

Dear Parent/Guardian:

Hello! You are receiving this letter because either you have expressed interest in having your child participate in Camp Hope, or we have received a referral for your child to participate in Camp Hope. This 3-day/2-night camp is a **free** bereavement camp offered through the hospice program at Wellspring Lutheran Services. Designed by our professional staff specifically for children and teens, ages 6 to 17, who have experienced the death of a loved one, Camp Hope provides a combination of recreational and bereavement activities to help kids learn to process their grief.

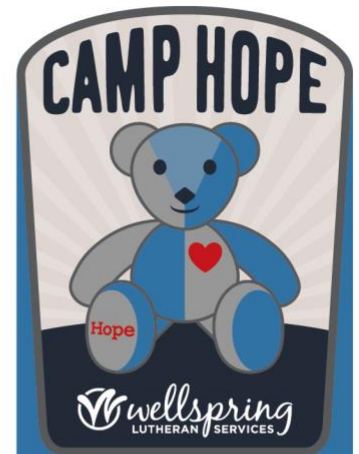
Camp Hope 2024 will be held on Wednesday, Thursday and Friday, **August 14, 15 & 16** at Camp Lael in Lapeer, MI. We provide bus transportation to and from the campsite. You will need to drop your children off at a designated location in Frankenmuth at 8:30 a.m. on August 14. You will be able to meet your children at the same location in Frankenmuth at approximately 1:00 p.m. on August 16. There will be a short celebration and ice cream social from 1:00 – 2:00 p.m.

Enclosed you will find an application and information packet that should answer any questions you may have. **If you would like to enroll your child for Camp Hope, please complete and return the application packet by Monday, July 1, 2024.** The application helps us determine if we are able to meet your child's needs in a camp setting. Once we receive your application, it will be reviewed. If it is determined that your child could benefit from Camp Hope, we will send out an acceptance letter and additional information.

**There is also a mandatory parent/guardian meeting on Monday, July 22, 2024.** You must attend either the 12:00 – 1:30 p.m. session or the 6:00 – 7:30 p.m. session in order for your child to attend camp.

The application deadline for Camp Hope, again, is **Monday July 1, 2024.** Please complete the enclosed application to the best of your ability. You may also fax it to 989.652.3279 or email it to [camphope@wellspringlutheran.com](mailto:camphope@wellspringlutheran.com). Please feel free to call us with any questions or concerns at 989.652.4663.

Sincerely,  
Jane Olivier, SW  
Bereavement Coordinator



100 Mayer Road  
Frankenmuth, MI 48734  
989.652.4663  
[wellspringlutheran.com/  
camphope](http://wellspringlutheran.com/camphope)

# FREQUENTLY ASKED QUESTIONS

**When is camp?** The three-day, two-night camp is held annually in August and runs on Wednesday through Friday.

**How much does it cost?** The camp is **free**. It is through fundraising efforts, grants and donations that Wellspring Lutheran Services is able to provide this program free of charge.

**Who will be at camp with my children?** Wellspring Lutheran Services social workers serve as camp leaders. All adults at camp receive specific training in order to be a Camp Hope volunteer. Camp Hope also has a partnership with UM-Flint, which provides psychology students and their instructor as camp volunteers. We are very selective about who is at camp with your children. All adult volunteers are required to pass a criminal background check, fingerprint check and drug screen test.

**Where is the camp held?** Camp Lael, located in Lapeer, MI, hosts Camp Hope.

**How will the children get there?** Wellspring Lutheran Services provides transportation to and from camp. Campers are picked up at a designated location in Frankenmuth and returned to that same location.

**How do I apply for camp?** Applications are accepted for children and teens ages 6-17 years old, each spring. To receive an application, please visit [wellspringlutheran.com/camphope](http://wellspringlutheran.com/camphope), call 989.652.4663 or email [camphope@wellspringlutheran.com](mailto:camphope@wellspringlutheran.com).

**How do you select children for the camp?** A Screening Committee comprised of medical social workers and grief counselors from Wellspring Lutheran Services reviews all applications and determines whether or not the child would benefit from the camp experience.

**When will I know if my child is accepted?** The Screening Committee will meet immediately after the application deadline. You will receive a letter notifying you about your child's acceptance, details about the mandatory meeting for parents/guardians along with camp information and instructions, including drop-off and pick-up location.



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**What if my child has already been to this camp?** If your child has already attended Camp Hope, they will automatically be placed on the waiting list. We want to give every child an opportunity to attend this camp at least once, and space is limited each year. First priority is given to children who have never been to camp. Check your local hospice office for other grief camps offered in your area.

**What do you do at camp?** The camp is set up according to the child's age and developmental level. Children are placed in groups according to age; they participate in age-appropriate grief and fun play activities. Some of the grief activities may include creating memory pillows and treasure boxes. Fun play activities may include swimming, boating, challenge course and bonfires.

**What if my child gets homesick?** The caring professionals and volunteers spend time with your child to assess their needs. Every attempt will be made to reassure and comfort your child. If your child is still very homesick, as a last resort they may place a phone call to home. Please note, this has only happened one time in all the years we've been conducting Camp Hope.

**What do you do about discipline?** All campers and staff are to be treated with dignity and respect at all times. Because we will not condone any behaviors that could cause physical and/or emotional harm, we have a "Three Strikes, You're Out" policy. It works like this:

- *Strike #1.* The child's group leader will talk to the child.
- *Strike #2.* Some of the child's recreational activities will be limited.
- *Strike #3.* If the negative behaviors continue after the first two strikes, the next strike could involve dismissal from camp.

**Does it matter who died or how long ago the death was?**

No. Any child can attend who has experienced the death of a close loved one, whether a parent, sibling, grandparent, aunt, uncle, cousin, friend, classmate, babysitter or close neighbor. Children are also encouraged to attend no matter how recent or how long ago the death occurred.

**What if I have more questions?** Call Wellspring Lutheran Services at 989.652.4663 to learn more. Our bereavement staff will be happy to answer any questions you may have.



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# CAMP HOPE APPLICATION



**APPLICATION DEADLINE: Monday, July 1, 2024**

**Directions:** Please complete all forms (*may be completed and submitted electronically*) to the best of your ability, completing all sections. The information you provide helps us to determine whether or not your child would benefit from attending Camp Hope.

**SEND COMPLETED FORM TO:**

Jane Olivier, BSW  
 Wellspring Lutheran Services  
 100 Mayer Road, Frankenmuth, MI 48734  
 Fax: 989.652.3279 | [camphope@wellspringlutheran.com](mailto:camphope@wellspringlutheran.com)

APPLICANT INFORMATION				
Child's Name:			Gender: Female      Male	
Child's Age:	Date of Birth:	Grade in School:		
Child's Address:		City:	State: <b>MI</b>	ZIP:

CONTACT INFORMATION				
Relationship to Child:		Parent Grandparent	Aunt/Uncle Foster Parent	Other:
Contact's Name:			Email:	
Address:		City:	State: <b>MI</b>	ZIP:
Primary Phone: (with area code)			Alternate Phone: (with area code)	

EMERGENCY INFORMATION: Be sure you read, fully understand and sign attached Consent/Waiver/Permission forms.	
Primary Physician's Name:	Phone:
Emergency Contact Name: (other than parent/guardian)	Relationship to Child:
Primary Phone: (with area code)	Alternate Phone: (with area code)

CIRCUMSTANCES OF LOVED ONE'S DEATH: Please list multiple losses, if applicable.						
Name of Deceased:	Relationship to Child:	Date of Death:				
		Child present at time of death?			Yes	No
How did death occur:	Illness	Accident	Suicide	Homicide	Natural Causes	Other:
Name of Deceased:	Relationship to Child:	Date of Death:				
		Child present at time of death?			Yes	No
How did death occur:	Illness	Accident	Suicide	Homicide	Natural Causes	Other:
Has child received counseling since the death?		Yes	No	If yes, where?		

# CAMP HOPE

## PARENT/GUARDIAN COMMENT PAGES



**THESE NEXT PAGES ARE VERY IMPORTANT** in helping us to determine whether or not your child would benefit from attending Camp Hope.

**Please include any details you feel would be beneficial for us to know.**

**STRESSORS:** Check ALL issues that the referred child and/or family members have experienced in the last year.

Divorce/separation	Legal issues	Substance abuse
Financial worries	Parenting struggles	School problems
Health issues	Moved homes	Struggles with peers
Loss of job/job stress	Moved schools	Problems with siblings
Abuse/trauma	New obligations	Separation from loved-ones <i>(other than the identified death)</i>

**Comment on any issues you feel requires further clarification.**

**SYMPTOMS:** Check ALL issues that apply to the child now or within past 6 months.

**Reported by child:** (please rate: **1=occasionally 2=frequently**)

Feeling depressed	Seeing things others don't	Feeling hopeless
Unusual thoughts	Hearing voices	Racing thoughts

**Observed by others:** (please rate: **1=occasionally 2=frequently**)

Verbal aggression	Hyper/anxious/nervous	Setting fires
Physical aggression	Sudden mood swings	Harming animals
Increased crying	Lack of emotions	Decreased activity
Isolating from others	Panic attacks	Suicidal talk
Loss of appetite	Can't concentrate	Suicide attempt
Food binging	Seems confused	Fear of dying
Nightmares	Self-harming	Decreased self-care
Sleep disturbances	Increased tantrums	Physical complaints <i>(stomach aches, headaches, ect.)</i>
Increased fears/phobias	Obsessive/compulsive	
Problems at school	Destroying property	

**Comment on any issues you feel requires further clarification.**

# CAMP HOPE

## PARENT/GUARDIAN COMMENT PAGES



**CHANGES & TRANSITIONS:** Often when a loved one dies, the struggles and transition of family members has a big impact on children. Help us understand what changes your family has experienced since the death of your loved-one.

### COMMUNICATION

**How has communication changed?** *(more talking, more yelling, silence, etc.)*

### ACTIVITY

**How have activities changed since the death?** *(some activities have stopped, increased, decreased, new activities, etc.)*

### TIME

**What has changed about your schedule and the time you are together or apart?**

### ROLES AND EXPECTATIONS

**How have the roles or expectations of family members changed?**

# CAMP HOPE

## PARENT/GUARDIAN COMMENT PAGES

**ADDITIONAL INFORMATION & DETAILS:** Please share any additional information or details that could help us in determining if your child would benefit from attending Camp Hope.



### ADDITIONAL INFORMATION & DETAILS

Dear Parent/Guardian:

We do a very special activity at camp that requires a photo of the deceased loved one.

The photo can be:

- The loved one.
- The loved one with the camper.
- The loved one in a group/family setting.

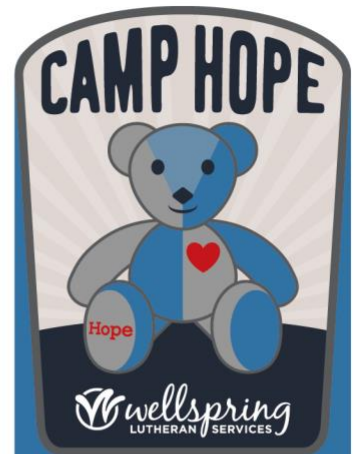
The same photo can be used for campers in the same family, or each camper can use different photos.

Please send us the photo to be used:

- Email to [camphope@wellspringlutheran.com](mailto:camphope@wellspringlutheran.com)
- Mail to 100 Mayer Rd., Frankenmuth, MI 48734. We will return the photo to you once it has been scanned.
- Bring the photo with you to the mandatory parent meeting on Monday, July 22, 2024.

If you have any questions, feel free to reach out.

Sincerely,  
Jane Olivier, SW  
Bereavement Coordinator



100 Mayer Road  
Frankenmuth, MI 48734  
989.652.4663

[wellspringlutheran.com/  
camphope](http://wellspringlutheran.com/camphope)



# CAMP HOPE WAIVER

## INCLUDES:

- swimming
- boating
- challenge course
- hiking
- dog therapy
- transportation

## PARENTAL PERMISSION STATEMENT

*Please read carefully before signing.*

I, the parent/guardian, give permission for \_\_\_\_\_  
(child's name)

to attend Camp Hope and participate in the activities at Camp Hope.

In the event of an emergency that I cannot be reached, I give my permission to the physicians or hospital selected by the camp administration to hospitalize, secure proper anesthesia, order injection, surgery and do whatever else appears medically necessary for my child.

I further give permission to the camp administration to select physicians or staff to provide routine care for my child, including dispensing medications and providing first aid.

I also give my permission for Wellspring Lutheran Services to use any photographs, video or voice tapes of my child in camp activities for public relations.

I am aware that signing this statement for participation in the activities of CAMP HOPE, certain activities can be physically demanding. I recognize that there is a significant element of risk in any adventure, sport, or activity associated with the outdoors. Knowing the inherent risks, dangers and rigors involved in the activities, I certify that my dependent is physically and mentally capable of participating in the activities of Camp Hope. If I or my dependent questions his or her ability to participate at any time during any of the scheduled activities, this concern should immediately be relayed to camp staff.

I accept full responsibility for bodily injury, death, loss of personal property and expenses thereof, as a result of my or my dependent's negligence. I further release and waive any and all claims, demands and causes of action which I or my dependent may have against Camp Hope, their members, representatives, volunteers or employees, for any bodily injury, including death, however caused, resulting from or arising out of or in any way connected to the above activities listed on this waiver. Staff will take every reasonable precaution to minimize exposure to known risks. However, as a participant, I acknowledge the nature of the activities and the fact that not all hazards connected with the activities can be foreseen. My dependent has personal responsibility to follow established safety rules and procedures associated with each activity. Lastly, I affirm that I understand, even under the safest conditions possible, participation in any part of the camp activities may be hazardous, and I assume the risk of any and all loss or injury resulting from or arising out of or in any way connected with the same, for myself or my dependent, and specifically on behalf of the individual named above.

**BY SIGNING, YOU CERTIFY THAT YOU HAVE READ AND FULLY UNDERSTAND,  
AND GIVE PERMISSION FOR THE ABOVE SITUATIONS.**

\_\_\_\_\_  
Parent/Guardian Signature *(please use ink)*

\_\_\_\_\_  
Date



100 Mayer Road  
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989.652.4663

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# PARENTAL/GUARDIAN SWIMMING CONSENT & ASSESSMENT



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\_\_\_\_\_ has my permission to participate in  
*(child's name)*  
swimming activities while at Camp Hope.

I have indicated below my child's ability in the water. I have also included any restrictions/precautions to be placed upon my child while participating in water activities.

My child is able to swim 25 yards without stopping.

My child is able to tread water or stay afloat for 5 minutes.

My child is a non-swimmer and should not be allowed in water over waist high

Other restrictions or precautions:

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\_\_\_\_\_  
Parent/Guardian Signature *(please use ink)*

\_\_\_\_\_  
Date

# PICK UP INFORMATION

For the safety of all, if you are unable to pick your camper(s) up on Friday, we ask you to list anyone who has permission to pick them up.

\_\_\_\_\_

Camper's Name

**Person(s) permitted to pick up child**

**Relationship**

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

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

\_\_\_\_\_

Camper's Name

**Person(s) permitted to pick up child**

**Relationship**

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

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

**ID MAY BE REQUIRED FOR PICK-UP**



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# CAMP HOPE HEALTH FORM

**Directions:** Please complete all sections of the form (may be completed and submitted electronically).

Wellspring Lutheran Services | 100 Mayer Road, Frankenmuth, MI 48734  
 Fax: 989.652.3279 | [camphope@wellspringlutheran.com](mailto:camphope@wellspringlutheran.com)

CAMPER INFORMATION				
Child's Name:			Gender: Female      Male	
Child's Age:	Date of Birth:	Grade in School:		
Child's Address:		City:	State: <b>MI</b>	ZIP:

CONTACT INFORMATION				
Mother's Name:	Lives with	Phone: Work:	Address:	
Father's Name:	Lives with	Phone: Work:	Address: Same as above	
Guardian's Name:	Lives with	Phone: Work:	Address: Same as above	

EMERGENCY INFORMATION		
Primary Physician's Name:		Phone:
Dentist or Orthodontist Name:		Phone:
Hospital of Choice: (if deemed necessary, nearest hospital will be chosen)		Medical Insurance Name:
Insurance Holder's Employer:	Policy #:	Group #:

HEALTH HISTORY	
Is this camper taking prescription medication?	No      Yes (If "Yes," please complete and attach the Medication Form)
List all chronic illnesses:	
List current diseases or conditions:	
Additional health-related information:	

ALLERGIES	HEALTH	IMMUNIZATIONS
Poison Ivy Hay Fever/Asthma/Wheezing Insect Stings Penicillin Other Drugs: Dietary: Other:	Frequent Ear Infections Heart Defect/Disease Convulsions Diabetes Bleeding/Clotting Disorder Epilepsy Developmental Disorder:	<i>Check if up-to-date:</i> Polio MMR DPT Hepatitis B Date of Last Tetanus Booster:

The above information is correct to the best of my knowledge. He/she has my permission to engage in all camp activities. I hereby give permission to the medical personnel selected by Camp Hope to order X-rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give my permission to the doctor selected by the camp director to secure and administer treatment, including hospitalization, for my above-named child. I also give my permission to the Camp Hope Nurse to give routine, non-surgical treatment. If signing this document electronically, I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this document.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

# CAMP HOPE MEDICATION FORM



**Directions:** Please complete all sections of the form *(may be completed and submitted electronically)*.

Wellspring Lutheran Services | 100 Mayer Road, Frankenmuth, MI 48734

Fax: 989.652.3279 | [camphope@wellspringlutheran.com](mailto:camphope@wellspringlutheran.com)

## CAMPER INFORMATION

Child's Name:	Child's Age:	Date of Birth:
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## PARENT AUTHORIZED MEDICATION (submit separate medication list if more space is needed than provided here)

Medication Name	Dose	How Often	Route*	Reason for Medication	Side Effects to Child

## MY CHILD MAY HAVE THE FOLLOWING OVER-THE-COUNTER MEDICATIONS AS NEEDED (check all you authorize)

Medication Name	Dose	How Often	Route	Reason for Medication	Side Effects to Child
Tylenol 325mg Tablets Children's Tylenol Chewable Tablets 80mg	1-2 tablets	every 6 hours	oral	pain, injury	
Ibuprofen 200mg Tablets (over 12 years) Ibuprofen (under 12 years, 5-10mg/kg in weight)	1-2 doses	every 6 hours	oral	pain, swelling, injury	
Triple Antibiotic Cream	1 application	as needed	topical skin	cuts, scrapes, bug bites	
Benadryl Spray	1-2 squirts	every 6 hours	topical skin	bug bites	
Children's Claritin 10mg/ml	1 dose	daily	oral	watery eyes, itching, cough, runny nose, congestion	
Robitussin Cough 200mg - 400mg (over 12 years) Robitussin Cough 100mg - 200mg (under 12 years)	1 dose	every 4 hours	oral	cough	
Epinephrine Pen	1 shot	once	injection	allergic shock from bee sting or food	

\*Route: ORAL (pill/capsule/chewable, liquid) INHALED (inhaler, nebulizer) TOPICAL SKIN APPLICATION (ointment) DROPS (eye, ear) INJECTION

I request and give permission for the child named on this form to receive the above medications/treatments at Camp Hope. Medication must be in the original container and intended for above child. **This form MUST be signed for child to receive above medications.** If signing this document electronically, I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this document.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**SAVE FORM**