



Dear Parent/Guardian,

Thank you for your interest in **Camp Jamie 2018**. Enclosed you will find an application packet for camp, which will be held on **Friday, May 18<sup>th</sup> to Sunday, May 20<sup>th</sup>**. This application packet gives you the opportunity to share information with us that we need to make this camp experience most rewarding for everyone involved. Please complete and return the entire packet ***no later*** than ***Friday, April 14, 2018 to PO Box 1799 Frederick MD 21702***, to be considered as a camper.

**Please attach a photo of your child to the application.**

We have many children apply for camp each year and are only able to accommodate 25- 30. We choose the children based on specific criteria (see enclosed form). While we don't like to turn away children, at times it is necessary to do so. If your child meets the criteria but is not invited to Camp Jamie this year, please apply again next year. We would love to have your child join us for a camp in the future.

Parents or guardians are asked to attend an informative meeting about what your child may expect from the camp experience. You may find the meeting to be most helpful for you and we will be able to answer any questions you may have. The meeting will be held on ***Wednesday, April 25, 2018, from 6:00-7:30 PM***.

**\*\*Please note that this meeting is for the parents and guardians only not children\*\***

Camp Jamie will be held at Skycroft Conference Center, Middletown MD. We will be taking buses to and from the camp. We will be asking for the children to be arrive at the Hospice Office on Friday of the camp weekend at approximately **4:15 AM**. and picked up at the Hospice Office on **Sunday** at approximately **11:00 A.M.** Further information will be sent to you upon your child's acceptance.

If you have any questions about the application or about Camp Jamie, please call (240) 566-3030 Monday-Friday, 8:00 A.M.-4:30 P.M. Remember that you will also be given the opportunity to ask questions when you come in for the parent (guardian) meeting. It is understandable, especially if this is your child's first time away from home, coupled with the fact that he/she is grieving, that you may be somewhat anxious about the weekend. We want to relieve any anxieties that you may have. We look forward to meeting you.

Sincerely,

Linda Beckman

Denise Watterson

Bereavement Services Coordinator

Bereavement Services Coordinator



Love, Laughter and Leisure are the basic needs of all children, especially those who have experienced the death of a loved one. Hospice of Frederick County, in response to these special needs, established Camp Jamie in 1991.

Camp Jamie is a weekend experience, pairing children who are grieving with adults who can offer support and guidance. The adult volunteer acts as a “Big Buddy”, providing individual attention to the child for the entire camp weekend. All adult volunteers at Camp Jamie are specially screened and trained. They must meet the required criteria and have extensive background checks completed.

The camp is designed to gently teach coping skills and help build self-esteem and trust. It also offers a safe, comfortable environment for children to express their grief. Through interactions with other children and adults, the children experience the universality of loss and learn that they are not alone in their grief.

Psychologists are part of the camp experience, leading both large and small group discussions on issues such as anger, guilt and letting go. The children also participate in the Camp Jamie Olympics, which is a confidence course to build self-confidence, teamwork and trust. Many other recreational activities are built into this weekend, making it a real camp experience. The children enjoy hiking, arts and crafts, volley ball and basketball, drumming, and even toasting marshmallows around the campfire.

Throughout the weekend Big Buddies and Little Buddies use workbooks to draw pictures and write stories. This has proven to be a very useful tool, especially for children who are not so verbal with their grief. Many of the activities offered allow for informal discussions between the child and adult volunteer, and among the children themselves.

A weekend is just a small time frame, but we know we can truly make a difference in the life of a child in this short time period. The intention is to lay the foundation (of communication, knowledge, and coping skills), upon which the families can continue to build. Meetings are held with the parents (guardians) both before and after the camp to teach them about their child’s grief journey and how they, as caregivers, can be most supportive.

Approximately 25-30 children and 45 adults are invited to attend each camp. Children and adults alike develop valuable skills, form wonderful relationships, learn commemorative ways to honor the memory of their loved one and come away from the camp having their hearts deeply touched.



## **Criteria for Children Attending Camp Jamie...**

- Ⓢ Must be in age range of first grade to 14 years of age.
- Ⓢ Must have experienced a significant death.
- Ⓢ **Frederick County Children are our First Priority.**
- Ⓢ Must complete and return the application prior to the deadline date (see letter).
- Ⓢ Child must not have a history of or demonstrate any physical or verbally abusive behavior that could endanger others.
- Ⓢ Children attend Camp Jamie for one session only, unless there has been another significant death since the last camp experience.
- Ⓢ If more than one child per family is eligible to attend, siblings are encouraged to attend the same session.

Parents/guardians are encouraged to attend the Informational Meeting held prior to camp so that paperwork can be completed and they will receive additional information about Camp Jamie.

**After carefully considering the child's death history (emotional relationship with the deceased, nature of the death, support**

**systems in place, etc.), the final decision of applicants accepted is at the discretion of the Camp Jamie Directors.**

**Camp Jamie Camper Application**

**Today's Date:** \_\_\_\_\_

Referral Source \_\_\_\_\_

Camper's Name \_\_\_\_\_  
Last First Middle

Nickname (if any) \_\_\_\_\_

**Child's t-shirt size**

Children's S\_\_ M\_\_ L\_\_ XL\_\_

Adult's S\_\_ M\_\_ L\_\_ XL\_\_ 2XL\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Siblings:	Name	Age
	_____	_____
	_____	_____
	_____	_____

Has your child ever spent the night away from home? Yes \_\_\_\_ No \_\_\_\_

Has your child attended Camp Jamie in the past? Yes \_\_\_\_ No \_\_\_\_ If so, when? \_\_\_\_

Has your child attended any bereavement camp in the past? If so, when and where?

\_\_\_\_\_

**PERSON TO CONTACT IN THE EVENT OF AN EMERGENCY**

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

DAYTIME PHONE # \_\_\_\_\_ EVENING PHONE # \_\_\_\_\_

CELL PHONE # \_\_\_\_\_

## Bereavement History

1. Name of person(s) who died \_\_\_\_\_

2. Relationship to your child \_\_\_\_\_

3. Date of death \_\_\_\_\_ Age of deceased at time of death \_\_\_\_\_

4. How did this person(s) die? \_\_\_\_\_

5. Was your child present at the time of death? \_\_\_\_\_

Explain circumstances: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Did your child attend the funeral/memorial service? If no, why not?

\_\_\_\_\_

7. Please explain how your child indicates that he/she is still grieving

\_\_\_\_\_

8. Has your child received any professional support (i.e. psychologist, psychiatrist, school counselor, support group)? How long was the professional support provided?

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9. Has your child experienced any other deaths? Please explain

\_\_\_\_\_

10. Have there been any other changes/stresses in your child's life (i.e. divorce, illness, relocation, etc.) Please explain

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**Behavior/Physical/Medical**

Does your child have any of the following:  
If yes, please explain

	<b><u>YES</u></b>	<b><u>NO</u></b>
1. Sleep disorders (i.e. sleeping walking, bed wetting)	_____	_____
2. Eating disorders	_____	_____
3. Poor school attendance	_____	_____
4. Poor grades	_____	_____
5. Lack of social skills	_____	_____
6. Difficulty getting along with peers	_____	_____
7. Difficulty getting along with adults	_____	_____
8. Difficulty getting along with family	_____	_____
9. Behavior problems	_____	_____
10. Physical limitations	_____	_____
11. Allergies	_____	_____
12. Asthma	_____	_____
13. Dietary restrictions	_____	_____
14. Convulsions/seizures	_____	_____
15. Diabetes	_____	_____
16. Ear infections	_____	_____
17. Hearing impairment	_____	_____

- |  |                   |                  |
|--|-------------------|------------------|
| 18. Motion sickness                      | _____             | _____            |
| 19. Nosebleeds                           | _____             | _____            |
| 20. Wears glasses/contacts               | _____             | _____            |
|  | <b><u>YES</u></b> | <b><u>NO</u></b> |
| 21. Medications taken on a regular basis | _____             | _____            |
| 22. Other                                | _____             | _____            |

Explain:

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***\*\* If any medication will be required, a physician's order form will need to be completed and returned prior to your child attending camp. Forms will be available at the Hospice Office at the time of the parent/guardian/child meeting. \*\****

The information included in this application is correct so far as I know and the person described herein has my permission to attend Camp Jamie and participate in all camp activities.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

