



SEVA KIDS CAMP REGISTRATION

PLEASE PRINT CLEARLY

Child's Legal Name: _____ Age: ____ Birthdate: _____

Child's Nickname: _____ Sex: _____

Address: _____

City: _____ Zip: _____

Name Parent/Guardian: _____

Relationship to Camper: _____ Email: _____

Work Phone: _____ Cell Phone: _____

School: _____ Grade: _____

Please complete the following questions to help acquaint our staff with your child's experience with death (attached additional sheets as necessary):

Name, and relationship to the child of the person who died _____

How long ago did the death occur? _____

How has your child attempted to cope with his/her grief? _____

Has your child experience any behavior problems that you believe are related to the death?

Have there been other significant changes in your child's life? For example: Moving to a new home or school, divorce, other deaths?

Has your child attended a bereavement support group?

T-SHIRT SIZE (circle one) Adult S M L XL 2XL Youth S M L



HISTORY AND OTHER INFORMATION

Child's Name: _____ Age: _____ Birth Date: _____ Sex: _____

Parent/Guardian Name: _____ Relationship to Child: _____

Cell Phone: _____ Other Phone: _____

First Emergency Contact

Name: _____ Relationship to Child: _____

Cell Phone: _____ Other Phone: _____

Second Emergency Contact

Name: _____ Relationship to Child: _____

Cell Phone: _____ Other Phone: _____

Allergies:

Food: _____ Medications: _____

Other: _____

Dietary Modifications: _____ Activity Restrictions: _____

Regular Medications: _____

As needed the camp nurse may administer over the counter medications such as, but not limited to, Tylenol, Advil, or Benadryl for my child? Please circle one: Yes / Yes, but call me first / No

Additional Health Information: _____

Family Physician: _____ Phone: _____

Medical Insurance Carrier: _____ Policy: _____

MEDICAL RELEASE: This health history is correct so far as I know, and this person has permission of the undersigned to engage in all camp activities except as noted. In case of illness or injury, Seva Hospice Inc has my permission to procure medical treatment for the above named (minor, if applicable). I understand Seva Hospice Inc does not provide medical insurance or reimbursement for medical fees or prescriptions and that I am responsible for any/all such fees and charges arising from illness or injury that may occur.

Signature of Parent/Guardian

Date



**SEVA HOSPICE KIDS CAMP
Liability Release Form**

As the parent or legal guardian of the minor child named below, I hereby give my full consent and approval for their participation in the Seva Hospice Inc **KIDS CAMP**. In consideration of being allowed to participate in KID'S CAMP and all related events and activities, the undersigned acknowledges and agrees that:

- 1) There are certain risks of injury inherent in participation in KIDS CAMP and its related events and activities, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury or death does exist; and,
- 2) I certify that my child is fully capable of participating in KIDS CAMP and all related events and activities, and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed here _____, and I knowingly and freely assume all such risks on behalf of my child, both known and unknown, assume full responsibility for my child's participation; and,
- 3) I certify that I have legal custody of and responsibility for my child named below, and I further certify that if I have joint custody of this minor, I have notified the other parent or responsible party of their participation; and,
- 4) I, as parent or legal guardian, do hereby, for my child, myself, my heirs, executors and administrators, release and forever discharge and hold harmless Seva Hospice Inc and all officers, directors, employees, agents and volunteers of the organization, and if applicable, owners and lessors of premises (Releasees), acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from my child's participation in KIDS CAMP, whether the result of negligence of the Releasees or any other cause.

I acknowledge that I have carefully read this document and understand the information therein. I agree to each of the terms and acknowledgments above and agree to permit my child to participate in KIDS CAMP. By my signature, I warrant that I am not relying on any oral representations, statements, or inducement apart from the statements made on this form.

Child's Full Name (printed)

Date of Birth

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date



PERMISSION TO PHOTOGRAPH

Seva Hospice Inc KIDS CAMP program activities may be photographed, videotaped, or audio taped for educational, publicity or fundraising purposes. Please indicate if you give permission for your child to appear in videos, photos or audio recordings without compensation (e.g., as part of brochures, slide shows or program websites).

- Yes, I give my permission to Seva Hospice Inc and/or agents authorized by them to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose.
- No, my child may not appear in any photograph, audio or videotape.

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date



Seva Hospice Inc Informed Consent Release of Liability

Name (participant):

Address:

City, State, Zip:

Age at date of session:

Name of guardian (if participant is a minor)_____

If the above-listed Participant is under 18 years of age, I hereby declare that I am authorized as their guardian to sign this Legal Release on their behalf and understand and agree that they are bound by all terms and conditions of this document.

In consideration of the services provided by Seva Hospice Inc (SEVA) & their respective agents, employees, directors, officers, contractors, volunteers, in connection with Participant's participation at Seva Hospice Inc, I as Participant or, if Participant is a minor, as Parent Guardian of Participant agree as follows:

I am familiar with the Program and all of my questions about the Program, including questions concerning the details of activities, the physical conditions, and the Program's location have been answered to my satisfaction. I understand that participation in the Program creates a risk of injury and I expressly acknowledge and assume the risk of such injury to the Participant. The following describes some of those risks.

- The Program involves outdoor activities where exposure to environmental risks include poison oak, insects, snakes, predators, unpredictable forces of nature such as storms, earthquakes, and wildfires. Entering restricted areas on the property is prohibited and could be dangerous.
- The Program may require travel to an off-site activity by bus or vehicle and includes: Possible injuries include sunburn, dehydration, heat stroke, slipping, falling, drowning, and other mild or serious injuries and conditions.



- An environment free of allergens, including but not limited to food allergens, cannot be guaranteed at Seva Hospice Kids Camp. Therefore, SEVA cannot guarantee the Participant will not come into contact with any allergens while at Seva Hospice Kids Camp. Participation in the program will expose the participant to food, activities and persons that may result in exposure to allergens and injury.

I agree that this description of risks is not complete, and that unknown or unanticipated risks may result in property loss, injury, or death. I understand that the unique character of this Program is to serve participants who are medically fragile or high risk. I have submitted, to the best of my knowledge, complete health history information to the ENN and represent that Participant is free from medical or physical conditions that might create undue **risk** to Participant. I represent that Participant is fully capable of participating in this Program. Therefore, I assume and accept full responsibility for any injury, death, loss of personal property, and/or expenses that may result from Participant's involvement in this Program, and I further agree to indemnify and hold harmless Exceptional Needs Network and their agents, employees, directors, officers, contractors, volunteers, and all entities associated with it to the fullest extent of the law, from any and all damages, losses or liability that may result from Participant's involvement in the Program.

Participant Signature (if age 18 or older): _____ **Date:** _____

Parent/Guardian Signature _____ **Date:** _____



SEVA HOSPICE ABUSE/NEGLECT/DOMESTIC VIOLENCE REPORTING PURPOSE

To educate volunteers on the proper responses if abuse or neglect of a vulnerable adult or child or domestic violence is suspected.

POLICY

Clients have the right to be free from mental, physical, sexual, and verbal abuse, neglect, exploitation, and misappropriation of property. Camp volunteers endeavor to protect clients from real or perceived abuse, neglect, or exploitation from anyone, including staff, students, volunteers, visitors, or family members, and promptly report any suspected case of abuse or neglect of a vulnerable adult or child, or domestic violence, in accordance with state law. All allegations, observations, or suspected cases of abuse, neglect, or exploitation must be reported to the Camp Director immediately.

PROCEDURE

1. All Seva Kids Camp volunteers are informed of the "Adult/Child Abuse/Domestic Violence Reporting" law as a part of the orientation process. The signed form kept on file in the Camp office.
2. All volunteers engaged in the care of vulnerable adults/children who suspect abuse or neglect are legally obliged to immediately report all such cases, and can be penalized for not reporting.
3. Ensure that all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of camper property by anyone furnishing services on behalf of Kids Camp are reported immediately by camp volunteers to the Kids Camp Director.

Definitions:

- Vulnerable Child - Anyone under 18 years old who attends Kids Camp is unable or unlikely to report abuse or neglect without assistance because of mental, physical or emotional impairment.
- Vulnerable Adult- Anyone 18 years and older who attends Kids Camp is unable or unlikely to report abuse or neglect without assistance because of mental, physical, or emotional impairment.
- Abuse - The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.
- Verbal abuse - Includes the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to patients or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability.
- Mental abuse - Includes, but is not limited to, hellion, harassment, and threats of punishment or deprivation.



- Sexual abuse - Includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault.
 - Physical abuse - Includes, but is not limited to, hitting, slapping, pinching and kicking. It also includes controlling behavior through corporal punishment.
 - Injuries of unknown source - An injury should be classified as an "injury of unknown source" when both of the following conditions are met:
 - The source of the injury was not observed by any person, or the source of the injury could not be explained by the camper: and
 - The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.
 - Neglect - The failure, absence, or unlikelihood of a caregiver to provide the necessary food, clothing, shelter, health care or supervision for a vulnerable adult or child.
 - Domestic Violence - Known or suspected wounds/injury/abuse committed against an adult or emancipated minor who is a spouse, former spouse, cohabitant, former cohabitant, someone with whom the abuser has had a child, been engaged to, or dated.
 - Exploitation - Taking unjust advantage of another for one's own benefit.
 - Fiduciary Abuse - Abuse of finances or financial resources
 - Immediately- means as soon as possible, but not to exceed 24 hours after discovery of the incident, in the absence of a shorter state time frame requirement.
 - Misappropriation of Patient Property- The deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a camper's belongings or money without the patient's consent.
 - Mandated Reporter - A professional or the professional's delegate who is engaged in the care of the camper or in education, social services, law enforcement, or any related occupations, who had knowledge of the abuse or neglect of a patient who has reasonable cause to believe that a patient is being or has been abused or neglected, or who has knowledge that a patient has sustained a physical injury that is not reasonably explained by the history of injuries provided by the caretaker or caregiver(s) of the patient (Note that specific reporting requirements vary from state to state.)
4. Guidelines to assist staff in identifying possible victims at risk for child abuse:
- ▶ Parents who have unrealistic expectations for the child based on the child's current developmental level
 - ▶ Parents who were abused themselves.
 - ▶ Burns caused from scalding An imprint from a hot object on the back, buttocks, or back of the hands.
 - ▶ Fractures that do not correlate with child's gross motor ability, femoral fractures in children under 2 years old, and rib fractures in infants and children
 - ▶ CNS signs and symptoms that may indicate a head injury from violent shaking.



5. Guidelines to assist volunteers in identifying possible victims of adult abuse or neglect:
 - ▶ Bruising, injuries, of the face, back, upper arms and legs
 - ▶ Caregivers with unrealistic expectations of the vulnerable adult's abilities
 - ▶ caregivers exhibit Inappropriate behavior when dealing with vulnerable adult
 - ▶ Camper reports being hurt by caregiver
 - ▶ Camper's needs for nutrition, cleanliness, safety, not being provided by caregiver
6. Kids camp volunteers are to immediately report to the Camp Director under any circumstance where they suspect abuse, neglect, exploitation, or domestic violence. Supervisors are to be notified before reports are given to authorities. Volunteers who feel that the Director has discouraged the report of an Incident to authorities as required should voice their concerns to the Seva Hospice Inc Board of Directors.
7. The Camp Director will immediately investigate all alleged violations involving anyone furnishing services on behalf of Kids Camp and immediately take action to prevent further potential violations while the alleged violation is being verified. Staff will be re-assigned or removed from camper's care immediately upon notification of condemn.
8. The Camp Director will take appropriate corrective action in accordance with state law.
9. The following action is taken by the Camp Director in these circumstances:
 - o Life-threatening abuse or neglect or witnessed abuse - call 911 immediately
 - o Suspected abuse or neglect - verbal report as soon as possible to Children's Protective Services at the appropriate County Department of Human Services, using the county listings for APS.
 - o Suspected adult abuse or neglect- verbal report as soon as possible to Adult Protective Services at the appropriate County Department of Aging and Adult Services using the county listings for APS.
 - o Suspected domestic abuse - verbal report as soon as possible to the local law enforcement agency, followed by a written report within two working days
 - o Suspected financial abuse - verbal report as soon as possible to Children's Protective Services at the appropriate County Department of Human Services, using the county listings for APS.
10. A copy of all written reports shall be maintained in strict confidence and maintained for seven years when information is determined to be substantiated, and for four years when information is determined to be unsubstantiated.