



CAMP ME TOO! April 27-28, 2024
The Counseling Center at Stella Maris
Tel: 410-252-4500, ext. 7291

Spaces are limited. Please complete and return pages 1-3 as soon as possible to reserve an interview spot.

Applications may be sent to: jbaker2@stellamaris.org or mail:

The Counseling Center at Stella Maris, 2300 Dulaney Valley Rd., Timonium, MD 21093.

Families will be contacted to schedule a required interview after applications have been reviewed.

*All completed applications and signed medical forms are due no later than **Friday, March 15th, 2024.***

Camper's Full Name _____

Preferred Name _____

Home Address _____

City _____ State _____ Zip _____ County _____

Age _____ Date of Birth _____ Sex _____

Current Grade _____ Current School _____

Parent's/Guardian's Name _____

Telephone Numbers

Day _____ Evening _____ Cell _____

Email Address _____

Who lives in the home with this child?

Name	Age	Gender	Relationship	Attending Camp Me Too
_____	_____	_____	_____	yes () no ()
_____	_____	_____	_____	yes () no ()
_____	_____	_____	_____	yes () no ()
_____	_____	_____	_____	yes () no ()

Has your child ever spent the night away from home with non-relatives? Yes ___ No ___

Has your child attended any bereavement camp in the past? If so, when and where?

PRIMARY EMERGENCY CONTACT

Name _____ Relationship _____

Telephone Numbers

Day _____ Evening _____ Cell _____

SECONDARY EMERGENCY CONTACT

Name _____ Relationship _____



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Tee Shirt Size: Children's S ___ M ___ L ___ Adult's S ___ M ___ L ___ XL ___ XXL ___

How did you hear about us? School ___ Physician ___ Stella Maris Website ___ Church ___ Hospice ___
 Other (please specify) _____

CAMPER'S GRIEF HISTORY

Name of the person who died _____

Relationship to your child _____

Date of death _____ Age of child at the time of death _____

How did this person die? _____

Was your child present at the time of death? _____

Explain the circumstances of the death. _____

Did your child attend the funeral/memorial service? If not, why not? Please explain how your child indicates that he/she is still grieving?

Has your child received any professional support (support groups, counselors, psychologists, etc.)? If so, when and what length of time? Was it effective?

Are there any other stressors in your child's life (divorce, illness, moves)? Please explain.

Camper's Name _____

Please complete this medical history and sign consent below:

		No	Yes (List medication if any)	Under a Doctor's Care
1.	ADHD			
2.	Anxiety			



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3.	Asthma			
4.	Autism Spectrum Disorder			
5.	Bedwetting			
6.	Bee Sting Allergy			
7.	Behavior Issues			
8.	Bi-Polar Disorder			
9.	Conduct Disorder			
10.	Convulsions/Seizures			
11.	Depression			
12.	Diabetes			
13.	Dietary Restrictions/Food Allergies			
14.	Ear Infection/Hearing Impairment			
15.	Eating Disorder			
16.	Epilepsy			
17.	Gastrointestinal Issues			
18.	Heart Disease			
19.	Kidney Disease			
20.	Muscular/Skeletal Condition			
21.	Nose Bleeds or Easy Bruising/Bleeding			
22.	Physical Limitations			
23.	Seasonal Allergies			
24.	Self-Harm or Self-Mutilation			
25.	Sensory Disorder			
26.	Sleep Disorder			
27.	Difficulty Getting Along with Family Members			
28.	Difficulty Getting Along with Adults/Teachers			
29.	Difficulty Getting Along with Other Children			
30.	Has an IEP/Needs Special Accommodations at School			
31.	Other			

If yes to any of the above, please describe:

*In case of emergency, I give permission for **CAMP ME TOO!** personnel to contact the physician directly. If my child is injured or sick and **CAMP ME TOO!** determines it is necessary, I hereby agree that my child/teen may be taken to the hospital and may receive appropriate treatment as determined by a medical professional. I agree that Stella Maris, Inc. and **CAMP ME TOO!** will be held harmless and I will be responsible for any medical expenses that result. The information on this form is correct and the child/teen described herein has my permission to attend **CAMP ME TOO!** and is able to participate in all camp activities.*

 Parent/Guardian's Signature

 Date

 Parent/Guardian's Name Printed

 Emergency Phone Numbers



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MEDICAL INFORMATION AND ORDER/CONSENT FORM

Camper's Name: _____ Age: _____ Weight: _____

Medication/Food/Other Allergies:

___None Known

_____ Reaction: _____

_____ Reaction: _____

Please check off the medications our nurses may administer as needed, per package instructions. Please do not check unless your child has taken these medications before:

___Ibuprofen

___Benadryl

___Anti-itch Medication

___Tylenol

___First Aid Cream

___Antacid

___Visine

___Peppermint Oil (topical use for headaches and stomach aches)

___Other: _____

Can your child swallow whole pills? ___Yes ___No

Medical Insurance Information:

Is the camper covered by medical insurance?: _____Yes _____No

Insurance Company: _____ Policy Number: _____

Subscriber Name: _____ Insurance Phone Number: _____

I authorize that the above medications may be administered to my child _____ at the discretion of the nurses at Camp Me Too!

Parent/Guardian Signature _____

Date _____

Physician's signature _____

Date _____



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PRESCRIPTION MEDICATION ORDER/CONSENT FORM

Camper's Name: _____

1. Name of Medication: _____

Dosage: _____ Specific time to be given: _____

Any comments regarding administration: _____

Reason for Medication: _____

What side effects might be expected? _____

2. Name of Medication: _____

Dosage: _____ Specific time to be given: _____

Any comments regarding administration: _____

Reason for Medication: _____

What side effects might be expected? _____

Physician's signature _____ **Date** _____

I authorize of Stella Maris, Inc.'s **CAMP ME TOO!** to administer these medications and, in doing so, relieve them of any responsibility for ill effects resulting from the administration of the medication(s) to my child.

Parent/Guardian's Signature Date

NOTE: *Please be sure medications, inhalers and Epipens are NOT expired. All medication MUST be in the original container and clearly labeled with the name of child, name of doctor, correct dosage and frequency of administration. Medications remaining at the end of camp will be returned to the parent/guardian.*



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CAMP ME TOO! RELEASE FORM

In return for the admission of _____
(Name of Child/Teen)

into CAMP ME TOO!, I hereby release and hold harmless, STELLA MARIS, INC. and its officers, agents, employees and volunteers from any and all claims, demands, causes of actions, fees, damages, liabilities and expenses (inclusive of attorney's fees) of any kind whatsoever, whether known or unknown, which I, for myself or on behalf of another, or my successors may have against them for any claims of any harm which occur while attending CAMP ME TOO!.

In signing this document, I attest that to the best of my knowledge, my child named above is able to follow directions, able to participate in all physical and therapeutic activities planned for the weekend, able to handle being in crowds and able to work in groups of other children. I have been provided with a detailed description of camp activities and have had the opportunity to inquire about them.

I understand that the staff of CAMP ME TOO! and STELLA MARIS, INC. reserve the right to excuse a camper at any time who is disruptive or not able to fully participate in the therapeutic activities and agree to be available to pick up the child/teen within one (1) hour as outlined above.

I understand that all electronic devices must remain at home and must not be brought to camp. Any unauthorized electronic device being used by campers will be confiscated by CAMP ME TOO! staff and returned to a parent or guardian at the close of camp. I understand that I will be provided with emergency contact numbers for Camp staff at drop-off.

I have read and understand all of the contents of this Release, the application above, and the CAMP ME TOO! policies provided to me. I execute them voluntarily and with full knowledge of their significance.

I have executed this Release on the day and year written below.

DATE: _____

SIGNATURE OF PARENT OR GUARDIAN



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PHOTO/RADIO/VIDEO CONSENT FORM

Child/Teen's Name

I, _____ understand that the photos/recording/videos
(Parent/Guardian)

taken of me or my child/children are for the purpose of promoting and publicizing Stella Maris, Inc. I hereby give my consent for the photos/recording/videos taken of me and/or my child/children on April 27-28, 2024 to be used by (Publication/TV/Radio) by Stella Maris, Inc. for aforementioned publicity purposes. I understand that other publications, stellamarisinc.com, radio or TV stations may also use these images/recordings

Signature of Parent/Guardian

Date

Signature of Representative for Stella Maris

Date