

SIERRA HOSPICE

welcomes you to

CAMP BIG HUG

an adult bereavement retreat

This bereavement camp is for adults 18 and older that have been impacted by the death of a loved one or has had multiple losses. It is free of charge to all that attend which includes campers and volunteer staff.

Created in 2006, this camp is a three-day event focusing on grief. The serenity of the Sierra's provide a beautiful, healthy environment where we share our stories of loss and learn effective tools for grieving to help promote healing. There is a full schedule that includes time to have some fun, too.

Grief is such a complicated emotion. There is not a required time frame for when the loss or losses have occurred to attend Camp Big HUG. We realize that the grieving process is ongoing.

This year's Camp Big HUG is

June 3, 4 & 5, 2011

At Camp Ronald McDonald at Eagle Lake, CA.

If you or someone you know could benefit from this camp, you can download an application and schedule from our website at [Sierra Hospice.com](http://SierraHospice.com) or call our office at

(530) 258-3412.

So that we may complete our necessary paperwork, applications should be returned to the Sierra Hospice office by May 30th via

- Drop off @ 150 Brentwood Drive ~ Chester
- Mail to PO Box 95 ~ Chester, CA 96020
- Fax to (530) 258-3104

SIERRA HOSPICE'S CAMP BIG HUG

~ Hospice Understands Grief ~

Application Information

Please print out the Camp Big HUG application available here on our website. Fill it out completely and as legibly as possible. Your information is confidential, but will be shared with Camp Big HUG staff as deemed necessary.

Please indicate if you have any specific medical or dietary needs. Every effort will be made to accommodate them.

Be sure to print out the entire application. Return pages 1 through 5. Keep other pages for your information. Return completed application to Sierra Hospice by May 30th.

Application pages include:

- Intake Questionnaire ~ 2 pages
- Authorization for Third Party to Consent to Treatment
of Person Lacking Capacity to Consent ~ page 3
- Waiver of Release of Liability ~ Camp Ronald McDonald's Form ~ page 4
- Waiver of Release of Liability ~ Sierra Hospice's Form ~ page 5
- Camp Big HUG Supplies You Need to Bring ~ page 6 ~ **You Keep!**
- Directions to Camp Ronald McDonald at Eagle Lake, CA. ~ page 7 ~ **You Keep!**

If you have any questions, call us at (530) 258-3412

**Sierra Hospice's Camp Big HUG is also supported by:
Seneca Healthcare District, Private Donations, Mini Grants,
& The Forget-Me-Not Thrift Store**

SIERRA HOSPICE'S CAMP BIG HUG
AN ADULT BEREAVEMENT RETREAT
INTAKE QUESTIONNAIRE
YEAR _____

This application is for you, the camper, who will be attending Camp BIG HUG. This helps us to know more about your situation. Please print clearly.

1. Your name _____ Goes by _____ Age _____

Physical Address _____ City _____ St. _____ Zip _____

Mailing Address _____ City _____ St. _____ Zip _____

Phone (*include area code*) (H) _____ (W) _____ (C) _____

E-mail Address _____

2. Please list your immediate family members, ages, and relationship to you.

(Name)	(Age)	(Relationship)
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(Name)	(Age)	(Relationship)
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(Name)	(Age)	(Relationship)
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(Name)	(Age)	(Relationship)
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(Name)	(Age)	(Relationship)
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3. What is your reason for attending Camp BIG HUG? _____

4. How did you hear about Camp Big HUG? _____

5. Name of person(s) who died, age, date of death, cause, and your relationship (spouse, child, etc.)

(Name)	(Age)	(Date of Death)	(Cause of Death)	(Relationship)
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(Name)	(Age)	(Date of Death)	(Cause of Death)	(Relationship)
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(Name)	(Age)	(Date of Death)	(Cause of Death)	(Relationship)
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NOTE: If you need to add more names of loved ones, please add them to the back of this form.

7. What other losses have you experienced within the last 12 months? (Pets, friends, other family members, etc.)

8. Have you had any recent changes in your life? (Moved to a new location, child changed schools, change in work situation, etc.)

9. Please give a brief description about your attitude, behavior, or feelings you have experienced since the death occurred, for the following:

A. At home

B. With family

C. At work

D. Relationships with peers

10. Describe emotions you have experienced since the death:

11. Since the death, describe the following:

A. Sleeping habits

B. Eating habits

C. Drug / Alcohol habits

12. Are you seeing a counselor? Yes No

13. If yes, how long?

14. Is there anything you would like us to be aware of?

Signature _____

Date _____

**CAMP BIG HUG STAFF ~ AUTHORIZATION FOR THIRD PARTY TO
CONSENT TO TREATMENT OF PERSON LACKING CAPACITY TO CONSENT
YEAR _____**

I, _____, do hereby authorize the staff of Camp BIG HUG as agent(s) to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority to the above described agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a physician, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable.

This authorization is given pursuant to the provisions of Family Code Section 6910.

This authorization shall remain effective until (*month and day*) _____ (*year*) _____, unless sooner revoked in writing delivered to the agent(s) noted above.

Signature _____ Date _____

MEDICALLY RELEVANT INFORMATION (*please print*)

Name _____ Date of Birth _____

Allergies to drugs or food _____

Special dietary needs _____

Conditions for which you are currently being treated _____

Current medications _____

Restrictions on activity _____

Primary Care Physician (*name and phone*) _____

Insurance Company and identification number _____

IN CASE OF EMERGENCY CONTACT

Name _____

Address _____

Phone numbers (*include area code*) Home _____ Work _____ Cell _____

**CAMP RONALD McDONALD'S
WAIVER AND RELEASE OF LIABILITY,
CONSENT TO NECESSARY MEDICAL TREATMENT
AND AUTHORIZATION FOR USE OF PHOTOGRAPH**

CAMP DATE / YEAR _____

1. **Consent to necessary medical treatment.** I, _____ maintain that I am in satisfactory condition and may engage in all usual camp activities as they have been explained to me. At any time that I am on the Camp Ronald McDonald premises, I, the undersigned, hereby consent to any medical and/or other treatment as may be considered necessary by a qualified physician, nurse, camp director, and/or the camp director's designee. In case of emergency, I give permission to the camp director and /or his or her designee to hospitalize and /or secure other emergency treatment for me, if necessary. I, the undersigned, hereby acknowledge that my use of the facilities, premises, or equipment of Camp Ronald McDonald is permissive only and is subject to the terms of this release.

2. **Authorization for use of photo.** I hereby authorize Camp Ronald McDonald and Ronald McDonald House Charities, Inc. to use, for any purpose whatsoever, any photograph (including digital media and videotape) taken at or near Camp Ronald McDonald that contains my likeness.

3. **Release and waiver of liability and indemnity agreement.** I further agree to indemnify, protect, defend, and hold harmless Camp Ronald McDonald, Ronald McDonald House Charities and their directors, officers, employees, volunteers, and/or agents from and against any cost, damage, expense, claims, or liability caused by or arising out of my use of, presence at, or trip to or from the facilities of Camp Ronald McDonald, including any injury to or death of any person, any damage to any real or personal property on or about the Camp or belonging to Camp Ronald McDonald or Ronald McDonald House Charities, Inc. and any attorney's fees and/or costs arising out of this Agreement.

I, the undersigned, hereby waive any and all claims that I or my heirs may have against the directors, officers, employees, volunteers, and/or agents of Camp Ronald McDonald or Ronald McDonald House Charities, Inc. for any injuries or property damages which may arise while I am on the Camp Ronald McDonald premises. I acknowledge that this waiver includes any claim for wrongful death, personal injury or property damage suffered by me caused by or arising out of negligence of Camp Ronald McDonald, Ronald McDonald House Charities, Inc., or their directors, officers, employees, volunteers, and/or agents.

Signature _____ Date _____

Printed Name _____ Date _____

Address _____

Phone numbers (*include area code*) Home _____ Work _____ Cell _____

**SIERRA HOSPICE'S CAMP BIG HUG
AN ADULT BEREAVEMENT CAMP**

**SIERRA HOSPICE'S CAMP BIG HUG
AN ADULT BEREAVEMENT RETREAT
Agreement, Waiver, and Release of Liability**

CAMP DATE / YEAR _____

I hereby consent that I, _____, may participate in the Sierra Hospice Bereavement Retreat activities as listed in the attached Camp Big HUG program outline, and I hereby execute the Agreement, Waiver, and Release of Liability. I state that I am physically able to participate in all said activities.

I hereby release Sierra Hospice and Seneca Healthcare District, its directors, officers, employees, volunteers, and agents from all liability for any act of negligence or wants of ordinary care on the part of Sierra Hospice and Seneca Healthcare District or any of its agents. In consideration of my participation in events organized or sponsored by Sierra Hospice, I waive, release, and discharge Sierra Hospice and Seneca Healthcare District, its directors, officers, employees, volunteers, agents, members, their representatives, heirs, executors, and assigns from any and all claims of liability for injury or damage to myself or my property arising out of my participation. This agreement is binding on my executors, heirs, and assigns.

I agree that I will defend, indemnify, and hold harmless Sierra Hospice and Seneca Healthcare District, its directors, officers, employees, members, and agents against all claims, demands, and causes of action including court costs and actual attorney fees arising from any proceeding or lawsuit brought by or prosecuted for my benefit in which this release is upheld.

Sierra Hospice and Seneca Healthcare District, its directors, officers, employees, volunteers, members, or agents shall not be liable for any damages which may occur from any cause or as a result of fire, theft, running away, state of health, or injury to person or property.

I, the undersigned participate in consideration of my participation in the Sierra Hospice's Camp BIG HUG, an adult bereavement retreat, agree that the terms and conditions of the Agreement, Waiver, and Release of Liability shall be binding as to death or injury or property damage to myself arising out of my participation in camp activities.

I acknowledge that I have read this Agreement, Waiver, and Release of Liability and know and understand its contents.

Signature _____ Date _____



CAMP BIG HUG PERMISSION TO PHOTOGRAPH

I give my permission to be photographed at Camp BIG HUG.

I give permission for my pictures / slides to be used for future camp promotion and education.

Signature _____ Date _____

CAMP HUG SUPPLIES YOU NEED TO BRING

PLEASE KEEP THIS PAGE - DO NOT RETURN IT WITH YOUR PAPERWORK. IT IS ESSENTIAL THAT YOU ARRIVE AND DEPART CAMP BIG HUG AT THE SCHEDULED TIMES IN ORDER FOR YOU TO RECEIVE MAXIMUM BENEFIT FROM THIS CAMP EXPERIENCE.

SUGGESTED CLOTHING: It can be very warm in the afternoon and very cool in the mornings and evenings at Eagle Lake, so bring clothing suitable for both temperatures.

- ✓ Sweater, sweatshirt, or warm jacket
- ✓ Warm sleepwear
- ✓ Sturdy tennis shoes
- ✓ Sandals or water shoes for the lake
- ✓ Underclothing for 2 days
- ✓ Hat (especially those sun sensitive)
- ✓ Shirts, pants, shorts for 2 days
- ✓ Don't forget socks!
- ✓ Bathing suit and cover-up (optional)

SUGGESTED BEDDING: Each adult will have their own bunk in a cabin that sleeps up to 13. Each cabin has it's own toilet, sink, and electricity.

- ✓ Sleeping bag or bedroll
- ✓ Quilt or extra blanket (it can get chilly at night!)
- ✓ Pillow

SUGGESTED TOILET ACCESSORIES: There are separate shower houses for men and women, which include 4 shower stalls, 4 toilet stalls, and 4 sinks. And for those of you who can't leave home without them, electricity for your blow dryers!

- ✓ Towels and washcloths for 2 days
- ✓ Beach towel
- ✓ Soap
- ✓ Shampoo
- ✓ Brush/comb
- ✓ Toothbrush and toothpaste
- ✓ Sanitary needs
- ✓ You may want to bring a flashlight. There is lighting, but some areas may be difficult to see in at night.

PLEASE NOTE: WE ASK THAT YOU DO NOT BRING IPODS, BLACKBERRIES, ETC., AS IT DETRACTS FROM THE FOCUS OF CAMP. IF YOU ARE ALREADY KEEPING A JOURNAL YOU MAY WANT TO BRING IT TO CAMP. JOURNALING IS ENCOURAGED. CELL PHONE SERVICE IS NOT ALWAYS AVAILABLE IN THIS AREA.

IMPORTANT: EACH CAMPER NEEDS TO BRING A SMALL ITEM OR MOMENTO THAT IS SPECIAL TO THE MEMORY OF YOUR LOVED ONE. THIS COULD BE A PICTURE OR SOMETHING THEY GAVE YOU THAT IS A SPECIAL TREASURE.

VERY IMPORTANT: BE SURE TO BRING ANY MEDICATIONS THAT YOU ARE TAKING. WE STAFF A REGISTERED NURSE THAT WILL ASSIST AS NEEDED.

**CAMP BIG HUG
AN ADULT BEREAVEMENT RETREAT
2011 SCHEDULE**

FRIDAY, JUNE 3

11:00	<u>STAFF ONLY</u> ARRIVAL / TEAM BUILDING
12:00	LUNCH
1:00	STAFF TRAINING
4:00	CAMPERS ARRIVAL / REGISTRATION
5:00	OPENING ACTIVITIES / GETTING AQUAINTED
6:00	DINNER
7:00	CIRCLE TIME - SHARING OUR STORIES
8:30	SUPER CIRCLE - Everyone! All Campers and Staff gather in Dining Hall
9:30	SNACK / FREE TIME
10:00	LIGHTS OUT

SATURDAY, JUNE 4

7:30	WAKE UP CALL
8:00	BREAKFAST - Sign up for afternoon therapeutic sessions
9:30	CIRCLE TIME - REMEMBERING
11:30	FREE TIME
12:00	LUNCH
1:00	REST
1:30	CIRCLE TIME - TASKS OF MOURNING / RECONCILIATION
2:30	ALTERNATIVE ACTIVITIES: Walk, Canoe, Sleep, Archery, Massage, Hand Massage, Therapeutic Touch, Reflexology, "Blue Box" Messages
4:30	FREE TIME
5:00	DINNER
6:15	CIRCLE TIME - SKIT PREP
7:30	SKITS
8:30	CAMPFIRE / SNACKS
10:00	LIGHTS OUT

SUNDAY, JUNE 5

7:30	WAKE UP CALL
8:00	BREAKFAST
9:15	LAKESIDE FAREWELL - <i>Please be on time for this very special event!</i>
11:00	CIRCLE TIME - HOPE FOR THE JOURNEY
12:15	LUNCH
1:15	GROUP CLOSING - BLUE BOX
2:00	DEPART CAMP – Campers only. Staff remains.
2:15	STAFF EVALUATION / CLOSURE / CLEAN-UP

DIRECTIONS TO CAMP RONALD McDONALD **AT EAGLE LAKE, CALIFORNIA**

YOU KEEP THIS PAGE - DO NOT RETURN IT WITH YOUR PAPERWORK

FROM SACRAMENTO AREA: I-80 to Reno. From Reno, take Hwy 395 North to Susanville. Hwy 395 becomes Susanville's Main Street; follow that through town until it becomes Hwy 36. **(DO NOT TAKE THE ROAD TO EAGLE LAKE IN THE MIDDLE OF TOWN.)** Hwy 36 begins at the top of Susanville's Main Street and continues on to Red Bluff.

EAGLE LAKE ROAD: About 3 miles outside of Susanville on Hwy 36 turn right on the Eagle Lake Road (AKA Hwy A-1). Follow this mountainous road approximately 14 miles. As you approach the lake and level ground, follow the signs directing you to turn right to the Marina, through Forest Service Campgrounds, and then to Camp Ronald McDonald. Directions are well posted.

FROM CHICO AREA: Take Hwy 32 to Chester. At the end of Hwy 32, turn right on Hwy 36 (also Hwy 89) to Chester, about 13 miles. Hwy 36 becomes Chester's Main Street; follow through town and continue toward Susanville approximately 30 miles to the Eagle Lake Road (AKA Hwy A-1) which will be on your left. See above directions for after turning on to Eagle Lake Road.

FROM RED BLUFF AREA: Take Hwy 36 to Chester and follow above directions.

FROM REDDING AREA: Can either go to Red Bluff then up Hwy 36 through Chester or take Hwy 44, passing through Old Station. Hwy 44 eventually runs into Hwy 36, turn left and you are just a few miles from the Eagle Lake Road turn off, which will be a left turn also. See above for Eagle Lake Road directions.

**IF YOU GET LOST, CALL CAMP RONALD McDONALD AT
(530) 825-3158 FOR ASSISTANCE.**