



Contact Information:

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Camp Director
(270) 316-9112

Camp Erin Frequently Asked Questions

1. What is Camp Erin®?

Camp Erin is a weekend, overnight camp for children who have experienced the death of someone significant in their lives. It is a traditional, fun, high-energy camp combined with grief education and emotional support.

2. When will Camp Erin take place?

The camp will be held at the Gasper River Retreat Center July 31st - Aug. 2nd, with activities beginning Friday afternoon and ending Sunday afternoon.

3. Who can attend Camp Erin?

Any child of age 6 to 17 who is grieving the death of someone significant in their lives may attend Camp Erin. Potential campers will be required to fill out an application form containing personal, bereavement and medical information. Because we want to ensure the best possible experience for every Camp Erin participant, each application will be reviewed in detail and will include an interview before the application process is complete. Due to the large number of applicants expected, campers will be selected on a first-come, first-serve basis.

4. How much does Camp Erin cost?

Through support from Eluna and generous community members, businesses, other area organizations, and volunteers, Camp Erin will be free to all campers.

5. Is Camp Erin a religious camp?

Camp Erin is not affiliated with any religious organization, and therefore, religious instruction will not be provided at camp. Children will be allowed, however, to grieve their loss in the way that is most appropriate and comfortable for them. No child will be prevented from accessing his/her faith during the weekend if that is what the camper wishes to do.

6. What activities are provided for the children at Camp Erin?

Children grieve in many ways. They require physical activity as well as emotional outlets, coping skills and community-building to cope with loss. The goal of Camp Erin is to help normalize the grief process for all campers. It will provide a safe space where children can grieve with other children who have experienced a death.

There will be ample activities for children of all ages and abilities. Camp activities may include the following:

Sharing
Arts & Crafts
Luminaries

Music
Nature Walks

Climbing
Zip Line
Storytelling

(over please)



7. Who runs Camp Erin?

Camp Erin is put on by Hospice of Western Kentucky. Volunteers will be from community partners who have been professionally vetted and trained by Hospice of Western Kentucky. If you have any questions about Camp Erin, you may contact Caleb Potter, Camp Director, at 270.316.9112

8. How did Camp Erin get started? Why is it called Camp Erin?

Camp Erin is named in memory of Erin Metcalf, a young woman who developed liver cancer at the age of 15. Karen and Jamie Moyer, founders of Eluna, met Erin during Spring Training in 1998, and they developed a special friendship with Erin and her family. In June of 2000, when Erin died at the age of 17, the Moyers wished to honor Erin's memory and her caring spirit. Because Erin has such a desire to help other children, the Moyers felt that a grief camp for children would be an appropriate tribute to her caring spirit.

9. What is Eluna?

Eluna is a public, 501(c)(3) non-profit with a mission to support children and families impacted by grief or addiction. Founded in 2000 in Seattle by former MLB pitcher Jamie Moyer and child advocate Karen Phelps Moyer, Eluna was originally called The Moyer Foundation and launched a series of programs supporting thousands of children and families annually at no cost to them. Camp Erin® is the largest national network of grief programs for bereaved children and teens, Camp Mariposa® is a national addiction prevention and mentoring program for youth impacted by a family member's substance use disorder, and the Eluna Resource Center offers online tools, local referrals and personalized phone and email support for families experiencing grief, addiction and other related issues. For more information, please visit elunanetwork.org.

10. What is the relationship between Hospice of Western Kentucky and Eluna?

Camp Erin was created and is supported in part by Eluna. Eluna partners with bereavement programs in local communities to help fund, develop and grow Camp Erin® nationwide. Hospice of Western Kentucky was selected by Eluna to establish and run Camp Erin Western Kentucky. For more information, please visit elunanetwork.org.

11. What are the selection criteria for campers to attend Camp Erin?

Potential campers will be required to fill out an application form containing personal, bereavement and medical information. Because we want to ensure the best possible experience for every Camp Erin participant, each applicant will be reviewed in detail and will include an interview before the application process is complete. Due to the large number of applications expected, campers will be selected on a first-come, first-serve basis. This will ensure that each year we give as many children as possible the opportunity to attend Camp Erin. In the event we have more applications than Camper spots, we will add your child to a waiting list in the order that the application was received.

12. Will Hospice of Western Kentucky provide transportation?

Yes, there will be a transportation option communicated at a later date. Please make Hospice of Western Kentucky aware if you would like to utilize the transportation option.



Camp Erin® Western Kentucky 2026 Camper Application



Camp will be held from **Friday, July 31st – Sunday, August 2nd, 2026** at Gasper River Retreat Center in Bowling Green, KY. Hospice of Western Kentucky will be hosting Camp Erin, a transformational weekend camp specifically designed for kids and teens, ages 6-17, who have experienced the death of a loved one. Camp Erin combines traditional, fun camp activities with grief education and emotional support, free of charge. Led by grief professionals and trained volunteers, Camp Erin provides a unique opportunity for youth to learn about the grieving process, enhance self-esteem, and find that they are not alone.

Campers will be chosen on a first come first serve basis with priority given to new campers*. A family interview is required for all campers. Acceptance status will be communicated after the family interview. Camp space is limited.
Campers that have previously attended any Camp Erin will automatically be added the waitlist. Please verbally inform the staff if your child has experienced a significant death since attending. **Application deadline July 10th, 2026.*

For more information, please call (270) 316-9112, or email cpotter@hospiceofwky.org

Submission of this application does not constitute acceptance into Camp Erin Western Kentucky.

CAMPER INFORMATION (COMPLETE A SEPARATE APPLICATION FOR EACH CAMPER) PLEASE PRINT OR WRITE LEGIBLY

Camper's First name: _____ Last Name: _____

At camp, camper prefers to be called (will appear on nametag): _____ Sex: _____ Age: _____

Date of birth (MM/DD/YYYY): _____ Grade: _____

School name: _____

Siblings (list names/ages): _____

PARENT/LEGAL GUARDIAN: Any parent/legal guardian listed on this form can receive information about the program and about the camper. (If legal guardian(s) is not the biological parent, please provide custodial paperwork)

(1) First Name: _____ Last Name: _____ Relationship to camper: _____

Phone: Cell: () _____ Home: () _____

E-mail address (watch for important updates): _____

Mailing address: _____

City: _____ State: _____ Zip: _____

(2) First Name: _____ Last Name: _____ Relationship to camper: _____

Phone: Cell: () _____ Home: () _____

E-mail address (watch for important updates): _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Camper's Name: _____

BEREAVEMENT HISTORY

Has the camper ever attended a Camp Erin before? Yes (*specify year/ location*): _____ No

How did you hear about Camp Erin? (*check all that apply*)

Hospice of WKY Counselor School Web Advertisement Other: _____

Name(s) of significant person(s) who died: Relationship(s) to camper: _____

What did the camper 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 camper know about the death: _____

Was the death anticipated? Yes No

Was the camper present at the time of death? Yes No

Was the deceased a significant caregiver of the camper? Yes No

Did the camper attend the funeral/memorial service? Yes No
If YES, what were your camper's reactions to the service? _____ If NO, was there a reason they did not attend? _____

Do you and the camper talk about the deceased? Yes No

Did the camper receive counseling/grief support before or after the death? Yes No

If yes, please specify services received and length of service: _____

Describe the relationship between the camper and the deceased (e.g. saw each other every day; visit twice a year): _____

What have you observed that indicates your camper is grieving? _____

Has the camper experienced any other deaths? (*e.g. pets, distant relative*) Yes No

If yes, please specify the deaths and describe the impact on the camper: _____

Camper's Name: _____

CAMPER BEHAVIOR

Has the camper exhibited any of the following behaviors in the last two months? (Check all that apply.)

- | | | | | |
|---|--|--|--|--|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Special 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"/> Discussed suicide | <input type="checkbox"/> Regression | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Ongoing sleep disturbance |
| <input type="checkbox"/> Harmed self | <input type="checkbox"/> Harmed others | <input type="checkbox"/> Behavior problems at home | <input type="checkbox"/> Behavior problems at school | |
| <input type="checkbox"/> Drug/alcohol use | <input type="checkbox"/> Unusual/inappropriate sexual behavior | <input type="checkbox"/> Other | <input type="checkbox"/> None | |

Please provide more information about the behaviors checked above: _____

Describe any other changes/stresses in the camper's life. (e.g. divorce, illness, moves) _____

Have you noticed a change in the camper's friendships or peer relationships? Yes No

If yes, please specify: _____

Has the camper's behavior, things they have said or done concerned you lately? Yes No

If yes, please specify: _____

Does the camper have any triggers that upset them? (e.g. specific noise, smell, words, etc.) Yes No

If yes, please specify: _____

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

If yes, (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Arrested | <input type="checkbox"/> Held in juvenile detention | <input type="checkbox"/> Placed on probation |
| <input type="checkbox"/> Went to court | <input type="checkbox"/> Involved for status offense (ex. Truancy, runaway, ungovernable) | |
| <input type="checkbox"/> Other | | |

If yes, please provide more information about the items checked above: _____

CAMP INFORMATION

Have you and the camper talked about him/her coming to Camp Erin? Yes No

What, if any, concerns do YOU have about the camper coming to camp? _____

What, if any, concerns does YOUR CAMPER express about coming to camp? _____

Camper's Name: _____

Has the camper ever...

- | | | |
|--|------------------------------|-----------------------------|
| spent a night away from home? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| spent a night away from home since the death? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| spent a night away from home since quarantine? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| attended a day camp? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| attended an overnight camp? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Is there anything we should know about the camper's religious beliefs or faith practice? _____

Is there anything else we should know to better serve the camper? _____

T-shirt size (check one): Youth Small Youth Medium Youth Large
 Adult Small Adult Medium Adult Large Adult XL Adult 2XL Adult 3XL

DEMOGRAPHICS

(This information will be used for grant applications, research projects, and to better serve the community.)

Race/Ethnicity (Circle all that apply.):

African American/Black
American Indian/Alaska Native
White
Hispanic/Latino
Native Hawaiian/Pacific Islander
Asian
Multi-Racial
Prefer not to share
Other: _____

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, etc.) Yes No Prefer not to answer

Was the deceased an active, reserve, or National Guard military member or military veteran? Yes No

If so, who and what branch? _____

Is the camper's parent/guardian an active, reserve, or National Guard military member or military veteran? Yes No

If so, who and what branch? _____

CAMPER MEDICAL INFORMATION

Please fill out everything to the best of your knowledge. Camp staff and/or camp nurse may call to follow up. The following information will be reviewed with the parent/guardian and the camp nurse the first day of camp at check-in.

EMERGENCY CONTACTS: Please list **two people other than parents/guardians** to contact in case of emergency at camp:

(1) Emergency contact #1 full name: _____ **Relationship to camper:** _____

Phone: **Cell:** () _____ **Home:** () _____

.....
(2) Emergency contact #2 full name: _____ **Relationship to camper:** _____

Phone: **Cell:** () _____ **Home:** () _____

Camper's Name: _____

Camper's Regular Physician Name: _____ Phone: (____) _____

Is the camper currently under the care of a counselor/mental health professional? Yes No

If yes, Name: _____ Phone: (____) _____

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"/> Motion Sickness |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Dietary Restrictions | <input type="checkbox"/> Nosebleeds |
| <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Medical Sleep Problems | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Speech impairment | <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Long-term illness |
| <input type="checkbox"/> Other | <input type="checkbox"/> No Medical Concerns | |

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

Is the camper allergic to anything? (Please specify to what, severity, and reaction below) Yes No

Allergies to medication: _____

Food allergies: _____

Plant allergies: _____

Animal/insect allergies: _____

Other allergies: _____

Does your camper use an EpiPen? If yes, please bring to camp. Yes No

Date of camper's latest 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. (Latest Tetanus shot date required. Write "Exempt" if your camper needs an Immunization Exemption form.)

Has the camper been fully vaccinated against COVID-19? Yes No Prefer not to answer

This is for contact tracing purposes and will not affect acceptance status.

Any dietary restrictions? (Vegetarian, gluten free, etc.) _____

Has the camper had any operations? Yes No

If yes, please specify: _____

Has the camper had any serious or chronic illness? Yes No

If yes, please specify: _____

Does the camper have any known physical, mental, or social difficulties which may affect participation and/or for which consideration should be given? Yes No

If yes, please specify: _____

Medication Administration Record (MAR)

HPC Camp Erin

Campers Name _____ Date of Birth _____ Age _____

Allergies _____

Emergency Contact Name/Number _____

1. Please place medications in a Ziplock bag clearly labeled with full name and date of birth written in permanent marker on the outside.
2. Medications must be in original container with doctor's directions if it is a prescription (no pills in bags or daily dispensers).
3. Please send an inhaler if your child has asthma. Please send an Epi-pen if your child has a history of severe allergic reaction.
4. Primary dispensing times for medications will be at meal times unless otherwise directed by a physician.

Medications				
Parent/Guardian fill out shaded medication columns only; daily columns for administration use only.				
<div style="background-color: #e0e0e0; padding: 2px;">Medication Name _____</div> <div style="background-color: #e0e0e0; padding: 2px;">Dosage _____ Frequency _____</div> <div style="background-color: #e0e0e0; padding: 2px;">Special Instructions _____</div>	Breakfast: Lunch: Dinner: Bedtime:			
<div style="background-color: #e0e0e0; padding: 2px;">Medication Name _____</div> <div style="background-color: #e0e0e0; padding: 2px;">Dosage _____ Frequency _____</div> <div style="background-color: #e0e0e0; padding: 2px;">Special Instructions _____</div>	Breakfast: Lunch: Dinner: Bedtime:			
<div style="background-color: #e0e0e0; padding: 2px;">Medication Name _____</div> <div style="background-color: #e0e0e0; padding: 2px;">Dosage _____ Frequency _____</div> <div style="background-color: #e0e0e0; padding: 2px;">Special Instructions _____</div>	Breakfast: Lunch: Dinner: Bedtime:			
<div style="background-color: #e0e0e0; padding: 2px;">Medication Name _____</div> <div style="background-color: #e0e0e0; padding: 2px;">Dosage _____ Frequency _____</div> <div style="background-color: #e0e0e0; padding: 2px;">Special Instructions _____</div>	Breakfast: Lunch: Dinner: Bedtime:			

Medication Administrator

Signature _____ Title _____ Initials (____)

Medications				
Medication Name _____	Breakfast: Lunch: Dinner: Bedtime:			
Dosage _____ Frequency _____				
Special Instructions _____				
Medication Name _____	Breakfast: Lunch: Dinner: Bedtime:			
Dosage _____ Frequency _____				
Special Instructions _____				

Medication Administrator
 Signature _____ Title _____ Initials (_____)

I give camp staff permission to administer the following over the counter medications: (Initial below)

Weight and age specific dosages of: Tylenol/Acetaminophen: Advil/Ibuprofen: Benadryl:

Other: (Please list and send with camper) _____

As the parent/legal guardian of the above-named child, I give full authorization to HPC 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 in disclosing 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.

Parent/Guardian
 Signature _____ Date _____

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 'camper' or 'child'.

I am also authorizing Eluna and Hospice of Western Kentucky to contact me by phone, text, and email regarding my child and with information about Camp Erin. I understand that there will be more forms to fill out and a family interview prior to my child's acceptance into Camp Erin Western Kentucky.

NAME OF PARENT OR LEGAL GUARDIAN (Printed): _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____

DATE: ____ / ____ / ____ **RELATIONSHIP TO CAMPER:** _____

PLEASE RETURN TO: **Hospice of Western Kentucky** **Email:** cpotter@hpcwky.org
 Attn: Camp Erin **Phone:** 270.316.9112
 3419 Wathens Crossing **Fax:** 270.685.0516
 Owensboro, KY 42301