



**Mankato**  
1025 Marsh Street  
Mankato, Minnesota 56001-4752  
507-625-4031  
507-385-2925 TDD/TTY  
mayoclinichealthsystem.org

Summer/Fall 2018

Dear Parent/Guardian,

Thank you for your interest in **Camp Oz**, our one-day grief camp for children and teens who have experienced the loss of a loved one.

**At Camp Oz**, we make fun a priority by involving children in organized games and activities. Children are also given opportunities to gently explore their grief. They are encouraged to share feelings, participate in remembrance activities and connect with others who have experienced loss. Campers learn that they are not alone and that their feelings are a normal part of grief.

Camp Oz is open to children who have **completed kindergarten and teens up to grade 12**. Camp is offered at no charge and is open to the public, but **pre-registration is required**.

Below please find important information about Camp Oz:

**1. NEW Campers attend Meet and Greet:**

Campers meet group leaders & other campers  
Meal provided to campers, families, & volunteers

Thursday, October 4, 6 to 7:00 p.m.  
Christ the King Lutheran Church, Mankato

**2. Camp Oz:**

Saturday, October 6, 8:30 to 5:15 p.m.  
Camp Patterson, Lake Washington  
Madison Lake, Mn

Closing Ceremony: 4:45 p.m. Families join campers for closing ceremony – refreshments to follow  
(adult must attend & then transport child home)

If your child wishes to attend camp, please complete the registration form and mail it to the Hospice office in the return envelope provided. If registering more than one child, please contact us for additional registration forms, or feel free to make your own copies.

Please contact Jeanne at **(507) 594-2989** or **800-327-3721, ext. 2989** with any questions. You will be contacted by mail or email in September with further details about the camp. We hope your child can join us for a fun and healing day at Camp Oz!

Caring thoughts,

A handwritten signature in cursive script that reads 'Jeanne Atkinson'.

Jeanne Atkinson, M.S.  
MCHS Hospice Mankato  
Bereavement & Camp Oz Coordinator  
507-594-2989 or [Atkinson.jeanne@mayo.edu](mailto:Atkinson.jeanne@mayo.edu)



# Camp Oz 2018

## New Camper Registration

A fun and safe camp for grieving children and teens

### MAYO CLINIC HEALTH SYSTEM MANKATO HOSPICE REGISTRATION FORM

**Mail to:** MCHS Mankato Hospice (include organization name to insure delivery)  
ATT: Jeanne/Camp  
1025 Marsh Street  
Mankato, MN. 56001

#### PART I: PERSONAL INFORMATION

DATE: \_\_\_\_\_

Child's Last Name:		First Name:		Middle Name:	
Home Address:				Home Phone: (    )	
				Cell Phone: (    )	
City:	State:	Zip:	Email:		
Date of Birth:	Age:	Grade Fall 2018:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F		
T Shirt Size:		Youth: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L		Adult: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	

Father's(or guardian) Last Name:		First Name:		Middle Initial:	
Address:				Best time to reach you:	
Home Phone: (    )		Cell Phone: (    )		Work Phone: (    )	

Mother's(or guardian) Last Name:		First Name:		Middle Initial:	
Address:				Best time to reach you:	
Home Phone: (    )		Cell Phone: (    )		Work Phone: (    )	

Name of Person who Died:		Their Birth Date:	
Their relationship to child:		Date of their Death:	
Cause of Death:		Was the child present at the death?	

How did you hear about Camp Oz?	<input type="checkbox"/> Flyer	<input type="checkbox"/> Work	<input type="checkbox"/> Friend	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Brochure
	<input type="checkbox"/> School	<input type="checkbox"/> Church	<input type="checkbox"/> Returning Camper	<input type="checkbox"/> Other_____	

**BEST WAY TO CONTACT YOU (CIRCLE ONE):**

**PHONE**

**EMAIL**



Child's Last Name:	First Name:
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**PART II: PARENT QUESTIONNAIRE**

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

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2. Have there been changes in your child's friendships? Please specify.

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3. Describe the circumstances of the death - how, when, where:

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4. Describe in detail child's relationship with the deceased and how his/her life has been affected by the death.

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5. Who told your child about the death? \_\_\_\_\_

6. Did your child attend the funeral?       Yes       No

7. Other changes in the child's life: *Please Circle those that apply*

- |                                 |            |                       |            |
|---------------------------------|------------|-----------------------|------------|
| Divorce or Separation           | Date _____ | Pet Deaths            | Date _____ |
| Move to new house/ community    | Date _____ | Parents changing jobs | Date _____ |
| Friends moving away             | Date _____ | Parents loss of job   | Date _____ |
| Other deaths? If so, who? _____ | Date _____ | Fire or theft loss    | Date _____ |

a. How has your child handled these changes?

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8. Has your child been diagnosed with a mental health disorder and/or is your child in or have been in counseling, i.e., school counselor, psychologist, psychiatrist, grief group? If yes, please explain:

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9. Does your child have a learning disability and/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 yes, please explain:**

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Child's Last Name:	First Name:
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10. Describe any aggressive behaviors or discipline problems child demonstrates at home or school:

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

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12. Does your child have difficulty following directions, sitting for long periods, or concentrating?  
If yes, please explain.

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13. How can we best meet the needs of your child?

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14. Does your child have any dietary needs or allergies? (i.e., vegetarian, bee-sting, insect bite, food, or other)

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15. Please explain any medical conditions or physical disabilities that you feel we should know about and does your child need any special accommodations:

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16. In case of an emergency please contact (must be a parent or legal guardian):

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

Child's Last Name:	First Name:
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**For Pg 4, Complete only one PER FAMILY**  
Fill out pg 4 for your oldest child attending

**1) NEW Camper Meet and Greet – Thursday, October 4 , 6:00 to 7:00 p.m.**

Adult/Family members & child attend, have supper, and get acquainted w/camp counselors & other campers.

How many will attend: Children (include campers) \_\_\_\_\_ Adult(s): \_\_\_\_\_

**2) Closing Ceremony – 4:45 p.m. Day of camp, Saturday, October 6**

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

How many adults from your family will be attending closing ceremony? \_\_\_\_\_

How many children (camper and non-camper) from family **will** attend closing? \_\_\_\_\_

(Info needed to ensure we have enough materials for ceremony)

## Permission and Liability Waiver Form for Field Trip to Camp Oz

Camp Oz, a grief program run by Mayo Clinic Health System – Mankato, will be sponsoring a grief camp on October 6, 2018, at Camp Patterson in Madison Lake, Minnesota (hereinafter referred to as “Bereavement Event”). Children participating in the Bereavement Event will participate in a variety of activities, which may include small group discussion, journaling, crafts, walking paths, outdoor athletics and relay games. The purpose of these events 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 Clinic Health System – Mankato 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 Clinic Health System – Mankato to photograph and/or record my child during the Bereavement Event and use any such photographs and/or recordings for the purpose of promoting Bereavement activities.

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Print full name of Student/Child

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Print full name of parent or guardian

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Signature of parent or guardian

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Date