

Camp Forget-Me-Not Camper Registration Form 2025

Camper's Name _____
(last) (first)

Name/Nickname camper wants to be called _____

Age _____ Birthday _____ Gender: M or F or Other (circle one)
Preferred pronouns _____

Home Address of camper _____

School _____

Shirt size of the camper: Youth: S M L Adult: S M L

Legal Parent/Legal Guardian

Name _____
(last) (first)

Phone: Home _____ Cell _____ Work _____

Address: _____

Relationship to camper: _____

Email: _____

Second Emergency Contact

Name: _____ Phone _____

Name of the person who died: _____

Relationship of the camper to the deceased: _____

Was the deceased on Hospice services? Yes No (circle one)

Please give brief details of the death: _____

Please circle if the camper is seeing or has seen a:

School counselor Therapist Psychologist Psychiatrist

If yes, please indicate for how long. _____

Camp Forget-Me-Not Medical Form

Camper's Name _____
(last) (first)

Camper's Date of Birth _____

Information about your campers' health is needed to ensure their safety at camp. It will not affect whether your camper is chosen to attend. **Campers who are ill or have symptoms of a contagious illness within 24 hours of the camp day may not attend.**

Campers must have all vaccinations and boosters. Please give the year of the following vaccinations:

Polio ____ Diphtheria ____ Rubella ____ Mumps ____ Tetanus ____ Measles ____

Please check any that apply for your camper:

____ ADD or ADHD	____ Asthma
____ Diabetes	____ Convulsions/Seizures
____ Fainting	____ Emotional Problems
____ Hearing Impairment	____ Severe Reaction to Poison Ivy
____ Menstrual Cramps	____ Heart Disease
____ Hay Fever	____ Hepatitis
____ Wears Contact Lenses/ Glasses	____ Kidney Disease
____ Severe Reaction to Bee Stings	____ Frequent Ear Infections
____ Developmentally Delayed	____ Bleeding/Clotting Disorder
____ Other Health Condition (Identify) _____	

Please list allergies of any kind (food, medications, insects, plants, substances, etc).

Please provide any information we need to know to take care of your camper safely.

Please identify any activities your camper may be unable to do and why.

Please list the camper's medications (include dosage and when administered).

Please identify any dietary restrictions: _____

Camper's Primary Care Physician _____ Phone _____

Please tell us how you found out about the camp. _____

Camp Rules and Guidelines

Campers are not allowed to bring electronic devices (phones, laptops, tablets, etc.) or cameras. We value confidentiality and want to be a distraction from the camp experience. Campers are also prohibited from posting pictures on social media.

Campers should dress appropriately, i.e., weather, as some activities will be done outside. Campers should wear sneakers and not open-toed footwear such as flip-flops.

If a camper has special dietary needs, they should bring lunch and snacks.

Medication must be brought in its original container, with only the dosage for that day to be administered by the camp RN. Over-the-counter medication dispensed by the camp RN must have a Drs order.

Transportation to and from camp is the responsibility of the caregiver/parent/guardian. The camper will only be released to people listed on the Authorized Person for Pick-Up form.

Camper may only attend camp by following the signature from parent/legal guardian.

Legal Parent/Legal Guardian Consent and Signature

I, as the legal parent or legal guardian, permit Camp Forget-Me-Not staff to provide grief education and counseling for _____.

(Camper's Name)

I agree to keep confidential any information disclosed during the parent/guardian education and support group and any information that my camper(s) relay to me about another camper or their family.

I do _____ or do not _____ (check one) give my permission for the above camper to be photographed and videotaped at the camp for the dual purpose of future promotion, ex. Website, social media, press releases, and all other marketing purposes.

I give my permission for the Camp RN to give meds as prescribed.

Signature of Legal Parent/Legal Guardian

As a legal parent/guardian, I attest that the information in the Camp Medical and Registration forms are correct to the best of my knowledge.

The above camper has my permission to engage in all camp activities except as noted. In case of any emergency requiring hospital admittance or treatment, I consent for the Camp Forget-Me-Not staff and emergency medical staff to care for my camper and receive discharge information from the hospital until somebody can be with me.



Authorization for Media Release

Name: _____

(Print)

Authorized Representative: _____

Phone Number: _____

Address: _____

I hereby authorize Helios Care the use or disclosure of protected health care information (PHI) in the form of:

- ☐ photographs
- ☐ videotape images
- ☐ audio recordings
- ☐ interview
- ☐ Other (please specify) _____

The information may be used in the following manner:

- ☐ Hospice Newsletters
- ☐ Organizational Marketing or Publicity Purposes
- ☐ Interviews with News Media
- ☐ Educational Purpose
- ☐ Brochures
- ☐ Website
- ☐ Other
- ☐ All of the above

I understand that this authorization is valid for three years from the date of signature and that I may revoke it at any time, except to the extent that Helios Care already has taken action in reliance upon this Authorization. (To revoke this authorization, write to: HIPAA Privacy Officer, Helios Care, 297 River Street Service Road, Oneonta, New York 13820.)

I understand that any photographic or video information used or disclosed under this Authorization may be subject to re-disclosure by the recipient, and the privacy of the Protected Health Information will no longer be protected by law.

I understand that I am not required to sign this authorization and that my healthcare, payment for healthcare, and healthcare benefits will not be affected if I do not sign this form.

Authorized Representative (Print Name): _____

Signature Authorized Representative: _____ Date: ____/____/____

Description of Authorized Representative's authority to sign for the child:

Witness Signature: _____ Date: ____/____/____