Hospice of Palm Beach County
Hospice by the Sea
trustbridge

Sea Star Children's Programs

CAMP STINGRAY 2022

Saturday, June 25th, 2022

9:00 am - 4:00 pm

(camp hours subject to change)

Therapeutic Recreation

2728 Lake Worth Road. Lake Worth, FL 33461

At **Camp Stingray**, campers have one thing in common – they all know what it is like to experience the death of a loved one. **Camp Stingray** provides a support system for elementary school children ages 5-10 (rising to kindergarten – 5th grade) residing in Palm Beach and Broward Counties who are grieving the death of a loved one. We spend time together learning to cope with our grief through peer support and fun activities with trained counselors.

We provide children the opportunity to learn to recognize and validate feelings, identify safe ways to express grief, and recognize that having fun and celebrating are still a part of life.

Trustbridge's **Camp Stingray** is open to campers who have experienced the death of a loved one more than 3 months ago, as of date of camp. If your child has experienced a death more recently, please call us at 561-227-5175 for information on how we can help.

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*Space is limited. Applications due **June 17th, 2022***

For more information or an application, visit **trustbridge.com** or call **(561) 227.5175.**

Send completed applications to:

Trustbridge Bereavement Center
300 Northpoint Parkway, Suite 305
West Palm Beach, FL 33407

You can also scan and email to **BereavementEvents@trustbridge.com** or fax **561-273-2267.**

PALM BEACH COUNTY
PARKS & RECREATION

Please turn in application by June 17, 2022 *(One application per child)*

Camper Application

Name of child: _____

Address: _____ City: _____ Zip Code: _____

Parent/Guardian Full Name: _____ Relationship: _____

Email Address: _____ Phone Number: _____

Child D.O.B. (mm/dd/yy): _____ Age: _____ Gender: ☐ M ☐ F

Camp Stingray is open to children ages 5-10 as of date of camp.

School: _____ Grade: _____ Guidance Counselor: _____

Name of the deceased: _____

Relationship to the child: _____

Date of Death: _____ Cause of death: _____

Camper's T-shirt size: Youth: ☐ Small ☐ Medium ☐ Large

Adult: ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ XX-Large

Does your child take any medications? ☐ Yes ☐ No

Allergies: ☐ None ☐ Food ☐ Environmental ☐ Medication

List allergies: _____

Did the deceased receive hospice care with Trustbridge? ☐ Yes ☐ No

Was the child present at the time of death? ☐ Yes ☐ No _____

_____

Did the child see the deceased after death? ☐ Yes ☐ No _____

_____

Did the child attend the funeral or memorial service? ☐ Yes ☐ No _____

_____

Please turn in application by June 17, 2022 *(One application per child)*

Camper Application (continued)

Describe the relationship between the child and the deceased: _____

_____

How did the child react to the death?_____

_____

Do you and the child talk about the deceased? _____

_____

Has the child experienced any other deaths? ☐ Yes ☐ No _____

_____

Describe any other changes/stressors in the child's life (e.g. divorce, illness, moving):

_____

_____

_____

Has the child expressed any concerns to you recently? ☐ Yes ☐ No _____

_____

_____

Has the child said or done anything recently that concerns you? ☐ Yes ☐ No

If yes, please explain: _____

_____

_____

Has the child attended Trustbridge counseling, camps or groups? ☐ Yes ☐ No

If yes, please list: _____

_____

Please list any agencies involved in providing care or services to help the child address their grief or overall mental health: _____

_____

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Camper Application (continued)

Has the child exhibited any of the following behaviors since the death? Check all that apply and please explain.

- ☐ Behavior problems at home and/or school
- ☐ Social isolation
- ☐ Harming self/others/animals
- ☐ Suicidal thoughts
- ☐ Sadness
- ☐ Sleep disturbances
- ☐ Nightmares
- ☐ Lying
- ☐ Unusual/inappropriate sexual behavior
- ☐ Drug/alcohol use
- ☐ Destruction of property
- ☐ Running away from home/school

What, if any, concerns do you have about the child coming to Camp Stingray? Please explain your response fully. _____

_____

_____

_____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name _____

☐ I attest I am the child's parent or legal guardian

Please turn in application by June 17, 2022 *(One application per child)*

Permissions and Releases

(Initial on all lines)

Medications/First Aid

_____ I give permission to the Camp Stingray Nurse to administer prescription medications and first aid to my child. I also give my permission to Camp Stingray to take my child to the nearest hospital in the event of an emergency. I also give my permission to Camp Stingray to call 911 in the event of an emergency.

Liability statement

_____ In consideration for allowing my child to participate at Camp Stingray, I, for myself and child, release and forever discharge Trustbridge, Inc. and its subsidiaries Hospice of Palm Beach County, Hospice by the Sea, and Hospice of Broward County, its directors, officers, employees, volunteers and agents of all liabilities, claims, actions, damages, costs or expenses which I or my child may have against them arising out of or in any way connected with my participation or my child's participation in this program, including travel to or from the program and including injuries which may be suffered by my child before, during, or after the program.

COVID-19 Precautions

_____ I understand that my child will be expected to abide by all CDC guidelines while attending camp.

Optional Permissions and Releases

(Initial and/or check appropriate lines)

Authorization to photograph/interview /tape *(optional)*

_____ I hereby give my permission for my child's photo and/or name to be utilized and released for educational, public relations/media purposes, presentations, camp video or brochures.

Share your testimonial *(optional)*

_____ My child and I welcome the opportunity to share our testimonial for Trustbridge via an in-person interview and/or videotape.

Pool use *(optional)*

_____ I give my child permission to go swimming under supervision while attending Camp Stingray:

I have read and understood all of the information and authorize my child to participate in **Trustbridge's** 2022 Camp Stingray, a program of Trustbridge, Inc.

Child Name (Printed): _____

Signature of Child: _____ Date: _____

Parent/Guardian Name (Printed): _____

Signature of Parent/Guardian: _____ Date: _____

☐ I attest that I am this child's parent or legal guardian

Please turn in application by June 17, 2022 *(One application per child)*

Parent/Guardian Consent for Pick-up

The following adults are allowed to pick-up my child. List the full name and cell phone number of any adult who may be picking up camper: *Photo ID will be required to pick up all campers.

Full Name	Cell Number
Full Name	Cell Number
Full Name	Cell Number

Discipline Protocol

In order to provide and maintain safety for all campers and in consideration for our staff – children are expected to follow the Sea Star Children's Program rules. The following progressive discipline protocol will be used for any behavioral issues:

1st Incident: Verbal warning/redirecting and counseling

2nd Incident: Time-out from group activity/counseling

3rd Incident: Call parent or guardian to pick up child

I have read, explained, and reviewed the discipline protocol to my child. I understand my responsibility to pick up my child in the event of his/her participating in excessive uncontrolled behaviors. The following adults are allowed to pick up my child from camp:
*Photo ID will be required to pick up camper

Full Name	Cell Number
Full Name	Cell Number
Full Name	Cell Number

Name of child (printed): _____ Date _____

Parent/guardian name (printed): _____

Parent/guardian signature: _____ Date _____

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COVID-19 Liability Waiver and Assumption of Risk

Participant Name:_____

In consideration of being allowed to participate in activities and/or programs hosted by Trustbridge, Inc., the below signed participant/legal representative, agrees as follows:

1: I am aware that the novel coronavirus ("COVID-19") is an extremely contagious virus and that it is currently believed that COVID-19 spreads through person-to-person contact.

2: I am familiar with the Center for Disease Control and Prevention ("CDC") guidelines regarding COVID-19, which are located at https://www.coronavirus.gov and https://www.cdc/gov/coronavirus/2019-ncov/index.html. I accept full responsibility for familiarizing myself with the most recent updates.

3: In addition to the CDC guidelines, I agree to abide by any and all policies or postings published to the general public and/or Trustbridge, Inc. I understand that failure to comply may result in not being able to participate in the activity and/or program.

4: By signing this agreement, I acknowledge that I am aware of the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19, and that such exposure or infection may result in personal injury, illness permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others.

5: I agree that, in the event that I suspect I became exposed to or infected by COVID-19 and I elect to seek testing and/or treatment as a result therefrom, I will be responsible for payment of any and all medical services and testing services.

6: I hereby release and hold harmless Trustbridge, Inc., their employees, agents, directors, officers and representatives and other participants from and against all liabilities (statutory or otherwise) for claims, suits, demands, judgments, costs, interest and expense EVEN IF ARISING FROM NEGLIGENCE, ACTS OR OMISSIONS OF THE RELEASED PARTIES.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING BELOW I MAY BE WAIVING CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE.

Participant Signature:_____Date:_____

OR

Legal Representative Signature: _____ Date:_____

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Trustbridge Bereavement Informed Consent

CONSENT FOR SERVICES: I hereby voluntarily consent to Trustbridge Bereavement Center to provide bereavement grief support services, including (but are not necessarily limited to) individual support, group support, virtual sessions, or education by employees or authorized agents of Trustbridge, Inc.

CONFIDENTIALITY/PATIENT RIGHTS: I understand that Trustbridge Bereavement Center clinicians maintain confidentiality of client information in accordance with the Health Insurance Portability and Accountability Act ("HIPAA") and other applicable, Federal, State and other regulations. I understand that if I choose to participate in a virtual session, it is my responsibility to be in a private room or space and if not, my conversations may be overheard by others. I have been informed of my rights and have received a copy of Trustbridge's Notice of Privacy Practices and Patient Rights & Responsibilities.

Printed Name of Client:_____
Client's Signature: _____
Client Date of Birth:_____ Date: _____

Printed Name of Parent/Guardian: _____
Parent/Guardian Signature:_____ Date: _____