

Camp forms are to be filled out online at CampDoc.com. Please see the Parent/Guardian Information Guide for more details. If you are not completing forms electronically, please scan or email to CampForms@gsmidtn.org or fax to (615) 460-0238.

An invitation will be sent from CampDoc.com to:

- Set up a password.
- Follow instructions to complete your forms.

If you are a returning camper, please return to CampDoc.com to:

- Update or change your Health History information.
- Upload shot records.

Camper Information

Camper Name: _____
 Camper Date of Birth: ____ / ____ / ____ Phone: (____) _____
 Address (Street, Apt. #): _____ City: _____ State: ____ Zip: _____
 Name of Camp (check all that apply): _____ Camp Holloway _____ Camp Sycamore Hills
 Camp Program Name: _____ Program Dates: _____
 Camp Program Name: _____ Program Dates: _____

Parent/Guardian Information

Parent/Guardian #1 Name: _____ Email: _____
 Preferred Phone: (____) _____ Secondary Phone: (____) _____
Parent/Guardian #2 Name: _____ Email: _____
 Preferred Phone: (____) _____ Secondary Phone: (____) _____
Emergency Contact (other than parent) Name: _____ Relationship: _____
 Preferred Phone: (____) _____ Secondary Phone: (____) _____

Parent/Guardian Authorization for Healthcare

The camper described on this form has permission to participate in all camp activities, except as noted by me and/or her doctor. I give permission to the doctor selected by the camp to order x-rays, routine tests, and treatment related to the health of my camper for both routine healthcare and in emergency situations. If the contacts listed above cannot be reached in case of an emergency, I give my permission to the doctor to hospitalize, secure proper treatment, order injection, anesthesia, or surgery for this camper. I understand the information on this form may be shared with camp staff on a need-to-know basis. I give permission to copy this form. Camp has permission to obtain my camper's healthcare records from healthcare providers and discuss her health status with them.

Is your camper being treated for a chronic or serious physical condition (such as diabetes, cystic fibrosis, epilepsy, leukemia, etc.)?
 If yes, please provide a healthcare professional or physician's recommendation to attend camp with instructions on limitations and restrictions. In this situation, a doctor's recommendation is **REQUIRED**. Yes No

Is your camper being treated for a social or emotional health condition (such as anxiety, depression, ADHD, asperger's, autism, etc.)?
 If yes, please provide a qualified healthcare professional or physician's recommendation to attend camp including what can be implemented at camp to assist your camper. Yes No

If you have health concerns, please contact the camp director no later than two weeks prior to her camp session. We may not be able to accommodate your camper if prior communication and planning is not made.

Parent/Guardian Name: _____
 Parent/Guardian Signature: _____ Date: _____

Diet/Nutrition Information

Aside from allergies included in this form, my camper (check all that apply):
 eats a regular diet is vegetarian is gluten free is dairy free has other dietary needs (including allergies)

Please explain: _____
 Parent/Guardian Signature: _____ Date: _____

Camper Name: _____ Camper Height: _____ Camper Weight: _____

Health History Information (Please check all that apply to camper.)

HEALTH HISTORY

- _____ ADD or ADHD
- _____ Asthma/Respiratory Problems
- _____ Bed Wetting (frequency: _____)
- _____ Bleeding Disorders
- _____ Constipation/Diarrhea
- _____ Diabetes
- _____ Ear Infections
- _____ Eating Disorder
- _____ Emotional/Social Diagnosis (explain in attached document)
- _____ Fainting/Dizzy Spells
- _____ Headaches/Migraines
- _____ High/Low Blood Pressure
- _____ Menstruation Cramps/Irregularities
- _____ Nosebleeds
- _____ Phobias (type: _____)
- _____ Seizures
- _____ Sinusitis
- _____ Sore Throats
- _____ Sleep Disturbances

AS NEEDED MEDICATIONS

The camp healthcare team uses the medications listed below. Please check the medications you **DO NOT** want your camper to be given.

- _____ Acetaminophen (Tylenol)
- _____ Aloe
- _____ Antibiotic Ointment (Bacitracin, Neosporin)
- _____ Anti-Nausea Medication
- _____ Bismuth Subsalicylate (Pepto Bismol, Kaopectate)
- _____ Bugspray (with less than 30% deet, non-aerosol)
- _____ Calamine Lotion
- _____ Diphenhydramine (Benadryl)
- _____ Hydrocortisone 1% (Cortisone)
- _____ Ibuprofen (Advil, Motrin)
- _____ Pain Relief Cream (for sore muscles)
- _____ Polyethylene Glycol (Miralax)
- _____ Pseudoephedrine (Sudafed)
- _____ Robitussin/Expectorant
- _____ Seasonal Allergy Medicine (Allegra, Zyrtec)
- _____ Sunscreen
- _____ Swimmer's Ear Solution

Please explain all items checked in Health History column:

Allergy Information (Please check all that apply to camper.)

My camper has no known allergies.

My camper is allergic to: Food Medicine Environment (insect stings, hay fever, etc.) Other

Are any of these allergies anaphylactic? Yes No Will your camper have an EpiPen at camp? Yes No

Please explain allergies and/or reactions: _____

Insurance Information (Insurance is REQUIRED* for all campers.)

Insurance Company: _____ Policy #: _____ Group #: _____

Insurance Address: _____ City: _____ State: _____ Zip: _____

Name of Insured: _____ Relationship to Camper: _____

Insurance Phone: (_____) _____

***If you do not have insurance, please fill out the summer camp insurance form and return to Sue Tims at STims@gsmidtn.org.**

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Immunization History (Copies of immunization records may be attached.)

IMMUNIZATION	DATE OF PRIMARY SERIES COMPLETED	DATE OF LAST BOOSTER
Hib (<i>hemophilus influenza type B</i>)		
Pneumococcal Conjugate Vaccine (PCV)		
DTP, DTap, DT, Td (<i>diphtheria, tetanus, pertussis</i>)		
IPV or OPV Poliomyelitis (<i>polio</i>)		
Hepatitis B		
Hepatitis A		
Measles		
Mumps		
Rubella		
Varicella		
Meningococcal		

Medication Taken Regularly at Camp (Check one and fill in all required information.)

This camper will **NOT** take any daily medications while attending camp. Initial: _____ Date: _____

This camper will take the following daily medications while attending camp. Initial: _____ Date: _____

Medication #1: _____ Reason: _____

Dosage: _____ Times to be given: _____

Medication #2: _____ Reason: _____

Dosage: _____ Times to be given: _____

Medication #3: _____ Reason: _____

Dosage: _____ Times to be given: _____

Medication #4: _____ Reason: _____

Dosage: _____ Times to be given: _____

Allergies: _____

Parent/Guardian Authorization for Medication

By Tennessee state law all prescription medication brought to camp must be in the original pharmacy-labeled container that displays the camper's name, prescription number, medication name and dosage, administration instructions, date, licensed prescriber's name, and pharmacy name, address and phone number, and must be dispensed according to the directions on the label. If the doctor has changed the dosage or directions for administration, submit a signed letter from your physician with the new directions. The letter must include camper's full name, dosage amount, delivery time(s), and any limitations.

All over the counter medication brought to camp must be in its original packaging and will be administered according to the package directions.

DO NOT repackage medication or submit another person's medication (this is prohibited by law).

Medication will be turned into the health officer at check-in. Prescription medication will be given by camp staff **ONLY** when prescribed and ordered by a physician. If medication is spilled or regurgitated, it will not be given twice. Parents/guardians will be contacted as soon as possible and informed that medication was not consumed. If your camper has an adverse reaction to prescribed medication, parents/guardians will be contacted.

I have read and understand these conditions. I have given proper information to the best of my ability.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

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Summer Camp Permissions

Camper Name: _____

Please initial and date each statement:

_____ I give permission for my camper to attend summer day and/or resident camp and participate fully in all camp activities and programs. I have noted any exceptions on the Health History Form.

_____ I have read the Summer Camp Parent/Guardian Information Packet. This packet can be found at gsmidtn.org/summer-camp.

_____ I understand and agree to cooperate with all policies and regulations regarding health and safety, prerequisites, age requirements, and forms to be submitted.

_____ I will make the camp director aware of any additional pertinent information about my camper (including but not limited to their behavioral or mental health, or any changes in their home environment such as death in the family, etc.)

_____ I have read and understand the Girl Scouts of Middle Tennessee cancellation and refund information for summer camp. This information can be found in the Camp Guide or in the Summer Camp Parent/Guardian Information Packet.

_____ I understand that it is my responsibility to contact the camp director for information regarding the staffing, safety, risk, etc. of any/all activities and programs.

_____ I understand I am responsible for transporting my camper to and from camp unless I have chosen the Day Camp Transportation option. This option is available for Camp Holloway Day Camp programs ONLY.

_____ I understand the camp has the authority to turn my camper away if she has any contagious condition (head lice in any form, fever over 100.5 degrees, etc.). This is at the discretion of the camp director and health officer.

_____ I understand that my camper will only be released to individuals that I have listed on the Camper Release Form and that a valid picture identification will be required at the time of pick up.

_____ I understand that, as a parent/guardian, I must list myself on the Camper Release Form.

_____ My camper agrees to abide by the Summer Camp Code of Conduct and I have reviewed the Code of Conduct with her. I understand her failure to abide by this Code of Conduct could result in dismissal from camp.

_____ I give permission for my camper to participate in a camp survey.

_____ I give permission for my camper may be photographed for print, video, or electronic imaging. These images may be used in promotional materials, news releases, and other published formats by Girl Scouts of Middle Tennessee.

_____ I give permission for my camper's forms to be uploaded to CampDoc.com if they are submitted via paper.

_____ I understand that Girl Scouts of Middle Tennessee provides access to outdoor activities and attempts to maintain the surroundings and grounds of their facilities in a natural state.

_____ I understand that pests inhabit the surroundings and grounds of the Girl Scouts of Middle Tennessee outdoor facilities and that such pests pose a possible risk to safety.

_____ My camper and I voluntarily seek to expose ourselves to a natural habitat including potential exposure to pests.

_____ I fully and forever release the Girl Scouts of Middle Tennessee from all losses or damages and any claims or demands on account of injury to or death of the camper caused by, resulting from, or contributed by bugs, insects, dangerous plants, wildlife, pests, and vermin in connection with the camper's attendance at summer camp or in traveling to or from a facility of the Girl Scouts of Middle Tennessee.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Permission and Waiver for Travel

Camper Name: _____

I, _____, agree that _____
may participate in travel programs at Camp Holloway (Travel programs include *Either OAR, EPIC, Risky Business, Summer Song Studio, Take a Bow, and Trefoil Productions.*) or in transportation for Camp Holloway Day Camp. I understand traveling includes automobile travel, activities off council property, and exposure to uncontrolled environments. These activities create an inherent risk for accidents and injuries to be assumed by each participant. I agree to assume the risk for my camper of injury or death caused by participation in travel programs at Camp Holloway and/or Camp Sycamore Hills. I release all claims, including negligence, arising out of this activity and I hereby indemnify and hold harmless Girl Scouts of Middle Tennessee, its successors and assigns and agents, and employees from any liabilities, actions, and claims, including negligence, arising from accident or injury.

This contract shall be legally binding upon me, my heirs, my estate, my assigns and legal guardians, and my personal representatives. **By signing this agreement, I acknowledge that I have read the foregoing and understand its contents.**

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Permission for Equestrian Program(s)

Camper Name: _____

I, _____, agree that _____
may participate in equestrian programs at Camp Sycamore Hills. I understand the activity or riding of working with horses involves risks of injury including loss of control, collisions, or obstacles. I understand that an animal (irrespective of its training, usual past behaviors, or characteristics) may act or react unpredictably at times based upon instinct or fright. This is an inherent risk to be assumed by each participant in the activity. I agree to assume the risk for my camper of injury or death caused by participation in equestrian programs at Camp Sycamore Hills. I release all claims, including negligence, arising out of this activity and I hereby indemnify and hold harmless Girl Scouts of Middle Tennessee, its successors and assigns and agents, and employees from any liabilities, actions, or claims, including negligence, arising from accident or injury.

This contract shall be legally binding upon me, my heirs, my estate, my assigns and legal guardians, and my personal representatives. **By signing this agreement, I acknowledge that I have read the foregoing and understand its contents.**

THIS IS A RELEASE OF LIABILITY. DO NOT SIGN THIS RELEASE IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH ITS TERMS. WARNING: UNDER TENNESSEE LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO TENNESSEE CODE ANNOTATED, TITLE 44, CHAPTER 20.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

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Summer Camp Code of Conduct

Camper Name: _____

Please initial each statement:

- _____ I will treat each camper and staff member with respect.
- _____ I will use appropriate language and avoid cursing, teasing, or bullying while at camp.
- _____ I will respect the personal property of campers and staff.
- _____ I will respect the privacy and personal space of campers and staff, and I will set boundaries for myself.
- _____ I will respect the buildings, furnishings, and facilities of camp property.
- _____ I will keep myself and others safe while at camp and avoid risky behavior.
- _____ I will leave weapons of any kind, including a pocket knife, at home.
- _____ I will not bring drugs or alcohol to camp.
- _____ I will commit to being a part of the camp community by leaving ALL of my electronic devices at home (including cell phones, iPads, iPods, talkies, and any other devices with internet capabilities).
- _____ I will refrain from bringing food, candy, or drinks to camp. I understand that I can ask for additional snacks if I am hungry.
- _____ I will remain with my group at all times.
- _____ I agree to abide by the Social Media Policy.

I understand that failure to comply may result in one of the following courses of action:

1. Being prohibited from participating in specific activities
2. Creating a behavior action plan with parent/guardian
3. Requiring immediate pick-up by parent/guardian

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Summer Camp Social Media Policy

Girl Scouts of Middle Tennessee respects the right of our campers to use social media (e.g. Facebook, Instagram, Twitter, Snapchat, etc.), personal websites, and blogs as a medium of self-expression. At the same time, camper safety is of the utmost importance to us. Our camps require, as a condition of participation in the camp, that campers observe the following guidelines when referring to the camp, its programs or activities, other campers, and/or employees, in comments, posts, or pictures.

- _____ Campers will not post photos of campers without the permission of the campers or their guardians.
- _____ Campers must be respectful in all communications and blogs related to or referencing the camp, other campers, and/or employees.
- _____ Campers must not use personal websites or blogs to disparage the camp, other campers, and/or employees in any activity that is offensive based on race, color, religion, gender, sexual orientation, age, national origin, citizenship, disability, or other status.
- _____ Campers must not use personal websites or blogs to harass, bully, or intimidate other campers or employees.
- _____ Campers must not use personal websites or blogs to discuss engaging in conduct that is prohibited by camp policies, state law, or federal law.

Camper Name: _____

Camper Signature: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

PLEASE COMPLETE AND SUBMIT FORM BY MAY 9, 2019.

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THIS FORM IS TO BE COMPLETED BY THE CAMPER'S PARENT/GUARDIAN.

Camper Information

Camper Name: _____
 Camper Date of Birth: ____ / ____ / ____ Phone: (____) _____
 Address (Street, Apt. #): _____ City: _____ State: _____ Zip: _____
 Name of Camp (check all that apply): _____ Camp Holloway _____ Camp Sycamore Hills
 Camp Program Name: _____ Program Dates: _____
 Camp Program Name: _____ Program Dates: _____

Camper Release Information (Please print clearly.)

List ALL authorized adult(s) to whom the camper may be released. **Parent(s)/guardian(s) must be included on this list.**

Adult #1 Name: _____ Preferred Phone: (____) _____ Relationship: _____
 Address (Street, Apt. #): _____ City: _____ State: _____ Zip: _____
Adult #2 Name: _____ Preferred Phone: (____) _____ Relationship: _____
 Address (Street, Apt. #): _____ City: _____ State: _____ Zip: _____
Adult #3 Name: _____ Preferred Phone: (____) _____ Relationship: _____
 Address (Street, Apt. #): _____ City: _____ State: _____ Zip: _____
Adult #4 Name: _____ Preferred Phone: (____) _____ Relationship: _____
 Address (Street, Apt. #): _____ City: _____ State: _____ Zip: _____

I understand that any authorized adult listed above, including parent(s)/guardian(s), must present valid photo identification upon the release of my camper from camp. Any changes to this list of authorized adults must be submitted in writing by the parent/guardian and include a signature. I understand that camp will only release my camper to those adults listed above.

Parent/Guardian Name: _____
 Parent/Guardian Signature: _____ Date: _____

Are there any custody requirements that we should be aware of? Yes No

If yes, please explain any custody concerns or requirements. Please attach custody documents if necessary.

Early or Scheduled Sign In and Out Form

	DATE	TIME	PURPOSE	SIGNATURE	ID TYPE/NUMBER
SIGN OUT					
SIGN IN					
SIGN OUT					
SIGN IN					
SIGN OUT					
SIGN IN					
SIGN OUT					
SIGN IN					

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THIS FORM IS TO BE COMPLETED BY THE CAMPER'S PARENT/GUARDIAN.

This form will help us give your camper the best experience. Please give us the most up-to-date information to assist us in this effort.

Camper Information

Camper Name: _____ What name does your camper go by? _____

Camper Date of Birth: ____ / ____ / ____

Indicate members of the family living in the home: Mother Father Grandparent Sister Brother
 Other _____

Does your camper menstruate? Yes No If not, have you prepared her for this? Yes No

Is your camper prone to stomach problems? Yes No Comments: _____

What age children does your camper mostly associate with? Younger Same Age Older

Has your camper ever been away from home without members of her family? Yes No

How long has she been away and where? _____

Has your camper attended camp before? Yes No If yes, where? _____

Why has your camper decided to come to camp? _____

How did you find out about this camp?

Camper is a registered Girl Scout Camper has attended before Friend Camp Guide Newspaper Social Media
 Other _____

What are your hopes/goals for your camper's experience? _____

What situations at camp do you expect to be challenging for your camper? _____

What behaviors/characteristics does your camper show when stressed or uneasy? _____

Has your camper experienced any social challenges in her troop or school group? *If yes, please explain.*

Have any life changes (marriages, losses, moves, etc.) occurred in your camper's life in the last six months? *If yes, please explain.*

Please add any additional information that will help camp staff understand your camper's physical, mental, and environmental needs.

Overnight Campers

What kind of sleeper is your camper typically? Heavy Moderate Light

Is your camper prone to sleeping problems? Yes No Comments: _____

What is the typical bedtime for your camper? _____

Camp Experiences (To be completed by the camper and parent/guardian.)

While at camp, my camper would like to experience (check all that apply):

Archery Arts and Crafts Challenge Course Cooking Creek Stomping Dance Drama Exploring Nature
 Hiking STEM Swimming Tree Climbing Yoga Other _____ Other _____