

QUEER SPIRIT RETREAT PARENT INFORMATION FORM

This form is to be filled out by the teen's parent or guardian and submitted with your teen's application form and \$100 deposit. Checks and forms sent to: Spirit Hollow--2509 Shaftsbury Hollow Rd--N. Bennington, VT 05257. Payments can also be made at our website: spirithollow.org (click on registration).

Teen's Name: _____

Parent's Names and Contact Information:

Parent/Guardian 1:

Address: _____

Phone: _____ E-mail: _____

Parent /Guardian 2:

Address: _____

Phone: _____ E-mail: _____

How does your teen interact with other teens and adults individually or in a group?

Are there any circumstances in your teen's environment that he/she/they is adapting to (new sibling, divorce, death of relative, etc.)?

What do you and your teen wish to gain from this experience?

What had been challenging for you regarding your teen's gender/identity and/or sexual orientation?

Is there anything you would like the staff to address with the teens (topics of concern).

Is there anything that would be helpful for YOU as a parent of queer teen?

Does your teen have a history of any emotional/mental/behavior struggles (or suicidal ideations or self harm)? Please describe:

Is your teen taking any medications?

Please sign below giving permission for Spirit Hollow to photograph your child

Signature of parent/guardian _____
(no signature means we will NOT photograph your child)

May we use photos that include your child on our website or on future promotional materials for camp? YES NO (circle one)

QUEER SPIRIT RETREAT MEDICAL INFORMATION

We follow preventative safety procedures.

Emergency contact: _____

Phone: _____ Relationship to teen: _____

Please list any medical conditions that your teen has:

Please list any medications your teen takes:

Please list any allergies that your teen has.

What is done to treat the allergies?

If your teen is allergic to bees, she/he?they must bring a bee sting kit!

Please list any special dietary needs (There will always be vegetarian options at meals).

Does your teen have any particular challenges (physically, mentally, emotionally)?

Is there anything else you would like the staff to know about your teen?

Releases:

- I give the staff of Queer Spirit Retreat permission to treat my child in case of medical emergency and/or take him/her to the nearest hospital to receive treatment.
- I give the staff of Queer Spirit Retreat permission to transport my child if necessary as a part of the program or otherwise.

Signature of parent or legal guardian

Date of signature _____

What To Bring To Queer Spirit Retreat

Keep this form for packing purposes.

- ❖ insect repellent (natural if possible);
- ❖ sunscreen
- ❖ any medications/vitamins/supplements
- ❖ walking/hiking shoes
- ❖ slip on/off shoes or sports sandals
- ❖ clothing for the weekend (bring one extra outfit in case of weather)
- ❖ rain gear, jacket/fleece or sweat shirt, optional hat
- ❖ day pack, water bottle
- ❖ journal
- ❖ favorite portable art supplies
- ❖ sleeping bag/pillow/pad flashlight
- ❖ towel, bathing suit
- ❖ toiletries
- ❖ FUN “BLING” for our Saturday Cabaret and Campfire (costumes, wings, capes, makeup—any items that help you express your queer self)!

**Teens should be prepared to do some “seva”, or service while you are here at Spirit Hollow. This will include dishes, help with meals, keeping all spaces and tent cabins tidy and general helping out. We will be a ‘tribe’ while teens are here, and everyone is expected to participate.