

**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](mailto: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 Preferred 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: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
**Parent/Guardian #2** Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
**Emergency Contact** (other than parent) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

### Parent/Guardian Authorization for Healthcare

The camper identified 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.

**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: \_\_\_\_\_

### 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](mailto:STims@gsmidtn.org).**

Camper Name: \_\_\_\_\_ Camper Height: \_\_\_\_\_ Camper Weight: \_\_\_\_\_

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

#### HEALTH HISTORY

- Asthma/Respiratory Problems
- Bed Wetting (frequency: \_\_\_\_\_)
- Bleeding Disorders
- Cardiac History
- Constipation/Diarrhea
- Diabetes
- Dermatological History
- Ear Infections
- Eating Disorder
- Fainting/Dizzy Spells
- Headaches/Migraines
- High/Low Blood Pressure
- Menstruation Cramps/Irregularities
- Nosebleeds
- Phobias (type: \_\_\_\_\_)
- Seizures
- Sinusitis
- Sleep Disturbances
- Sore Throats
- Surgeries (type & date: \_\_\_\_\_)

#### 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
- Calcium Carbonate (Tums)
- 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.)  Latex  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:

### Chronic Health History and Accessibility

**Is your camper being treated for a chronic health condition or have any physical disability (such as Cerebral Palsy, Cystic Fibrosis, Diabetes, Multiple Sclerosis, etc.)?**  Yes  No

If yes, please explain how we can help your camper have a successful experience or make necessary accommodations.  
(If special accommodations are required, please contact the camp director at least two weeks prior to attending camp.)

Camper Name: \_\_\_\_\_ Camper Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Mental Health History

Is your camper being treated for or experiencing any mental health or social/emotional challenges (such as ADHD, Anxiety, Autism, Depression, OCD, etc.)?  Yes  No

If yes, please share techniques or strategies for how we can help your camper have a successful experience.

Does your camper have an IEP at school?  Yes  No

If yes, please explain any portions of her IEP which would be helpful in a camp setting.

## Diet/Nutrition Information

Aside from allergies included in this form, my camper (check all that apply):

is a picky eater  is vegetarian  is vegan  eats a kosher diet  does not eat gluten  does not eat dairy  has other dietary needs

Please explain: \_\_\_\_\_

## Overnight Campers

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

Is your camper prone to sleeping problems (sleep walking, etc.)?  Yes  No Comments: \_\_\_\_\_

What is the typical bedtime for your camper? \_\_\_\_\_

## Additional Information

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

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? \_\_\_\_\_

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.

Camper Name: \_\_\_\_\_ Camper Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Immunization History

Please attach a copy of your camper's immunization records to this form.

## 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 repack 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 not given due to extenuating circumstances, parents/guardians will be contacted. 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: \_\_\_\_\_

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 a current government issued 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: \_\_\_\_\_

Will your camper be leaving early?  Yes  No If yes, when? \_\_\_\_\_

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

*If yes, please explain any custody concerns or requirements and attach supporting legal documentation.*

Camper Name: \_\_\_\_\_ Camper Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Summer Camp Permissions

### Please initial and date each statement:

- \_\_\_\_\_ I give permission for my camper to attend summer day and/or residential camp and participate fully in all camp activities and programs, including high ropes, team adventure, obstacle course, wagon ride (with or without cookout), rappelling, climbing, backpacking, canoeing, tree climbing, archery, kayaking, and sailing. I have noted and understand 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](http://gsmidtn.org/summer-camp).
- \_\_\_\_\_ I understand and agree to cooperate with all policies and regulations regarding health and safety, prerequisites, age requirements, electronic policies, 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 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 cell phones are not allowed at summer camp and if found will be confiscated and stored in the camp office until check-out.
- \_\_\_\_\_ 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 my camper will only be released to individuals that I have listed on the Camper Release Form and that a current government issued photo identification will be required at the time of pick up. I understand that, as a parent/guardian, I must list myself on the Release Form.
- \_\_\_\_\_ I give permission for my camper to participate in a camp survey.
- \_\_\_\_\_ I give permission for my camper to 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 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 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 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 Girl Scouts of Middle Tennessee.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camper Name: \_\_\_\_\_ Camper Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Parent/Guardian Permission and Waiver for Travel

\_\_\_\_\_ (Parent/Guardian Name), agree \_\_\_\_\_ (Camper Name) may participate in travel programs at Camp Holloway and/or Camp Sycamore Hills 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 which are hereby expressly 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 whatsoever, including but not limited to negligence.

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)

\_\_\_\_\_ (Parent/Guardian Name), agree \_\_\_\_\_ (Camper Name) may participate in equestrian programs at Camp Sycamore Hills. I understand riding or working with horses involves risk of injury or death. 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 which is hereby expressly 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, and claims whatsoever, 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: \_\_\_\_\_

### Parent/Guardian Permission for Adventure/Recreational Activities

\_\_\_\_\_ (Parent/Guardian Name), agree \_\_\_\_\_ (Camper Name) may participate in all recreational and outdoor adventure activities at Girl Scouts of Middle Tennessee properties. I understand that recreational and outdoor adventure activities involve risk and that participation in these activities creates an inherent risk for accidents and injuries which is hereby expressly assumed by each participant. These risks may be caused by, but are not limited to, negligence of participants, negligence of others, accidents, and forces of nature. These risks may arise from foreseeable or unforeseeable causes including but not limited to, equipment misuse or failure, weather, road, trail, or water conditions, water level, risk of falling or drowning, or other such risks, dangers or hazards that are integral to outdoor recreation activities. I agree to assume the risk for my camper of injury or death caused by participation in recreational and outdoor adventure activities at Girl Scouts of Middle Tennessee properties. 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 whatsoever, including negligence.

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: \_\_\_\_\_



Camper Name: \_\_\_\_\_ Camper Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Summer Camp Code of Conduct

**Please have the camper 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 not hit, punch, kick, shove, or do anything that will cause physical harm to myself or others.
- \_\_\_\_\_ 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 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

Camper Name: \_\_\_\_\_

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 form 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 program, 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 other campers without the permission of the campers and 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 ALL FORMS BY MAY 12, 2020.**