pike, Springfield, Ohio at the side entrance. Time: 8:30 a.m. – 3:00 p.m.  
Transportation to be provided by custodial adult or authorized provider.

The activities will be held primarily outside, so please prepare campers with appropriate clothing and sunscreen on camp day. The participants will be given a Camp Phoenix t-shirt at morning registration. Snacks and lunch will be provided.

We are very appreciative for the attendance of your child and will provide adult supervision and attendants to help ensure safety during activities.

The adult who provides morning transportation to the camp will need to register at the site, provide ID information and disclose the authorized adult who will pick up the child at the conclusion of camp day. The adult will need to come into the facility and sign the child out of camp. The child will be given an ID band to wear during the day. Please be prompt for arrival and dismissal times.

Please return registration either by person, fax, or mail, by no later than June 15th. Admission is limited, and will be accepted by first come-first served, criteria. We are currently located on the 3rd floor at Springfield Regional Medical Center – Fountain Campus.

Community Mercy Hospice  
1343 N. Fountain Blvd  
Springfield, Ohio 45504  
Phone (937) 390-9665 Fax (937) 390-2363

Please contact Diana Zerkle, LSW at (937) 390-9665 for any additional information.