



**Contact information:**

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Camp Director  
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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](http://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](http://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



The Moyer Foundation and  
Nathan Adelson Hospice



*When it's time for a trusted partner*

## Camp Erin Las Vegas Youth Camper Application

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### YOUTH CAMPER INFORMATION

**Youth first and last name:** \_\_\_\_\_

**What would your camper prefer to be called?** \_\_\_\_\_

*This name will appear on their name tag and does not need to be a legal name.*

**Youth legal name** (if different from above): \_\_\_\_\_

*This is only for our internal records and will not be viewed by anyone but the camp administrators.*

**Gender:** \_\_\_\_\_ **Pronouns:** \_\_\_\_\_

**Age** (as of June 6, 2025): \_\_\_\_\_ **Date of birth** (MM/DD/YYYY): \_\_\_\_\_

**School name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

#### **Youth's ethnicity/race:**

*(check all that apply)*

- African American/Black     Asian     Hispanic/Latinx     Native American  
 Pacific Islander     White     Not listed: \_\_\_\_\_

**Youth's mailing address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Does this youth share time between two or more addresses?**     Yes     No

*If yes, please add additional mailing addresses below*

**Additional mailing address(es) for youth:**

**Is either parent or guardian an active, reserve, or National Guard military member or military veteran? If so, what branch?**

- Army                       Navy                       Marine Corps                       Air Force  
 Coast Guard                       National Guard                       Branch unknown

**In the last year, did you or anyone in your family qualify for any government assistance programs?** (for example, free/reduced lunch, WIC, SNAP, housing assistance, Medicaid, SSI, etc.)

- Yes                       No

**Youth's t-shirt size:**  
(select one)

- Youth small                       Youth medium                       Youth large                       Adult small                       Adult medium  
 Adult large                       Adult XL                       Adult 2XL                       Adult 3XL

## **YOUTH BEREAVEMENT HISTORY**

Please include information about all significant deaths in the youth's life. If including more than one person, please keep the responses in the same order for each prompt.

**Name(s) of person(s) who died:** \_\_\_\_\_

**Relationship(s) to youth** (Person(s) is the youth's...): \_\_\_\_\_

**Was this person(s) a significant caregiver to the youth?**                       Yes                       No

**If more than one person is listed, please share who was the significant caregiver:**

\_\_\_\_\_

**What did the youth call their person(s):** \_\_\_\_\_

**Date(s) of death:** \_\_\_\_\_                      **Age(s) of deceased at time of death:** \_\_\_\_\_

**What was the cause(s) of death:** \_\_\_\_\_

**What does the youth know about the death(s):** \_\_\_\_\_

\_\_\_\_\_

**Did the youth attend the funeral/memorial service?**

Yes

No

*If yes, what were the youth's reactions to the event?*

*If no, was there a reason they did not attend?*

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**Do you and the youth talk about the person(s) who died?**

Yes

No

**Did the youth receive counseling/grief support before or after the death?**

Yes

No

If yes, please specify service(s) received and length of service(s): \_\_\_\_\_

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**Describe the relationship between the youth and the deceased** *(i.e. saw each other every day;*

*visit twice a year):* \_\_\_\_\_

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**How do you see your youth experiencing and expressing their grief?** \_\_\_\_\_

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**Has the youth experienced any other deaths?**

Yes

No

*(i.e. pets, distant relative, teacher, etc.)*

If yes, please specify the death(s) and describe the impact on the youth: \_\_\_\_\_

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## YOUTH MENTAL & EMOTIONAL NEEDS

**Has the youth exhibited any of the following behaviors in the last two months?**

*(Check all that apply)*

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Depression                            | <input type="checkbox"/> Harmed self        | <input type="checkbox"/> Harmed others           | <input type="checkbox"/> Mentioned suicide         |
| <input type="checkbox"/> Regression                            | <input type="checkbox"/> Specific fears     | <input type="checkbox"/> Lying                   | <input type="checkbox"/> Stealing                  |
| <input type="checkbox"/> Destruction of property               | <input type="checkbox"/> Run away from home | <input type="checkbox"/> Behavior issues at home | <input type="checkbox"/> Behavior issues at school |
| <input type="checkbox"/> Ongoing sleep challenges              | <input type="checkbox"/> Nightmares         | <input type="checkbox"/> Drug/alcohol use        | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Unusual/inappropriate sexual behavior |   |  | <input type="checkbox"/> None                      |

**Please provide more information about the behaviors checked above:** \_\_\_\_\_

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**Does your youth have any diagnoses that would be helpful for us to know** *(i.e. Autism, Depression, Anxiety, ADD/ADHD, etc.)?*  Yes  No

If yes, please explain: \_\_\_\_\_

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*This information will help us plan for proper support to help your youth have a positive experience at camp.*

**Describe any other changes/stressors in the youth's life** *(i.e. divorce, illness, moves, etc.):*

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**Have you noticed a change in the youth's social behaviors or peer relationships?**  Yes  No

If yes, please describe: \_\_\_\_\_

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**Has your youth's behaviors, things they have said or done, concerned you lately?**  Yes  No

If yes, please describe: \_\_\_\_\_

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**Is your youth receiving any support at school for education or social-emotional needs?**  Yes  No

If yes, please describe: \_\_\_\_\_

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**Are there helpful coping strategies used at home or school that would be helpful for our camp staff to know?**  Yes  No

If yes, please share 1-3 coping strategies: \_\_\_\_\_

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**Has the youth ever been involved with the juvenile justice system?**  Yes  No

**If yes, check all that apply:**

- Arrested  Held in juvenile detention  Placed on probation  
 Went to court  Involved for status offense (i.e. truancy, runaway, ungovernable)  
 Other

If yes, please describe: \_\_\_\_\_

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**Additional notes about youth for Camp Erin leadership staff:**

By signing below, I am certifying that all information in this application 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'.

**Name of Parent or Legal Guardian** *(printed)*: \_\_\_\_\_

**Signature of Parent of Legal Guardian:** \_\_\_\_\_

**Relationship to youth:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_



## 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.

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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.)*?

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**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):**

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

**Please provide more information about the medical concerns checked above:**

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**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

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**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

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

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## 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)***