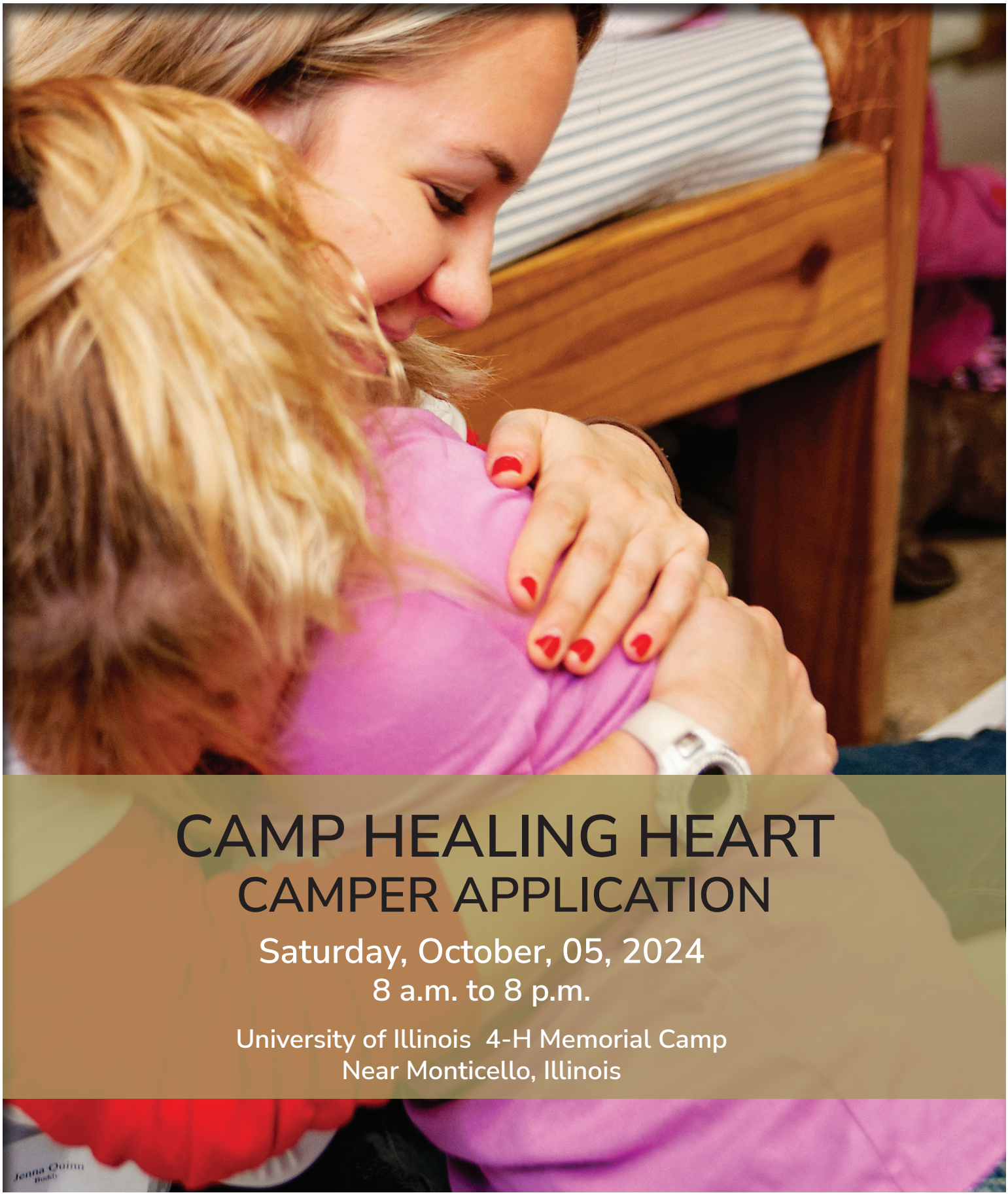

CAMP HEALING HEART
CAMPER APPLICATION

Saturday, October, 05, 2024
8 a.m. to 8 p.m.

University of Illinois 4-H Memorial Camp
Near Monticello, Illinois

A SPECIAL DAY CAMP
sponsored by Carle Hospice
for grieving children ages 5 to 17

Dear Parent/Guardian,

Thank you for your interest in sending your child to Camp Healing Heart. Enclosed is an information packet that includes all the necessary information to enroll your child in our day camp. To complete the registration process, please fill out and sign the enclosed consent forms. These consent forms provide information we need to assure your child's camp experience will be safe and rewarding.

After you have completed and returned the entire packet, someone from Carle Hospice will contact you to talk with you firsthand about your child. If we mutually determine that Camp Healing Heart can meet the needs of your child and there is space available, we will provide additional information to prepare you and your child for the day of camp.

There is no cost for your child to attend Camp Healing Heart but space is limited so please return your completed registration and consent forms by Friday, September 27, 2024.

Parents/Guardians are expected to provide their own transportation for dropping off and picking up their children at camp. All parents/guardians enrolling their children are encouraged to attend the Celebration of Life and Remembrance ceremony on Saturday night. Parents/Guardians will have the opportunity to speak with camp staff/volunteers immediately after the ceremony to discuss your child's experience at Camp Healing Heart.

We also invite you to an adult session Mourning and Healing as a Family. The session takes place at a location offsite in Monticello in the morning. Another less structured session will be held in the afternoon. Information will include what activities your child will be participating in at camp, what you can expect as you are grieving, and developmental stages of the grieving child and teen.

We look forward to making this a rewarding, fun and healing time for your child. Please call (217) 902-3301 or (800) 239-3620 if you have any questions or need additional information.

Please mail the completed application to 4116 Fieldstone Rd., Champaign, IL 61822, email to camphealingheart@carle.com or fax to (217) 902-3196.

Sincerely,

Camp Healing Heart Staff
Carle Hospice

CAMP HEALING HEART

CAMPER APPLICATION

Child's Name:_____ Nickname or preferred name:_____

Date of Birth: _____/_____/_____ Grade:_____ School:_____

Parent/Legal Guardian:_____

Relationship to Child:_____

Address:_____

Home Phone:_____ Work Phone:_____ Cell Phone:_____

Are you interested in parent/family sessions? ☐ Yes ☐ No Email:_____

Emergency Contact if parent/guardian cannot be reached:

(1) Name:_____ Relationship:_____

Address:_____

Home Phone:_____ Work Phone:_____ Cell Phone:_____

(2) Name:_____ Relationship:_____

Address:_____

Home Phone:_____ Work Phone:_____ Cell Phone:_____

Child's hobbies or special interests:_____

_____

Has your child attended at Camp Healing Heart before? ☐ Yes ☐ No

If yes, when?_____

How did you find out about Camp Healing Heart?_____

Name and relationship of loss:_____

T-Shirt Size:_____

CAMP HEALING HEART

CAMPER HEALTH HISTORY FORM

Child's Name:_____

Birth Date: _____ Gender Identification: _____

Food/Drug Allergies:_____

Other Known Allergies:_____

Please list any dietary restrictions (physician recommended/religious, etc.)_____

_____

Health History (check all that apply):

- ☐ Acquired Immune Deficiency Syndrome (AIDS)
- ☐ Asthma
- ☐ Attention Deficit Disorder (ADD)
- ☐ Attention Deficit Hyperactivity Disorder (ADHD)
- ☐ Convulsions/Seizures
- ☐ Constipation/Diarrhea
- ☐ Diabetes
- ☐ Emotional Problems
- ☐ Ear Infections
- ☐ Epilepsy
- ☐ Fears
- ☐ Fainting
- ☐ Heart Disease
- ☐ Hepatitis
- ☐ HIV
- ☐ Kidney Disease
- ☐ Menstrual Cramps
- ☐ Motion Sickness
- ☐ Nightmares
- ☐ Night walking
- ☐ Nosebleeds
- ☐ Phobias
- ☐ Sickle Cell Anemia
- ☐ Wears Contact Lenses/Glasses
- ☐ Hearing Impairment
- ☐ Other _____

Please provide additional information that would be helpful for camp staff to know about.

_____

_____

Are there any activities your child may not be able to participate in while at camp? ☐ Yes ☐ No

If yes, please explain:_____

_____

Media Authorization Consent to Release Information

Name:_____ MRN/Badge#:_____ Date of Birth:_____/_____/_____

Phone:_____ E-mail Address:_____

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

Throughout this document the reference to "Carle" collectively refers to Carle Health including Carle Foundation Hospital, Carle Physician Group, Carle Hoopeston Regional Health Center, Carle Richland Memorial Hospital, Carle BroMenn Medical Center, Carle Eureka, Carle Health Methodist Hospital, Carle Health Proctor Hospital and Carle Health Pekin Hospital. I authorize **Carle** to **release information** about me as follows:

1. **Carle** may use and/or disclose the information described below to the general public, through media, Carle publications or in other public venues including, but not limited to, print materials, social media, radio, television, and the internet.

2. I understand that the **purpose** of the disclosure(s) is for Carle's own marketing activities and/or general public information, awareness, education, and/or fundraising.

3. **Specific Records and/or Information** to be disclosed verbally, in writing or electronically, as the case may be:_____
   _____
   _____

4. **Revocation, Re-disclosure, & Expiration.** I understand that I may revoke this authorization at any time by submitting a written request to the Marketing & Communications department at 611 W. Park Street, Urbana, IL 61801, unless Carle has already acted upon my authorization. I understand that my revocation only applies to uses and disclosures of my personal information by Carle. I further understand that any information already disclosed pursuant to this authorization is no longer protected by the laws and regulations applicable to Carle, and may be subject to re-disclosure. Unless specified otherwise by me, this Authorization will have no expiration date.
   (Optional expiration date/event:_____).

5. I understand that my authorization to disclose the above information is **voluntary**, and Carle will not condition the provision of treatment or payment on this authorization.

6. **I waive any right to inspect or approve** the material prior to its use. All reproductions of my medical or personal information shall remain the property of Carle and may be edited prior to use. Furthermore, I release Carle, their licenses, agents, successors and assigns from any and all claims for damages for libel, slander, invasion of privacy or any other claim based upon the use and/or disclosure of my information.

COPY OF THIS AUTHORIZATION: I have been offered a copy of this authorization for my records.

_____

Signature (Parent/Guardian/Authorized Signature where applicable) Date

_____

Authority to Sign, if not the Patient/Employee Date

CarleHealth

X2894-0723

CAMP HEALING HEART

CAMPER INDEMNIFICATION AGREEMENT

1. I, _____, hereby give permission for my child, _____, to attend Camp Healing Heart. I understand that the camp's goal is to help facilitate the bereavement process of my child and provide support for him/her in expressing feelings of grief.

2. In consideration of the above-named child being granted permission by Carle Hospice to attend Camp Healing Heart, I, for myself and on behalf of my child, release and discharge Carle Hospice, its agents, Employees and Volunteers, from all claims, demands, actions and judgments, which I or my child ever had or now has or may have against Carle Hospice for all personal injuries, either physical or emotional, known or unknown, and injury to property, real or personal, sustained by my child's person or property during his or her attendance of Camp Healing Heart, whether the injury is caused by negligence or any other fault.

3. Also, in consideration of the above-named child being granted permission by Carle Hospice to attend Camp Healing Heart I agree to indemnify and hold harmless Carle Hospice for any and all claims, demand, actions and judgments whatsoever of every name and nature, both in law and equity, which my child ever had or now has or may have against Carle Hospice for all personal injuries, either physical or emotional, known or unknown, and injury to property, real or personal, sustained by my child's person or property during his or her attendance at Camp Healing Heart, including but not limited to, injury caused by or arising from Carle Hospice's own negligence.

I, the undersigned, have read this release and understand all of its terms.

_____ _____

Signature of Parent/Guardian *Date*

_____ _____

Signature of Parent/Guardian *Date*

Extension Participant/Volunteer
AGREEMENT TO ASSUME RISKS AND FULLY RELEASE ALL CLAIMS

ILLINOIS EXTENSION
COLLEGE OF AGRICULTURAL, CONSUMER & ENVIRONMENTAL SCIENCES

Risks of Extension Activities. I understand that my participation in University of Illinois Extension activities can present risks of physical injury (including death or disability) to me and damage to my personal property. The University of Illinois does not guarantee my personal health or safety or protect me against property loss. Physical injury to me or property damage may result from known or unexpected risks arising from things such as: use of equipment, materials, or facilities; environmental conditions, including poisonous plants, insects, and extreme heat or cold and other weather-related hazards; natural disasters; water activities; transportation; actions of others; animal behaviors; unavailability of immediate or adequate emergency care; infectious diseases; and slips and falls.

Risks of 4-H Equine Activities. Equine (horse, pony, mule, donkey, or hinny) activities present dangerous risks of injury and harm, regardless of the safety measures taken. If a horse or other equine animal is frightened or provoked, I understand that it might ignore its training and act according to its natural survival instincts, which may include actions such as unexpected change of directions or speed; running; sudden movement or stopping; shifting weight; bucking; rearing; kicking; and biting. I understand that **UNDER THE ILLINOIS EQUINE ACTIVITY LIABILITY ACT, EACH PARTICIPANT WHO ENGAGES IN AN EQUINE ACTIVITY EXPRESSLY ASSUMES THE RISK OF ENGAGING IN AND LEGAL RESPONSIBILITY FOR THE INJURY, LOSS, OR DAMAGE TO PERSON OR PROPERTY RESULTING FROM THE RISK OF EQUINE ACTIVITIES.** *Risk of equine activities* means dangers including but not limited to: (1) propensity of an equine to behave in ways that may result in injury, harm or death to persons on or around them; (2) unpredictability of an equine's reaction to sounds, sudden movement, and unfamiliar objects, persons, other animals or other things; (3) certain hazards such as surface and subsurface conditions; (4) collisions with other equines or objects; and (5) the potential of a participant to act in a negligent manner that may contribute to injury, such as failing to maintain control over the animal or not acting within his or her ability.

Risks of 4-H Shooting Sports Activities: Shooting sports involve the use of firearms, live ammunition, or archery equipment. I understand that there are inherent dangers associated with my participation in shooting sports, including observation. The potential dangers include, among other things, gunshot or archery wounds that can result in paralysis or loss of vision, limb, or life.

Assumption of Risks and Release of Claims: In consideration for allowing me to participate in Extension activities, I voluntarily assume all risk of injury and loss that I may sustain or suffer in connection with my participation in the activities described in this Agreement, and I forever and fully release, waive, and discharge all claims, demands, actions, and causes of action, known or unknown, that I have or that may accrue to me in the future ("Claims") against the Board of Trustees of the University of Illinois, its officers, employees, agents, and volunteers (individually a "Releasee") for personal injuries (including death), damage to property, and all liabilities, losses, costs, and expenses (including attorney fees) arising out of or resulting from my participation in Extension activities, including all Claims arising, in whole or in part, from the negligence of any Releasee. This Agreement is binding on my heirs, assigns, and representatives.

Effective Date: This Agreement is effective on the date signed by me ("Effective Date") and replaces any similar agreements previously signed by me as to Extension activities that occur on or after the Effective Date.

PARTICIPANT/VOLUNTEER SIGNATURE:_____ **DATE:** _____

PRINTED NAME:_____ **BIRTHDATE:** _____

HOME STREET ADDRESS:_____ **CITY:** _____

STATE:_____ **ZIP:**_____ **PHONE:**_____ **EMAIL:** _____

IF PARTICIPANT/VOLUNTEER IS UNDER 18 YEARS OLD:

PARENT/LEGAL GUARDIAN SIGNATURE:_____ **DATE:** _____

PRINTED NAME:_____ **PHONE/EMAIL:** _____

Extension Volunteer Agreement to Assume Risk/Approved for legal form by OUC/LMP/092018

Please keep this page and the map.
Return all of the other pages.

DRIVING DIRECTIONS TO UNIVERSITY OF ILLINOIS 4-H MEMORIAL CAMP AT ALLERTON PARK

- From I-72 Monticello, Illinois, Bridge Street Exit
- At Exit stop sign turn left and travel .4 mile to Old Route 47 (1625N)
- Turn right and travel 1.8 miles to 625E
- Turn left and travel .7 mile to County Farm Road (1550N)
- Turn right and travel .4 mile to Big Timber Road (500E)
- Turn left and travel 1.3 miles to Camp
- Turn right to enter Camp

WATCH FOR CAMP HEALING HEART SIGNS AND 4-H MEMORIAL CAMP SIGNS

Saturday, October 05, 2024
8 a.m. to 8 p.m.

University of Illinois
4-H Memorial Camp
499 Old Timber Rd.
Monticello, IL 61856

♥ University of Illinois 4-H Memorial Camp
Monticello, Illinois