Contact information:

Keith Forbes
Camp Director
702.415.1954
kforbes@nah.org

Dear Prospective Camper and Family,

Thank you for your interest in Camp Erin Las Vegas! Enclosed you will find a registration packet that includes an application requesting information about the camper's bereavement history, medical information, and general interests.

Camp Erin will be held from June 6 to June 8, 2025. The program location will be provided to accepted camper families. Camp Erin Las Vegas will provide transportation to the camp; however, parents/guardians will be responsible for dropping off and picking up their child at the designated time and location to meet the buses.

Campers will be part of a cabin group with other campers who are close in age. Their safety is our top priority. Cabin Big Buddies, staff, and other trained volunteers will always supervise campers. Camp Erin team members and specially trained volunteers will lead the grief activities and supervise recreation activities. Two registered nurses will be on site.

Acceptance to Camp Erin will be based on several criteria. Our goal is to create the best possible experience for every Camp Erin participant. Each registration will be reviewed in detail and will include an interview with the camper and at least one of their caregivers before acceptance. This will allow our team to get to know your family and confirm your camper's readiness for this specialized camp experience. Applications will be accepted on a rolling basis; however, space is limited, and applications will be accepted on a first-come, first-served basis. We expect to be able to notify applicants by April 25, 2025.

Camp Erin Las Vegas information is available at www.nah.org. Camp Erin Las Vegas is part of Eluna's national Camp Erin network. If you would like to learn more about the national Camp Erin program and Camp Erin Online, visit Eluna at www.elunanetwork.org.

If your camper is accepted to camp, they and at least one caregiver will be invited to attend a "Save Your Spot" event on Saturday, May 17, 2025. Attendance at this gathering is a very important part of Camp Erin. The camper will meet other youth and Cabin Big Buddies in their cabin and the adults will get important camp questions answered. Please note that campers who have attended Camp Erin in the past may not be eligible.

Thank you again for your interest in Camp Erin!

Sincerely,
Keith Forbes
Camp Director

Youth Camper Medical Information

Please provide the following information to the best of your knowledge. Camp staff and/or a Camp Nurse may call to follow up, and the Camp Nurse will review this information with the caregiver during check-in at camp. Camp nurses and mental health staff will provide care to the campers as needed at camp.

Youth Name: _____ **Youth Birthdate:** _____

Emergency Contact

Name: _____ **Phone:** _____

Relationship to camper: _____

Youth Camper Medical Information

Youth's pediatrician's office name: **Phone:** _____

_____

A provider would only be contacted with a legal guardian's consent.

Is the youth currently under the care of a counselor or mental health professional? ☐ Yes ☐ No

If yes, name: _____ **Phone:** _____

Does the youth have any allergies? ☐ Yes ☐ No

(This includes food, plant, animal/insect, environmental, and medication allergies)

Please list all allergies, their severity, and their reactions.

_____

_____

Does the youth use an EpiPen? ☐ Yes ☐ No

(If yes, please list it in the medication section and bring it to camp.)

Does the youth have any dietary restrictions *(vegetarian, gluten-free, etc.)***?**

_____

Date of the youth's last Tetanus shot *(DTAP or Tdap)*: _____/_____/_____

Tetanus boosters are recommended every 10 years. If not up to date, it is required to get a Tetanus booster prior to camp. Write "exempt" if the youth needs an Immunization Exemption form.

Does the camper have any of the following medical concerns *(check all that apply)*:

☐ Physical limitations	☐ Diabetes	☐ Nosebleeds
☐ Asthma/respiratory issues	☐ Dietary restrictions	☐ Motion sickness
☐ Convulsions/seizures	☐ Hearing impairment	☐ Long-term illness
☐ Speech impairment	☐ Vision impairment	☐ Medical sleep issues
☐ Upset stomach	☐ Diarrhea	☐ Constipation
☐ Heart problems	☐ High blood pressure	☐ Headaches
☐ Other (describe below)	☐ No medical concerns	

Please provide more information about the medical concerns checked above:

_____

_____

Has the youth had any recent or past operations that are important for the camp nurse to be aware of? *(if yes, please specify)* ☐ Yes ☐ No

_____

Does the youth have any known physical, mental, or social needs which may affect participation and/or benefit from extra consideration at camp? *(if yes, please specify)* ☐ Yes ☐ No

_____

_____

Does the youth's activity need to be restricted in any way? *(if yes, please specify)* ☐ Yes ☐ No

_____

_____

Youth Camper Medications

Please list all of your camper's current medications. We understand that these might change before camp and will verify current medication information at camp check-in.

IMPORTANT: All medications must be in original containers with the camper's prescription when arriving at the bus drop-off.

Medication #1

Medication name: _____

Circle one: Prescription or Over the Counter

Used for: _____

To be taken at _____ **Dosage:** _____

Notes: _____

FOR USE AT CAMP CHECK-IN

Medication #1 information is current? ☐ Yes ☐ No

Medication #1 updates (if needed):

Medication #1 - Last dose administered *(day & time):* _____

Legal Guardian Initials*:* _____

Medication #2

Medication name: _____

Circle one: Prescription or Over the Counter

Used for: _____

To be taken at _____ **Dosage:** _____

Notes: _____

FOR USE AT CAMP CHECK-IN

Medication #2 information is current? ☐ Yes ☐ No

Medication #2 updates (if needed):

Medication #2 - Last dose administered *(day & time):* _____

Legal Guardian Initials*:* _____

Medication #3

Medication name: _____

Circle one: Prescription or Over the Counter

Used for: _____

To be taken at _____ **Dosage:** _____

Notes: _____

FOR USE AT CAMP CHECK-IN

Medication #3 information is current? ☐ Yes ☐ No

Medication #3 updates (if needed):

Medication #3 - Last dose administered *(day & time):* _____

Legal Guardian Initials*:* _____

Medication #4

Medication name: _____

Circle one: Prescription or Over the Counter

Used for: _____

To be taken at _____ **Dosage:** _____

Notes: _____

FOR USE AT CAMP CHECK-IN

Medication #4 information is current? ☐ Yes ☐ No

Medication #4 updates (if needed):

Medication #4 - Last dose administered *(day & time):* _____

Legal Guardian Initials*:* _____

FOR USE AT CAMP CHECK IN – Additional Camp Nurse Notes:

Select all over-the-counter medications the Camp Nurse may administer to this youth camper as needed:

May the camper receive **Tylenol (acetaminophen)** as needed?	☐ Yes	☐ No
May the camper receive **Advil (ibuprofen)** as needed?	☐ Yes	☐ No
May the camper receive **Benadryl** as needed?	☐ Yes	☐ No
May the camper receive **cough drops** as needed?	☐ Yes	☐ No
May the camper use **sunscreen** as needed?	☐ Yes	☐ No
May the camper use **insect repellent** as needed?	☐ Yes	☐ No

Consent for Medical/Surgical Care, Emergency Treatment and Medical Information

Name of Parent/Guardian:_____

Relationship to Youth: _____

Youth Name: _____ **Youth Birthdate:** _____

As the parent/legal guardian of the above-named child, I give full authorization to Camp Erin staff or agents to secure medical care or treatment for said youth. This treatment may include assistance from the nearest physician, medical clinic, hospital, trained nurse, EMT, or other health care professional in the event of illness or injury that requires immediate attention as determined by Camp Erin staff. In the event of an emergency and I cannot be contacted, I give permission to the treating medical institution and/or medical providers to render any medically necessary care for my child. I further authorize Camp Erin and its agents to disclose any and all information they deem appropriate and as necessary to secure appropriate care for my child. I agree that I am responsible for any such care rendered to my child and will indemnify and hold harmless Camp Erin for such care or related costs or expenses.

Name of Health Insurance Carrier: _____

Address: _____

Telephone Number: _____

Policy Holder's Name: _____

Policy & Group Number: _____

Signature of Policy Holder: _____

By signing below, I am certifying that all information in this form to be true, complete, and correct to the best of my knowledge and belief. I am also certifying that I am the legal parent/guardian of the above-named camper, known in this form as 'youth'.

_____ _____

Signature of Parent/Guardian Date

(Make a copy of the insurance card is included)

Youth Camper Medical Information

Please provide the following information to the best of your knowledge. Camp staff and/or a Camp Nurse may call to follow up, and the Camp Nurse will review this information with the caregiver during check-in at camp. Camp nurses and mental health staff will provide care to the campers as needed at camp.

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Emergency Contact

Name: _____ **Phone:** _____

Relationship to camper: _____

Youth Camper Medical Information

Youth's pediatrician's office name: **Phone:** _____

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A provider would only be contacted with a legal guardian's consent.

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If yes, name: _____ **Phone:** _____

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(This includes food, plant, animal/insect, environmental, and medication allergies)

Please list all allergies, their severity, and their reactions.

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Please provide more information about the medical concerns checked above:

_____

_____

Has the youth had any recent or past operations that are important for the camp nurse to be aware of? *(if yes, please specify)* ☐ Yes ☐ No

_____

Does the youth have any known physical, mental, or social needs which may affect participation and/or benefit from extra consideration at camp? *(if yes, please specify)* ☐ Yes ☐ No

_____

_____

Does the youth's activity need to be restricted in any way? *(if yes, please specify)* ☐ Yes ☐ No

_____

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Medication name: _____

Circle one: Prescription or Over the Counter

Used for: _____

To be taken at _____ **Dosage:** _____

Notes: _____

FOR USE AT CAMP CHECK-IN

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Medication #1 updates (if needed):

Medication #1 - Last dose administered *(day & time):* _____

Legal Guardian Initials*:* _____

Medication #2

Medication name: _____

Circle one: Prescription or Over the Counter

Used for: _____

To be taken at _____ **Dosage:** _____

Notes: _____

FOR USE AT CAMP CHECK-IN

Medication #2 information is current? ☐ Yes ☐ No

Medication #2 updates (if needed):

Medication #2 - Last dose administered *(day & time):* _____

Legal Guardian Initials*:* _____

Medication #3

Medication name: _____

Circle one: Prescription or Over the Counter

Used for: _____

To be taken at _____ **Dosage:** _____

Notes: _____

FOR USE AT CAMP CHECK-IN

Medication #3 information is current? ☐ Yes ☐ No

Medication #3 updates (if needed):

Medication #3 - Last dose administered *(day & time):* _____

Legal Guardian Initials*:* _____

Medication #4

Medication name: _____

Circle one: Prescription or Over the Counter

Used for: _____

To be taken at _____ **Dosage:** _____

Notes: _____

FOR USE AT CAMP CHECK-IN

Medication #4 information is current? ☐ Yes ☐ No

Medication #4 updates (if needed):

Medication #4 - Last dose administered *(day & time):* _____

Legal Guardian Initials*:* _____

FOR USE AT CAMP CHECK IN – Additional Camp Nurse Notes:

Select all over-the-counter medications the Camp Nurse may administer to this youth camper as needed:

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May the camper receive **Benadryl** as needed?	☐ Yes	☐ No
May the camper receive **cough drops** as needed?	☐ Yes	☐ No
May the camper use **sunscreen** as needed?	☐ Yes	☐ No
May the camper use **insect repellent** as needed?	☐ Yes	☐ No

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Relationship to Youth: _____

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Address: _____

Telephone Number: _____

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_____ _____

Signature of Parent/Guardian Date

(Make a copy of the insurance card is included)