



Hospice and Serious Illness Care

March 27, 2023

Dear Parent or Guardian,

Lightways Hospice and Serious Illness Care is happy to invite your child/ren to register for our Peace of the Heart Day Camp. In addition to providing hospice and serious illness care, Lightways also provides Grief Support Services to both hospice families and community members who are coping with grief. One of our favorites programs is our Annual Peace of the Heart Day Camp, which is a four-day summer camp for children ages 7-13 who have experienced the death of a loved one. Camp will be held at the **Nature Center at Pilcher Park in Joliet, IL August 7th to 10th, 2023 from 9am-3pm each day.**

Our Peace of the Heart Day Camp will provide opportunities for children to process their loss through group discussions and activities. Participation will enable them to work through some aspects of their grief, meet other children coping with a loss and commemorate their loved one at a Memorial Service at the close of camp. The Nature Center will also have opportunities for the kids to hike, meet the resident animals, fish and enjoy the outdoors.

There is no fee for our camp, thanks to the generous donations from our community. Lunch and supplies will also be provided. The camp personnel will include a team of our Grief Counselors, Child Life Specialists, Music Therapists, Grief Counseling Interns and Volunteers.

Enclosed you will find registration materials to be completed and returned by June 30th.

Submission of registration materials does NOT guarantee your child/ren's spot at camp as space may be limited. After receipt of your registration materials you will be contacted by a staff member to set up a meeting with you and your child/ren to make sure the camp is the best fit for their needs.

Please feel free to contact Maria Korber, Grief Counselor, at the office at 779-242-1531, if you have any further questions.

Sincerely,

Patrice V. Martin, LCSW
Director of Grief Support

Joliet Area Community Hospice Corporation (DBA Lightways Hospice and Serious Illness Care).

Peace of the Heart Day Camp Application – 2023

Name of Child: _____

Home Address: _____ City/State: _____

Gender: _____ Date of Birth: _____ Grade Next Fall: _____

Parent(s) or Guardian (s) Name: _____

Address (if different than above): _____ City/State: _____

Phone Number(s): _____

Home: _____ Work: _____ Cell: _____

Other: _____ Email Address: _____

Name of Sibling(s) attending camp: _____

What is the primary language spoken in the child's home? _____

Name of Loved one who died: _____ Relationship to child: _____

Date of death: _____ Was loved one on Lightways/JACH hospice? _____

Cause of death (expected/unexpected, preventable/accidental, natural/intentional?): _____

What was your child's reaction to the death?

Did your child attend the funeral/memorial service? _____

If not, why?: _____

Has your child experienced any other significant losses in the past? If yes, please explain.

Has your child experienced the loss of a pet? _____ If so, how long ago? _____

Name of Pet: _____ Type of Pet: _____

Has your child said or done anything that has concerned you? ☐ Yes ☐ No If yes, please explain:

Has your child exhibited any of the following behaviors?

- | | |
|---|---|
| <input type="checkbox"/> Bed-wetting | <input type="checkbox"/> Run away from home |
| <input type="checkbox"/> Specific fears | <input type="checkbox"/> Regression |
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Changes in school performance/behavior |
| <input type="checkbox"/> Caused or discussed intention to harm self | |
| <input type="checkbox"/> Caused or discussed intention to harm others | |

Please explain any boxes checked:

Has your child been seen by the School Social Worker or Counselor? ☐ Yes ☐ No

If yes, please explain:

Name and Location of school attended last year: _____

Has your child received counseling in the past or presently? _____ Yes _____ No

If yes, when and why?

Counselor's Name: _____ Phone: _____

Has your child been under the care of a Psychiatrist? _____ Yes _____ No

If yes, when and why?

Psychiatrist's Name: _____ Phone: _____

Does your child have any medical/health problems? _____ Yes _____ No

If yes, please explain:

Is your child currently taking medications? _____ Yes _____ No

If yes, please list:

What would you like your child to gain from their camp experience?

What concerns do you or your child have about coming to camp?

Do you or your child have any concerns about the safety protocols related to reducing the risk of the spread of COVID?

If so, please explain.

If there were something that we should know to better serve your child, what would it be?

Has your child attended a grief camp before? ☐ yes ☐ no

How did you learn about our camp?

Snacks will be included in the supply bag. Please list any dietary restrictions or food allergies for your child:

What is your child's T-shirt size? (please circle one):

Youth XL - Youth L - Youth M – Youth S - Adult L - Adult M – Adult S

Lightways Hospice and Serious Illness Care

Peace of the Heart Day Camp Consent, Waiver and Release Form for August 2023

Child's Information: Please print clearly with complete information.

Child's Name: _____ Gender: _____

Date of Birth/Age: _____ Grade (Fall '23): _____ School: _____

Address: _____ City: _____ State: _____ Zip: _____

Does your child take any medication? ☐ Yes ☐ No Please List: _____

Does your child carry an EpiPen? ☐ Yes ☐ No Does your child need an inhaler? ☐ Yes ☐ No

Do any of these medicines have to be taken during camp sessions? ☐ Yes ☐ No

Does your child have any allergies, including food? ☐ Yes ☐ No Please List: _____

Please describe any current health conditions requiring medical attention, treatment, or special consideration when participating in camp activities: _____

Child's Health Insurance Plan and Policy Number: _____

Name of Doctor: _____ Doctor's Phone number: _____

Is your child fully vaccinated against COVID-19? ☐ Yes ☐ No

I give consent for my child to participate in the Peace of the Heart Day Camp ("Camp" or "Program") taking place at the Pilcher Park Nature Center in Joliet, IL. I acknowledge and assume the risk of potential exposure to COVID-19 by allowing my child to participate in-person. I agree to immediately notify Lightways and Pilcher Park staff in the event my child becomes ill or experiences any symptoms such as fever, cough, shortness of breath, sore throat, chills, body aches, and loss of smell or taste. In the event my child becomes ill or experiences any symptoms, I understand my child may be sent home immediately upon Lightways discretion.

I declare that my child is physically fit and in good medical condition to engage in all activities at the Camp. These activities will include but not be limited to outdoor activities such as hiking, fishing, meeting animals and participating in team-building activities. I also certify that my child has no physical or mental health conditions which could be worsened or aggravated by participation in the Program.

I understand that the Lightways Staff is trained in the basics of first aid and CPR, and I give consent to have my child receive first aid from Lightways Staff in case of an emergency. I authorize the Lightways or Pilcher Park staff to secure emergency medical treatment for my child, if necessary, provided that reasonable efforts are made to reach me

based on the nature of the emergency. I accept responsibility for any/all expenses incurred in securing emergency treatment for my child. I also agree to waive any claims against Lightways and Pilcher Park/Joliet Park District, its members, staff and volunteers for injuries or damages that may result from the conduct of other persons including participants in the Peace of the Heart Camp or Pilcher Park Programs. I understand the Lightways and Pilcher Park/Joliet Park District do not cover health and medical expenses and I agree to pay any and all expenses that may occur.

By signing below, I agree to all the terms and conditions listed above.

Parent/Guardian Signature **Print Name** **Date**

Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Cell Phone _____ Evening Phone _____

Email Address: _____ Employer: _____

Preferred method of contact: ☐ day phone ☐ cell ☐ evening phone ☐ e-mail

Child(ren) lives with: ☐ Parent/Guardian listed above ☐ Other _____

Emergency Contact & Release (other than parent/guardian)

Please list the full name, complete address, and phone number(s) of those to whom Lightways may release your child(ren) for pick up and emergency purposes.

You must list at least two (2) contacts. Please include any friends who may be used in a carpool situation and babysitters/nannies that may pick up.

Please list at least two (2) contacts.

Name: _____ Relationship: _____

Address: _____ Home Phone: _____ Cell _____

Name: _____ Relationship: _____

Address: _____ Home Phone _____ Cell _____

Name: _____ Relationship _____

Address: _____ Home Phone _____ Cell _____

I give consent to Lightways Hospice and Serious Illness Care to act on my behalf in an emergency if I cannot be reached. Further, I give consent to Lightways Hospice and Serious Illness Care to report any suspected child abuse or neglect.

I authorize Pilcher Park Nature Center or Lightways Staff/Volunteers to release my child to the person(s) listed above. I also give consent to those listed above to act on my behalf in an emergency in the event that I cannot be reached. I understand that my child will not be allowed to leave the Program with an unauthorized person. Additionally, any authorized person picking up my child, including parents, must present a valid picture I.D. Should an authorized person arrive to pick up my child that appears to be under the influence of alcohol or drugs, the staff will report this person to the police. I understand that the Lightways staff and volunteers are not allowed to transport children in their own vehicles. Lightways will take immediate disciplinary action toward staff and volunteers if a violation is discovered.

I have read and understood the Emergency Contact and Release and agree to all its terms and conditions.

_____ Parent/Guardian Signature	_____ Print Name	_____ Date
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Photo Release Form

I hereby authorize Lightways Hospice and Serious Illness Care or others on their behalf to publish the photographs, interviews (audio or written), films or videotapes taken of me and/or my child(ren) at the Peace of the Heart Virtual Day Camp. I authorize Lightways Hospice and Serious Illness Care to use and publish photographs, films, videotapes, or interviews in its public information and/or Public Relations Programs, including broadcast, publication in newspapers or other periodicals, and placement in public locations.

I release Lightways Hospice and Serious Illness Care from any expectation of confidentiality for the minor children and myself and attest that I am the parent or legal guardian of the child(ren) listed below and that I have the authority to authorize Lightways Hospice and Serious Illness Care to use their photographs and names. I acknowledge that since participation in publications and websites produced by Lightways Hospice and Serious Illness Care is voluntary, neither the minor children nor I will receive financial compensation. I further agree that participation in any publication and website produced by Lightways Hospice and Serious Illness Care confers no rights of ownership whatsoever. I release the Lightways Hospice and Serious Illness Care, its officials, agents, volunteers, contractors, and its employees from any and all liability, injury or damages arising out of the photographing, filming, videotaping, or interviewing, or out of the using or disclosing of the resulting images or information, including, without limitation, claims for breach of confidentiality, invasion of privacy, personal injury or property damages.

I have read and understood the Photo Release Form and agree to all its terms and conditions.

_____ Parent/Guardian Signature	_____ Print Name	_____ Date
_____ Child's Signature	_____ Print Name	_____ Date

General Waiver and Release

I hereby waive, release, and discharge Lightways Hospice and Serious Illness Care from any and all claims for damages or injury which may occur to my child as a result of his/her participation in said in-person or virtual

Program. This release is intended to discharge Lightways Hospice and Serious Illness Care, its officials, officers, employees, volunteers, and agents from liability, even though that liability may arise out of perceived negligence on the part of the persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assignees.

I read and fully understand this consent form and the waiver of liability and release. I had a chance to ask questions about this form. I agree to all its terms and conditions.

_____ Parent/Guardian Signature	_____ Print Name	_____ Date
_____ Child's Signature	_____ Print Name	_____ Date

Joliet Area Community Hospice Corporation (DBA Lightways Hospice and Serious Illness Care).