

Dear Parent or Guardian,

Mayo Clinic Health System Hospice in Mankato is hosting Camp Oz, a one-day grief camp for children and teens who have experienced the loss of a loved one. Children are able to share their feelings of grief and participate in remembrance activities. They also have an opportunity to connect with others who have experienced loss, helping participants understand they're not alone.

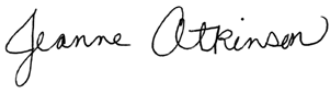
Traditionally held the first Saturday in October, Camp Oz attendees are invited to Camp Patterson on Lake Washington, located near the community of Madison Lake. Parents and guardians will need to provide transportation to and from camp. We also require at least one parent or guardian to attend the closing ceremony.

Camp Oz is open to children ages 6 to 18 who have completed kindergarten, and teens up to grade 12. This camp is offered at no charge and is open to the public. However, pre-registration is required.

We ask that you complete a registration form for each child who plans to attend and mail, email, or fax to the Hospice office. Please contact Bereavement and Camp Coordinator, Jeanne Atkinson, with questions or if you would like registration forms mailed to you. Call 507-594-2989 or 800-327-3721, ext 2989.

This September, you will be contacted either by mail or email with additional camp details. We hope your child can join us for a fun and healing day at Camp Oz!

Caring thoughts,



Jeanne Atkinson, M.S.
Bereavement and Camp Oz Coordinator
Mayo Clinic Health System Hospice
Atkinson.Jeanne@mayo.edu



Camp Oz Camper Registration, Permission, Liability Waiver and Release for Field Trip

Instructions: This form is used to submit your child's registration. Complete all fields and save the file to your computer. Then open a new email message, attach the file, and send to Atkinson.Jeanne@mayo.edu. Adobe Reader 11 or Acrobat is required to save the form.

If you are unable to do this, you may fax the form to Mayo Clinic Health System Hospice at 507-594-5649, or you can mail the form to:

Mayo Clinic Health System Hospice (organization name must be included to ensure delivery)

ATT: Jeanne/Camp Oz

1025 Marsh Street

Mankato, MN 56001

Date Today (mm-dd-yyyy) _____

Part I: Personal Information

| | | | |
|---|------------|---|--|
| Child Name (First Middle Last) | | | |
| Street Address | | City | State ZIP Code |
| Birth Date (mm-dd-yyyy) | Age | Grade in the Fall | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| T-Shirt Size: Youth sizes <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L or Adult sizes <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL | | | |
| Father or Guardian Name (First Last) | | | |
| Street Address (only if different from child's) | | City | State ZIP Code |
| Email | Home Phone | Cell Phone | Work Phone |
| Best Time to Reach | | | |
| Mother or Guardian Name (First Last) | | | |
| Street Address (only if different from child's) | | City | State ZIP Code |
| Email | Home Phone | Cell Phone | Work Phone |
| Best Time to Reach | | | |
| Deceased Person Name (First Last) | | | |
| Relationship to Child | | Birth Date (mm-dd-yyyy) | Death Date (mm-dd-yyyy) |
| Cause of Death | | Was child present at death? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Best Way to Contact About Registration <input type="checkbox"/> Phone <input type="checkbox"/> Email | | | |
| Emergency Contact for Day of Camp (First Last) | | | |
| Relationship to Child | | | Phone |
| How did you hear about Camp Oz? <input type="checkbox"/> Brochure <input type="checkbox"/> Church <input type="checkbox"/> Flyer <input type="checkbox"/> Friend <input type="checkbox"/> Newspaper <input type="checkbox"/> Returning camper <input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Other; specify _____ | | | |

Camp Oz Camper Registration, Permission, Liability Waiver and Release for Field Trip (continued)

Child Name (First, Middle, Last)

Part II: Parent Questionnaire

1. How has your child coped with the loss of their loved one?

2. Describe the circumstances of the death (how, when, where).

3. Describe in detail the child's relationship to the deceased person, and how his or her life has been affected by the death.

4. Who told your child about the death?

5. Did your child attend the funeral? Yes No

6. Other changes in the child's life (Choose all that apply.):

Divorce or separation, date (mm-dd-yyyy) _____

Move to new house or community, date (mm-dd-yyyy) _____

Friends moving away, date (mm-dd-yyyy) _____

Pet deaths, date (mm-dd-yyyy) _____

Parents changing jobs, date (mm-dd-yyyy) _____

Parents loss of job, date (mm-dd-yyyy) _____

Fire or theft loss, date (mm-dd-yyyy) _____

Other deaths; if so, who? _____

date (mm-dd-yyyy) _____

How has your child handled these changes?

7. Have there been changes in your child's friendships? If so, specify.

8. Has your child been diagnosed with a mental health disorder, and is your child in or has your child been in counseling (that is, school counselor, psychologist, psychiatrist, grief group)? If so, explain.

Camp Oz Camper Registration, Permission, Liability Waiver and Release for Field Trip (continued)

Child Name (First Middle Last)

Part II: Parent Questionnaire (continued)

9. Does your child have a learning disability or receive special services from school? (This information is crucial in order for us to provide appropriate services to meet the needs of your child at camp.) If so, explain.

10. Describe any aggressive behaviors or discipline problems your child demonstrates at home or at school.

11. Describe your child's behavior when in a group setting.

12. Does your child have difficulty following directions, sitting for long periods of time, or concentrating? If so, explain.

13. How can we best meet the needs of your child? What topics would you like addressed at camp?

14. Does your child have any dietary needs or allergies (for example, vegetarian, bee stings, insect bites, food)?

15. Explain any medical conditions or physical disabilities that you feel we should know about. Specify any special accommodations your child may need.

Closing Ceremony Attendance at Camp's Conclusion

For the questions below, only one response per family is needed. This information is necessary to ensure there are enough materials for the ceremony.

Note: At least one parent, adult family member, or guardian is required to attend the closing ceremony and transport the child home.

How many adults from your family will attend the closing ceremony?

How many children from your family (**including** the camper) will attend the closing ceremony?

Camp Oz Camper Registration, Permission, Liability Waiver and Release for Field Trip (continued)

Child Name (First Middle Last)

Children at Camp Oz will participate in a variety of activities, which may include small group discussion, journaling, crafts, walking paths, outdoor relay games, archery, sitting around a campfire, and using a large inflatable obstacle course, if available. The purpose of this Bereavement Event is to promote healthy expression and strategies for coping with grief.

By my signature below, I give permission for my child to participate in the Bereavement Event.

In consideration of my child being permitted to participate in the Bereavement Event, I release and discharge Mayo and all of its employees, officers, and affiliated entities from any and all liability, including liability for physical or psychological injury, arising out of my child's participation in the Bereavement Event.

In addition, I authorize Mayo to photograph, take video footage, record, or other likeness of my child during the Bereavement Event for educational, commercial, or promotional purposes and grant the right to such use to Mayo and its affiliates, successors, and assigns pursuant to the following terms and conditions:

1. Mayo has the perpetual, unrestricted, and unlimited right to use my child's image, likeness, statements, and recorded performance in any product or promotional materials, in any form or media, including, but not limited to, broadcast, print, and internet materials (the "Materials").
2. Mayo has the right to edit, modify, and alter my child's image, likeness, statements, and recorded performance for use in the Materials.
3. I agree that all photography, video, or other images taken or made of my child by Mayo are owned by Mayo, and I hereby assign any and all rights, including without limitation, copyrights, associated with such photographs, video, or other images to Mayo. If I should receive any print, negative, video, or other copy thereof, I will not authorize its commercial use by anyone else.
4. I agree that the Materials will not be submitted to me for approval and that Mayo will be without liability to me or others for the authorized use(s) of my child's image, likeness, statements, or recorded performance.
5. Mayo will not be obligated to make any use of the rights set forth herein.
6. This waiver and release will be binding upon my survivors, heirs, descendants, administrators, executors, and all others who have or may have a legal claim or rights by virtue of my agreeing to this waiver and release.

Signature

Parent or Guardian Signature



Date (mm-dd-yyyy)

Digital/Typed signatures are acceptable.

Parent or Guardian Printed Name (First Middle Last)

Student/Child Printed Name (First Middle Last)