



****FOR SCHOOL COUNSELOR TO COMPLETE****

Please complete and return to West Georgia Hospice / Camp Dogwood via email (campdogwood@wellstar.org) or fax (706-812-2650)

Referral Source Information:

Date:

Person Making Referral:	Phone Number:	Email Address:
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Child's Information:

Child's Name: (Last/MI/First)		DOB: / /	Age: Select	Sex: Select	Grade: Select
Parent/Guardian Name:		Name of School:			
Address:		City, State, Zip: ,			
Home Phone Number:	Cell Number:	Work Number:	Alternate Number:		

Information Regarding Death/Bereavement

Name of Deceased:	Date of Death:
Relationship to Child:	
Circumstances of Death:	

Additional Comments:

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THIS REFERRAL DOES NOT RESERVE A SPOT FOR THIS CHILD AT CAMP. AFTER RECEIVING THIS REFERRAL, OUR TEAM WILL CONTACT THE PARENT/GUARDIAN AND SEND A CAMP APPLICATION FOR THEM TO COMPLETE IF THEY ARE INTERESTED. APPLICATIONS ARE REVIEWED IN ORDER RECEIVED.

THANK YOU FOR YOUR REFERRAL!

West Georgia Hospice / Camp Dogwood
1510 Vernon Road, LaGrange, GA 30240
Phone: (706) 845-3905 / Fax: (706) 812-2650 / Email: CampDogwood@wellstar.org