



Camp BeginAgain is an annual day-long event to bring grieving children and teens in our community together to learn ways to cope and express their feelings about the death of their loved one(s). There will be time for each camper to learn how their peers are dealing with death, discover ways to remember their loved one(s), and to share in grief support through art and outdoor activities.

***Presented by Halifax Health – Hospice BeginAgain Children’s Grief Center***

**Program Date:** Saturday, November 9, 2024, 8:30AM – 4PM

**Please arrive by 8:30AM for Check In, Name Badges, and to Change into Camp Shirt!**

**Location:** Cracker Creek 1795 Taylor Road, Port Orange, FL 32128

**Family Information**

**List All Participating Campers:** *(children ages 5-17 can attend this event, parent/legal guardian responsible for drop off (8:30AM) and arrive by (3:30PM) in preparation for pick up)*

| FULL NAME | GENDER | AGE | DATE OF BIRTH | T-Shirt Size (Youth S-XL, Adult S-XXL) |
|-----------|--------|-----|---------------|--|
|           |        |     |               |  |
|           |        |     |               |  |
|           |        |     |               |  |
|           |        |     |               |  |
|           |        |     |               |  |

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(\_\_\_\_)

Cell Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Please describe who has died in your child’s life:**

Name of loved one(s): \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Location of death: \_\_\_\_\_

Cause of Death (please be specific): \_\_\_\_\_

**CONSENT FOR INFORMATION RELEASE**

I, \_\_\_\_\_, hereby authorize the release of photographs and information of myself/my child to Halifax Health - Hospice, its agents, employees, and volunteers for media purposes. This release is expressly intended to release Halifax Health personnel, including volunteers, from liability in the case that any photograph or information is used in a Halifax Health – Hospice related story. This authorization is on-going and is without limitation or restriction.

Signature of Parent/ Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_



**HALIFAX HEALTH  
HOSPICE**

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**BeginAgain**  
**CHILDREN'S GRIEF CENTER**

A Program of Halifax Health - Hospice

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# MEDICAL INFORMATION

The BeginAgain Children's Grief Center was created as a Halifax Health - Hospice program to provide grieving children and teens a safe place to interact with their peers and other grievers. The program is run by specially trained counselors and volunteers who help people of all ages deal with their losses. The BeginAgain Children's Grief Center program uses this one-day event called Camp BeginAgain to facilitate healing for children and teens who have experienced a death. Camp BeginAgain offers expression of grief feelings through art and other outdoor activities.

**\*\*\*Every child attending Camp BeginAgain MUST have an individual Medical Information form on file.\*\*\*** Please complete every section below. (Put "N/A" if it does not apply).

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Name & phone number to reach parent/guardian:** \_\_\_\_\_

**Additional Emergency Contact number** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Allergies (including foods):** \_\_\_\_\_

**Medication/Dosage:** *(Please be advised that parent/legal guardian is responsible for including any medications that need to be administered throughout the day to the Camp Nurse at Registration.)* \_\_\_\_\_

**SPECIAL NEEDS OR LIMITATIONS:** (Please describe any special needs, important medical information or sensitivities to outdoor elements (i.e. sun, dust, heat/cold) regarding this child.) \_\_\_\_\_

## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT & RELEASE OF LIABILITY

I hereby agree and consent for \_\_\_\_\_ (child's name) to receive medical treatment in the event of an emergency while attending Camp BeginAgain. I also release and hold harmless Halifax Health, Halifax Health - Hospice and the BeginAgain Children's Grief Center for any and all liability arising from Camp BeginAgain including any liability arising from negligence.

Parent or Legal Guardian Signature

Date

Please return to: Gina Francolino, LMHC  
CJ Favale, LMFT

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[chrisstyo.favale@halifax.org](mailto:chrisstyo.favale@halifax.org)

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386-425-3100