



# WEST GEORGIA HOSPICE CAMP DOGWOOD REFERRAL



**\*\*FOR SCHOOL COUNSELOR TO COMPLETE\*\***  
Please complete and return to West Georgia Hospice / Camp Dogwood  
via email ([Sandra.Melton@Wellstar.org](mailto:Sandra.Melton@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:	Sex:	Grade:
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:

**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: [Sandra.Melton@Wellstar.org](mailto:Sandra.Melton@Wellstar.org)

**SUBMIT**Email form to [sandra.melton@wellstar.org](mailto:sandra.melton@wellstar.org).  
Please save and attach your form to the email. Thanks!