



FAMILY CAMP APPLICATION

Family name:		Guardian/s first names:	
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Children's names	Gender	Date of Birth	Children's names	Gender	Date of Birth

Address:

Home phone:	Mobile phone:
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Email address:

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

Bereavement history
What was the name of the person that died?
What was the age of the person when he/she died?
When did the death occur?
What caused your loved-one to 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