FAMILY CAMP APPLICATION

Family name:	Parents/ Guardians first names:

Children's names	Gender	Date of Birth	Children's names	Gender	Date of Birth

Address:

Home phone:	Mobile phone:

Email address:

Medical details (Please briefly outline any significant medical history of family members):

Bereavement history
What was the name of the child that died?
What was the age of the child when he/she died?
When did the death occur?
How did your child die?
Did all the family members attend the funeral/ memorial service?
Have any of the family received professional support?
Have there been multiple deaths within your family?
Have there been any other changes/ stresses in your family's life (ie: divorce, illness, relocation, etc.):
Name of the person/ agency who suggested you should attend camp:

Please return this form as soon as possible to:

Family Liaison Department, Barretstown Castle, Ballymore Eustace, Co. Kildare, Ireland or email to families@barretstown.org