



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 - Continuing Care BeginAgain Children's Grief Center Program Date: Saturday, November 04, 2023, 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

	Fami	ly Info	rmation		
List All Participating Campers: (6:30AM) and pick up (3:30PM), adult and you					
FULL NAME	GENDER				Youth M-XL, Adult S-XXL)
A data a a					
Address					
City				State	Zip
()					
Cell Phone Number En	nail				
Please describe who has died in your	child's life:				
Name of loved one(s):			Relatio	onship to child: _	
Date of Death: Loca	ation of death:				
Cause of Death (please be specific):					
CONSENT FOR INFORMATION					
l,	gents, employee volunteers, from	es, and v n liability	olunteers for me in the case that	dia purposes. This any photograph or	release is expressly intended information is used in a
Signature of Parent/ Legal Guardian					 Date





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MEDICAL INFORMATION

The BeginAgain Children's Grief Center was created as a Halifax Health - Continuing Care 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). _____ Date of Birth: _____ Child's Name: 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 quardian 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** (child's name) to receive medical I hereby agree and consent for treatment in the event of an emergency while attending Camp BeginAgain. I also release and hold harmless Halifax Health, Halifax Health - Continuing Care 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

ginamarie.francolino@halifax.org chrisstyjo.favale@halifax.org 386-425-9889 386-425-3100