

Please fill out camp forms online at CampDoc.com. See the Parent/Guardian Information Guide for more details.
If you are not completing forms electronically, please 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 Full 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 Theme/Program Name: _____ Program Dates: _____
 Camp Theme/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/guardian) 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: _____

Parent/Guardian COVID-19 Agreement

I agree to fill out the pre-camp daily health screening questionnaire. If my camper develops COVID-19 symptoms while at camp or after they return home, I agree to have my camper tested for COVID-19. I also agree to have my camper tested if I find out that they have been exposed to COVID-19 within a month prior to camp. I will share the results of any COVID-19 tests with camp for contact tracing purposes.

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.**

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 and address any treatments needed to make your camper's stay successful.

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:

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: _____

Give us more information on what your camper will or will not eat:

Camper Name: _____ Camper Date of Birth: _____ / _____ / _____

Social/Emotional 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 which would be helpful in a camp setting.

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.)

Overnight Campers

What kind of sleeper is your camper typically? Heavy Moderate Light Your Camper's Typical Bedtime: _____

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

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.*

Has your camper had any challenges adjusting to COVID-19 protocols at school/other places or adjusting to virtual school? *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. Per the Tennessee Department of Health guidelines, immunizations must be current for the 2020-2021 school year.

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 Theme/Program Name: _____ Program Dates: _____
Camp Theme/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.
- _____ 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 or a member of her household has any contagious condition (head lice in any form, fever over 100.5 degrees, symptoms of a contagious condition, 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 using my legal name.
- _____ 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 that participation in Girl Scouts of Middle Tennessee's summer camp programs may result in exposure to or contraction of contagious bacterial or viral diseases, including (but not limited to) COVID-19. I understand and acknowledge that such exposure or infection may result in serious illness, personal injury, permanent disability or death. I acknowledge that this risk may result from or be compounded by the actions, omissions, or negligence of others, including Girl Scouts of Middle Tennessee employees. I understand that while Girl Scouts of Middle Tennessee has implemented preventative measures designed to reduce the spread of contagious conditions, GSMIDTN cannot guarantee that neither my camper nor any person with whom my camper comes into contact will not become infected with any infection while at camp and that being at camp and engaging in camp activities may increase my camper's risk of contracting contagious illness, including COVID-19.
- _____ 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 Day Camp Transportation

_____ (Parent/Guardian Name), agree _____ (Camper Name) may participate 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. 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 take my health seriously and will wear a mask, wash my hands, social distance from others, and help with camp kapers when asked to do so.
- _____ 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, 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 and their families 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 and their families 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 14, 2021.