
ESSAY/PERSONAL REFLECTIONS

Bereavement summer camp for children and teens: A reflection of nine years

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ABSTRACT

The need to facilitate healthy bereavement, resulting from both deaths from life-threatening illnesses as well as violent, sudden deaths, is great. For the past 9 summers, Bereavement Services at Calvary Hospital, Bronx, New York, has sponsored a week-long day camp for bereaved children and adolescents. Each year the program expands by adding new activities to meet the needs of grieving children in therapeutic ways congruent with current research and timely clinical interventions. This article reflects on our experience, which has evolved and become stronger over the past 9 years. It is believed that this program is replicable and can be initiated and developed by other hospitals and organizations interested in developing similar programs.

KEYWORDS: Children and teen bereavement, Bereavement groups, Bereavement summer camp, Hospital support

INTRODUCTION

It is almost staggering to think that nationwide, 1 out of every 20 children under the age of 15 will experience the loss of one or both of their parents (Steen, 1998). The Bronx, one of the five boroughs of New York City, is an urban area and the children and teens we serve reflect the diversity of New York City. Many of the children we serve are economically disadvantaged and live in poor, inner-city neighborhoods. More than two-thirds are Latino and African American, and in many cases family ties are tenuous. Additionally, Calvary Hospital, located in the Bronx, has approximately 4000 cancer deaths a year, which is about 15% of all cancer deaths occurring in New York City. Because bereavement services and programs are extended to the bereaved in the community, the need to facilitate healthy bereavement, from cancer deaths as well as violent, sudden deaths, is great. For the past nine summers Calvary Hospital has sponsored a

week-long day camp for bereaved children and adolescents. Each year the program expands by adding new activities to meet the needs of grieving children in therapeutic ways congruent with current research and timely clinical interventions. This article reflects on our experience, which has evolved and become stronger over the past 9 years. It is believed that this program is replicable and can be initiated and developed by other hospitals and organizations interested in developing similar programs.

NEEDS OF BEREAVED CHILDREN

Studies have shown that for a child, the death of his or her parent is a highly stressful event that places the child at risk for complicated grief (Kirwin & Hamrin, 2005; Cerel et al., 2006; Christ & Christ, 2006) with elevated symptoms of distress including pain, sadness, anger, bewilderment, confusion, sleep disturbances, and an inability to focus on schoolwork (Corr, 2000; Dowdney, 2000; Lohan, 2006). Approximately 20% of bereaved children exhibit a wide range of emotional and behavioral symptoms (Dowdney, 2000). These symptoms sometimes persist for 2 years

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after the parent's death (Worden 1996; Dowdney, 2000). Approximately 4% of children in the United States (approximately 2,213,000 children) who are younger than 18 years of age experience the death of a parent (Sandler et al., 2003; Wolchik et al., 2006). The 2002 U.S. Census Bureau data indicate that there are about 857,000 children in the United States living in a single-parent household because of the death of the other parent (Lohan, 2006). Reports after the terrorist attack on the Twin Towers note there were 1500 children left by the deceased 700 Cantor Fitzgerald employees (Kirwin & Hamrin, 2005).

There are a number of variables that can affect the grieving process, including the nature of social supports available to the children after the death (Charkow, 1998). Studies have shown that, with adequate family resources and competent substitute care, including enhanced parenting skills and emotional support, bereaved children are better able to return to their previous level of functioning (Christ & Christ, 2006). The need to work with surviving parents is essential in providing support for bereaved children (Steinberg, 1997). Studies by Dowdney et al. (1999), Worden (1996), and Sanders (1989) indicate that the highest rates of psychological symptoms are found in children having less stable home environments or those from families having few resources or supports. Additional studies by Cerel et al. (2006) indicate that higher family socioeconomic status and lower surviving parents' level of depressive symptoms are also associated with better bereavement outcomes.

Young children who have lost a sibling or parental figure are likely to exhibit problems in their emotional, social, and behavioral functioning (Worden, 1996), and children who are not supported in the early phases of grieving are at high risk for complicated grief and major psychiatric disorders (Kirwin & Hamrin, 2005). A small British study (Dowdney et al., 1999) of 45 bereaved families with children aged 2 to 16 years of age looked at psychological disturbances in surviving parents and their bereaved children. The study indicated that parentally bereaved children showed high levels of psychological disturbance, with boys being more vulnerable than girls, particularly in acting out or aggressive behavior. Surviving mothers showed more psychiatric morbidity than surviving fathers, and psychological distress in bereaved parents was associated with psychological difficulties in their children.

Despite the risk for complicated grief and for bereaved children developing major psychiatric disorders, referrals for mental health services were not routinely offered. Those parents and children who did receive psychological support were families who had already received some mental

health services prior to the death (e.g., from hospice programs).

Children who receive compassionate care and emotional support after the death can be helped to grow emotionally without becoming maladjusted. Studies have shown that attendance at bereavement support groups and bereavement camps are activities that have been identified as being helpful for bereaved children (Steen, 1998; Creed et al., 2001; Christ & Christ, 2006) and teens (Geis et al., 1998), where peer support is so effective and important developmentally.

OVERVIEW OF CALVARY HOSPITAL

Calvary Hospital was founded over 100 years ago (1899) by the Women of Calvary, a group of 11 Catholic widows who initially cared for indigent and terminal patients in two private houses. The Women of Calvary were assisted by the Dominican Sisters. It is a one-of-a-kind hospital. This 200-bed hospital is devoted to palliative care, and admission requirements are for adults with advanced cancer. We have approximately 4000 cancer deaths a year, and approximately 15% of all cancer deaths in New York City occur at Calvary Hospital. A satellite program with 25 beds has been established at Lutheran Medical Center in Brooklyn, New York. This facility provides the same services and philosophy of care to families in that geographical location. Steeped in the hospital's mission is the concept of providing continuous end-of-life care to its patients and their families and the philosophy of nonabandonment. In addition, Calvary Hospital has a home hospice program initiated in 1998 with a census of approximately 190 patients a day. The notion of nonabandonment is evidenced by the numerous bereavement services the hospital offers, without charge, to our families as well as to the bereaved in the community.

OVERVIEW OF BEREAVEMENT SERVICES

After our patient dies, families are invited to return the following month to participate in a monthly memorial service. At this time we honor those Christian patients who have died the previous month. Approximately 150–200 family members and friends attend the Memorial Service each month. A memorial service for the hospital's Jewish patients occurs quarterly to honor those patients. Approximately 15% of Calvary Hospital patients are Jewish. Both the Christian and Jewish memorial services include families from our hospital and hospice programs. It is at these services where families are referred to the Director of Bereavement Services for bereavement follow-up care.

The Director of Bereavement Services coordinates and facilitates the many bereavement programs offered at Calvary Hospital, including numerous education programs for bereaved families and friends as well as education programs held throughout the year for clinicians in the community. One program, called Mentors Through Mourning, offers a series of free lectures to administrators, teachers, guidance counselors, school psychologists, and social workers associated with school-age children and teens. Our Brown Bag Lunch Series is a weekly educational summer program for clinicians involved in palliative care. In addition a 10-week bereavement course for clinicians is currently in its 16th year.

Several facilitated support groups are held every week, providing services for our families and the community at large. Intake interviews are conducted to assess the bereaved individual, identify those at high risk for complicated grief, and determine appropriate interventions in a timely manner. Separate homogenous groups meet weekly and include those for bereaved parents, the loss of spouses or partners, and adult children whose parents have died. Separate weekly groups for young spouses are also provided.

Studies have shown that peer interactions become significantly important during middle childhood and preadolescence (Fig. 1). These relationships take on a special role in adolescence as the child builds on previous experiences and skills (Englund et al., 2000). Prior to attending Camp Courageous, children ages 6 to 11 attend our weekly Precious Moments support groups. Their surviving parent or parental figure attends a simultaneous support group. The focus of these groups is not only to provide support but to enhance parenting skills. There is also a strong psycho-educational component to the groups.

After a death, bereaved parents may not have the energy or the knowledge to help their children (Kirwin & Hamrin, 2005). Helping guardians implement effective skills, provide mechanisms to reinforce self-esteem in their children, and reinforce positive behaviors are essential components of the weekly group. Because they may be engulfed in their own grief and their ability to support their child is impaired (Kirwin & Hamrin, 2005), frequently surviving parents are not able to significantly support their children. As a result of a death, changes in the relationship between the bereaved child and their caregivers can affect feelings of self-worth (Wolchik et al., 2006). Additionally, providing support programs for bereaved parents and their children can help them adapt to the loss and decrease risk factors for complicated grief (Kirwin & Hamrin, 2005).

Weekly teen support groups are held for adolescents, ages 12 to 17 years. Attendance at these



Fig. 1. Campers supporting one another.

groups is the requirement for entrance into Camp Courageous. These groups allow the teen to interact with other bereaved peers, helping them realize that they are not alone. The teens enjoy these groups, where they participate in art therapy and other expressive opportunities as effective methods of facilitating grief (McIntyre, 1992) after a death. Providing opportunities for the bereaved child or teen to participate in support groups also helps the child and at the same time relieves the grieving parent (Christ & Christ, 2006). All groups (and Camp Courageous) are free. Although many children come from the families of our patients, referrals come from a variety of other sources. These include self-referrals from parents and grandparents, social workers in the community and other hospitals, school guidance counselors, and case workers from New York City Administration for Children's Services (ACS). In some instances, we have received referrals from the courts, which have mandated that troubled children attend bereavement groups. Clinicians and researchers working with children and adolescents have recommended participation in bereavement support groups as an appropriate intervention for bereavement, including recent guidelines for children following a parent's death (Christ & Christ, 2006).

CAMP COURAGEOUS

The camp was initiated in 1997 when clinicians identified a further need to support bereaved children. The camp is supported by Calvary Hospital and also funded by donations and grants. Camp Courageous occurs during the summer, and preparation for next year's session begins almost immediately after we return from camp.

Children and teens are invited to attend the camp. They submit the necessary paperwork, including their medical history, allergies they may have, any medications that they are taking, proof of



Fig. 2. A walk in the woods.

immunizations (see Appendix A). In addition, their guardian completes a consent form allowing for emergency treatment (Appendix B).

On the first day of camp each camper receives a backpack filled with Camp Courageous t-shirts, a sweat shirt, and cap—all with the Camp’s logo. Counselors also receive backpacks, t-shirts, sweatshirts, and caps with a different color scheme (making it easy to spot who’s who). Campers arrive at the hospital each morning, where they take a bus up to the camp, which is located 45 min away from the hospital on 400 acres of wooded land (Fig. 2).

The camper’s day is structured in such a way so as to incorporate and intertwine bereavement programs into daily activities along with “normal” fun stuff one would expect at a day camp. Looking for frogs, row-boating (Fig. 3), and hiking in the woods create optimal



Fig. 3. Row-boating.

settings for intimate sharing (Fig. 4). Each day is divided into two parts: daily activities and special events. This very special day camp with the focus on our activities provides a space that promotes a therapeutic environment whereby bereaved children and adolescents feel comfortable and safe to acknowledge their grief, confront their loss(es), and provide opportunities to ask questions about death. Our ultimate goal is to promote healthy growth and development.

We include both large and small group activities. Twice a day, sitting in a circle, the campers are encouraged to “check in” and share with others how they are feeling or memories they wish to share with the group. This provides an opportunity for counselors to listen and observe the campers, offering support (Fig. 5). The counselors frequently act as role models for the campers and at times have also shared their losses and have received support from the campers. This year our bereavement activities included a wide variety of creative activities such as

- Building and making memory boxes (Fig. 6): campers and counselors work together to build memory boxes out of wood and then decorate them. Working together creates an atmosphere of safety where campers share memories, ask questions, and talk about the deceased.



Fig. 4. Intimate sharing.



Fig. 5. A quiet moment.



Fig. 6. Memory box.

- Planting trees in memory of the deceased (Fig. 7): This yearly activity is always a favorite. Everyone receives a sapling, which is then planted in the forest. Campers and counselors decorate rocks by painting and writing on them, which then surround their tree. This very special event is shared with members of the Bruderhof Community, a Christian faith-based community residing close by in Chester, New York. Children from the Bruderhof Community and their teachers spend a day at Camp Courageous. They bring saplings for the campers to plant in memory of their loved ones and together work with the campers planting the trees. All the children participate in the activities of the day (in addition to the tree planting)—friendships are made, bridging the gap between these two very different cultures.
- A bereavement scavenger hunt: This activity is based on the traditional scavenger hunt, but at the conclusion a discussion the counselors facilitate focuses on coping and feelings in which everyone participates.



Fig. 7. Tree planting.



Fig. 8. Ballon release.

- A memory tablecloth: Using special pens that won't wash out when laundered, campers and counselors write or draw on a memory tablecloth. The tablecloth becomes a significant way to honor the deceased.
- Writing cards and letters to the deceased: Journaling, using clay, art, and creative processes can help increase communication and explore emotions related to grief.
- A balloon release is held at the lake, on the last day of camp (Fig. 8). Campers choose the colors that are meaningful to them and counselors blow up helium balloons. The campers, counselors, and guests invited up for the day write messages on the balloons, which are then released.

All the other bereavement communal activities, as well as the individual work between counselor and camper, encourage the children to talk and think about their feelings and also the feelings/reactions of other bereaved children. Counselors strive to help the campers process their grief and develop coping skills to help the children grow and develop.



Fig. 9. A new friendship built.

Food is an integral part of the camp and the Hospital provides nourishing meals and snacks throughout the week. Although snacks are provided on the bus trip up to camp, breakfast awaits the campers when they arrive. Throughout the day fresh fruit, yogurt, and healthy snacks are provided and a full hot lunch is served as well. Throughout the day the children stuff their backpacks with snacks to later take home. All the leftovers, packed in disposable containers, are given to the guardians who come to pick up the campers and take them home. Many of the campers are from low-income families and our experience has been that the families welcome the food brought home.

STAFFING CAMP

Calvary Hospital further supports Camp Courageous by staffing the camp with hospital personnel. Individuals do not use personal vacation time but rather the hospital views the week as a regular work week. Depending on the number of campers attending, one to two nurses from the hospital are also present specifically to administer first aid. Almost all of the counselors are hospital employees, with the exception of a certified lifeguard and a camp counselor (who was initially a camper), who are the only paid staff in attendance. There are approximately two campers for each counselor. Hospital counselors include secretaries, laboratory technicians, dieticians, hospice volunteers, patient care technicians, chaplains, nurses, and, this year, staff from our information systems department and our medical librarian. Some of the counselors were new to the camp; others have worked repeatedly in the camp over the years.

Prior to the camp starting, a working lunch is held to orient staff to camp. The counselors receive relevant information about the children and deaths they have experienced. During this orientation, information packets are distributed to the counselors regarding the grief process for children and adolescents; listening skills and basic counseling techniques are identified. Also included in the packets are camp rules and a schedule for the week. Prior to the start of camp the counselors are assigned to the children.

Although not everyone can attend the camp, everyone in the hospital participates in one way or another. There is much pride in the hospital staff, and everyone is willing to help out. Asking staff to help lift a box or get something from another area or set up a room is never turned down by someone saying, "That's not my job." A deluge of teddy bears is received in the office from employees who are asked to donate a new teddy bear that will then be given away to the children during the week. The children are cheered on each morning as they board the bus by staff members from housekeepers, facilities man-

agement, and our security staff (they are usually in the lobby as campers and counselors leave). At the end of the day, our hospital president stops into our large waiting room to chat with the parents and guardians as they pick up their children.

THIS YEAR'S EXPERIENCE

For many of the children attending camp this may be their first trip outside New York City. The hour bus trip transforms them from a world of noise and crowded cement sidewalks into a world of green grass, forests, and lakes. Looking for frogs and exploring nature are new experiences, and sitting in a rowboat can be frightening and daunting. "It took me a while to get into the boat. Even wearing the life jacket scared me. It looked like fun but I was scared. By Wednesday I was willing to try it; I'm glad I did."

Some of the campers have suffered the death of their parent or grandparent; for others they have lost a sibling or other significant family member. For the majority of campers the death resulted in major changes in their lifestyle, their living conditions, and the roles they assumed in their family. Some children have to move to other communities, thus moving away from schoolmates and friends. Those with younger siblings have increased responsibilities with the expectations that they would take over some of the chores that the deceased parent or guardian once assumed. This is not uncommon; as with the death of any family member the family unit has to reorganize and adapt as changes are made in the roles and responsibilities of surviving family members (Geis et al., 1998). Some are now living with unfamiliar family relatives or in group or foster homes. Researchers have described that such stressors can influence the further bereaved child's mental health (Wolchik et al., 2006).

The deaths have been due to illnesses such as cancer, AIDS, and other life-threatening illnesses as well as sudden and violent deaths. Some campers have lost more than one family member. Although the cause of death varies, over the past 9 years we have found that the children and adolescents are supportive of each other and bond with one another (Fig. 9). The differences in the cause of death do not appear to be detrimental to the campers or impede the expression of their grief or the grief process.

Toward the end of camp this past year, 15-year-old Tammy sheepishly told me: "When my dad died of liver cancer I was so angry with him. We weren't even talking with one another. He had gone off program for 6 months and he and my mom were constantly yelling and fighting. I was furious with him—drunk and high all the time. When he died 6 months ago the house became quiet; no more fights. I kind of like that but now feel guilty. We never said goodbye."

Nine-year-old Natasha: “My dad died of AIDS when I was seven. My mom tried to keep us six kids together but she couldn’t. We’re all separated. My grandma couldn’t take care of us. My youngest sister went to our cousins; two went to an aunt. The rest of us are in foster homes. It wasn’t too bad until my mom died of breast cancer this year. Sometimes she used to come and visit. Now I’m really alone.”

Natasha’s comments and her attention-seeking, disruptive behavior on the last day of camp, when guardians and siblings are invited to come and spend the day, made us rethink this practice for next year’s program. Not having one’s family member present when other campers are sharing their work and activities can be painful to a child who has no guests.

CAMP ENDS

At the conclusion of camp, there is a written evaluation for campers, counselors, and parents/guardians (see Appendix C).

One week after returning from camp, the counselors meet with the bereavement director and senior counselor to discuss the events of the week. Lunch is served, experiences are shared, and the program is critically evaluated to help determine the planning and events for the following year. Everyone receives summaries of the evaluations, which were then discussed. Improvements were made, some activities were deleted, and new ideas were generated.

CAMP REUNION

For the past 2 years, approximately 2 months after camp ends, a reunion is planned on Columbus Day, which is a legal holiday during which schools are closed. This year 29 bereaved children and four counselors traveled by bus to the Bruderhof Community, where they spent the day with the friends they made at camp. Nature walks around the lake, fishing, and, this year, pumpkin picking and decorating help continue the relationships that were forged in camp. The sharing of this experience further helps the bereaved children come to the realization that they are not alone and develop tools and skills that will accompany them throughout their lives.

CONCLUSION

Camp Courageous is now entering its 10th season. This unique program benefiting bereaved children and adolescents has proven itself successful to the campers and the families or guardians caring for them. The counselors consistently vie for a position on the Camp staff, and the administration and loyal donors consistently financially support the

program. With encouragement and guidance, the program can be replicated in other institutions bringing support to bereaved children throughout our country.

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APPENDIX A: MEDICAL AND FAMILY FORMS

Camp Courageous Registration

July 10–14, 2006

Child's Name _____

Child's Age _____ Child's Date of Birth _____

Name of Parent/Guardian _____

Relationship to Child: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Address: _____

City, State, Zip Code _____

Brother(s) Ages _____ Sister(s) Ages _____

Others living in the household/relationship _____

Name and Age of the Person(s) who Died _____

Relationship to the Child: _____

Cause of Death: _____

Express your view of how your child is reacting to the loss:

Emergency Contact: _____

Relationship of Emergency Contact: _____

Home Phone of Emergency Contact: _____

Work Phone of Emergency Contact: _____

Cell Phone of Emergency Contact: _____

Physician: _____ Physician Phone: _____

Address: _____

City, State, Zip: _____

Insurance Information: _____

Date of Last Physical: ____ (**must be within the past 12 months**)

Date of Last Tetanus Shot: _____

Proof of Immunizations: Please provide **dates** of immunizations from your Health Care Provider of the following vaccinations:

Measles _____

Mumps _____

Rubella _____

Varicella _____

Does your child have any medical problems? If yes, please describe. _____

Is your child presently taking medications? _ Yes _ No

If yes, what kind? _____

For what purpose? _____ How often? _____

If your child needs medication, **you must please** provide the following:

1. physician's order

2. medications must be in the original container

3. a permission note

Does your child have any allergies? ____ Yes ____ No

_____ Medication? If yes, to what?

_____ Food? If yes, to what?

_____ Bees/insects? If yes, indicate type & treatment

_____ Other? If yes, please identify

Has your child ever been stung by a bee? ____ Yes ____ No

Is your child a Diabetic? _____ Yes _____ No

Has your child ever had a seizure? ____ Yes ____ No

We provide the campers with a Camp Courageous T-Shirt, sweatshirt and more! It would be helpful for us to know the sizes ahead of time. Please indicate which size T-Shirt and sweatshirt would best fit your child:

T-Shirt Sizes:

Child's Small (6–8) _____

Medium (10–12) _____

Large (14–16) _____

Adult Small _____

Adult Medium _____

Adult Large _____

Adult X-Large _____

Sweatshirt Sizes:

Child's Small (6–8) _____

Medium (10–12) _____

Large (14–16) _____

Adult Small _____

Adult Medium _____

Adult Large _____

Adult X-Large _____

Child's Name _____

APPENDIX B: MEDICAL RELEASE FORMS

Camp Courageous

Authorization Form

July 10–14, 2006

Authorization to Treat a Minor:

I (we) the undersigned parents or legal guardian of: _____ in case of emergency, give permission to the physician or registered nurse selected by the Camp Courageous Staff to hospitalize and provide such care and administer such diagnostic, radiological, pathological, surgical, anesthesia, and or therapeutic procedures and treatment and to order injection, as in the judgment of the responsible physician(s) is deemed necessary or advisable in my child's care.

As parent or legal guardian of the applicant, I am in favor of him/her attending Camp functions and accept the conditions named. The health history is correct as far as I know, and the person herein described has permission to engage in all prescribed Camp activities except as noted. In addition, I have read and understand the Emergency Authorization statement and give my full consent to the terms found therein. Permission for photocopying this health record is granted.

Signature of parent or guardian: _____

Date _____

Camp Courageous

Authorization Form

July 10–14, 2006

I (we) the undersigned parents or legal guardian of: _____ give permission to the registered nurse selected by the Camp Courageous Staff to administer Tylenol, Midol or Advil to my child.

Signature of parent or guardian: _____

Date _____

APPENDIX C: COMMENTS FROM EVALUATIONS

What do you think was most helpful about the Camp for your camper?

- I feel my daughter speaks more around other kids than all of us at home sometimes.
- He loves the counselors and the other campers.
- It's very beneficial to be with people who share a common bond.
- The camp gives my niece a chance to share her feelings with others who understand and can accept her.
- The interaction with the other children and exploring a natural environment. Also the counselors were excellent with the kids.
- I think it's just knowing other kids are going through the same stuff she is.
- Creative expression; like the balloon release.
- It's important that the kids were not alone with their grief.
- I think the boating because she is in a boat in the middle of the lake and has to face her feelings. It is also very relaxing to be on the water.
- They expressed the activities were fun and felt a connection to their dad.
- My granddaughter told me about her tree and how she was going to decorate rocks and put them around it.
- Lots of things were helpful; like stuffing the [toy] raccoon, painting the memory box, and planting the tree.
- He felt better know that there are people who share some of his feelings.
- He learned he was not the only one who lost a member of the family & how to deal with it.
- In all that was offered at the camp the opportunity of coming here and it's activities.
- I found my daughter thrived around all the other campers and did stuff without me she never did before.
- Camp gave each one the opportunity to venture out into their own groups and learn different things. Experience being around a different group each year.
- She wanted to participate with the balloon release and was more open to her feelings.
- Work together with others with the same experience.
- My son needs to be involved in more activities and to be with other kids more.
- She now feels a lot better.
- He said that when he went hiking he spoke to dad.
- It was all the other kids and knowing they had similar types of questions that she was asking.
- The kids all had the opportunity to express themselves verbally and through the different activities.
- She was able to express herself openly and started to be more comfortable with others.
- Being able to express her feelings freely.
- Each and every event was a positive and helpful experience for him.
- Great counselors, good help.
- Talking things out.
- The fun activity allowed the children to express themselves freely, openly and with confidence.
- It was not only fun for my daughter, but I think the open atmosphere of knowing she is with other kids who also lost someone is comforting.
- My child had told me how she loved the camp leaders and everything they did with her.
- She said it was a fun camp and that she had fun with the staff.
- He talked about all the activities.
- She spoke about her fishing experience.
- She told me about catching frogs. Also about the rock painting.
- He spoke of all the activities, experience and friends he established.
- He talked about the most fun outstanding activity he liked like fishing, hiking, magic tricks, special/box making.
- She never stopped. Everyday she just babbled on and on about camp.
- I think doing art was most helpful.
- He enjoyed the tree planting.
- He enjoyed everything.
- She really enjoyed it. Was looking forward to coming back the next day. Sad to know it would end today.
- My grandson had first come home talking about the memory box and how he could put some of his father's stuff in it. He was also excited about planting the tree in memory of his father.