



Camp Good Grief

Saturday, March 18th, 2023
9:00 am - 9:00 pm

Everglades Youth Conservation Camp
West Palm Beach, FL

There is no cost to your family. Parents/guardians will be required to attend orientation. Dates to be determined. Transportation is provided to and from camp from our Belle Glade, Juno, West Palm Beach, Boynton Beach, and Fort Lauderdale locations.



At **Camp Good Grief**, campers have one thing in common – they know what it is like to experience the death of a loved one. **Camp Good Grief** provides a support system for children and teens ages 8 – 17 (18 if still enrolled in high school) 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 activities, music, art, and outdoor experiences.

Camp Good Grief is open to children who have experienced the death of a loved one more than 3 months before the date of camp. Other services are available prior to 3 months.

Space is limited, applications due March 1st, 2023.

Please submit completed applications to bereavementevents@trustbridge.com.
For more information or an application, visit trustbridge.com or call (561) 227.5175.

Camp Good Grief is made possible through the generosity of those friends & supporters of the mission of Trustbridge Hospice Foundation.



Sea Star Children's Camp Application

Child Information

Child Full Name: _____

D.O.B. (mm/dd/yy): _____ Age: _____ Gender: _____

Home Address: _____
Street Address Line 1

_____ City Zip Code
Street Address Line 2

Camper's T-shirt size: Youth: Small Medium Large
Adult: Small Medium Large X-Large XX-Large

Parent/Guardian Information

Parent/Guardian Full Name: _____ Relationship to Child: _____

Email Address: _____ Phone Number: _____

Emergency Contact Full Name and Number :

Name Number

Psychosocial History

Relationship of the Deceased to Child: _____ Date of Death: _____

Cause of Death: _____

Did the deceased receive hospice care with Trustbridge? Yes No

If so, please provide full name of the deceased: _____

Has the child experienced any other deaths? Yes No

If so, provide relationship to child and date of death: _____

Has the child:

- Said or done anything recently that concerns you? Yes No
- Demonstrated any suicidal or self-harming behaviors? Yes No
- Threatened or harmed others? Yes No
 - If yes to any of the above, please explain:



Sea Star Children's Camp Application

Psychosocial History Cont.

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

Has the child exhibited any other thoughts or behaviors that concern you? Yes No

- If so, please explain:

Do you have any other questions or concerns about the child attending camp? Yes No

- If so, please explain:

Discipline Protocol

To provide and maintain safety for all, children are expected to follow the Sea Star Children's Program rules. The following 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

_____ (Initial) I have read, explained, and reviewed the discipline protocol with my child. I understand my responsibility to pick up my child in the event of behavioral issues.

Parent/Guardian Consent for Pick-Up

The following adults other than the listed parent/guardian are allowed to pick up my child. List the full name and phone number of any adult who may be picking up child:

Full Name(s) & Phone Number(s):

**Photo ID will be required to pick up all children.*

Name: _____ Number: _____
Name: _____ Number: _____
Name: _____ Number: _____



Sea Star Children's Camp Application

Medications/First Aid

Does the child have allergies? Yes No

- If so, list allergies: _____

Does the child take any medications that need to be administered at camp? Yes No

- If so, list medications: _____

_____ (Initial, if applicable) I give permission to the Sea Star Children's Program nurse to administer prescription medications and first aid to my child.

Liability Statement (Required) – please initial

_____ In consideration for allowing my child to participate at camp, I, for myself and my 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'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.

Optional Permissions & Releases

Please initial if applicable

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 videos 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.

Recreational Activities, if applicable (Optional)

I give my child permission to go (initial all that apply):

_____ Swimming _____ Kayaking _____ Canoeing _____ Fishing

Optional recreational activities will be offered, if a child does not have permission to participate in the above activities.



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.

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

Printed Name of Client: _____

Client's Signature: _____

_____(Initial) I attest that I am this child's parent or legal guardian.

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____

Phone Number: _____