

SECTION C: HEALTH HISTORY FOR PARTICIPANT (continued)

Rehabilitation Needs:

Does the child currently wear pressure garments, splints or other orthopedic devices: ___Y ___N

If yes, please explain: _____

Activity Level:

Is the camper able to swim? ___Yes ___No

Does your Camper have any activity restrictions? _____

Does the camper still require a booster seat according to Tennessee State law? _____ Yes _____ No

Social Situation:

Has your child experienced a major stressor in the last year? (death of a family member, trouble at school, parents divorce, other events that could affect their experience at Camp)

SECTION D: CONSENT FOR MEDICATION ADMINISTRATION

In order for scheduled medication to be administered by Camp Hope personnel, please answer all questions and give your consent below. All medications will be given by licensed medical personnel only.

I consent to have my child's medication administered by Camp Hope personnel.

Medication Name

Dose

Frequency

Camp Hope must have accurate and complete information for medication administration. Please fill out this form as accurately as possible. Any medication provided to Camp Hope must be in the original container properly labeled by the pharmacist and in a childproof container.

Possible side effects: _____

Your Pharmacy Contact Information: _____

SECTION D: CONSENT FOR MEDICATION ADMINISTRATION

Consent for First Aid Treatment

Check any or all treatments, if available, as you consent. If you do not give us your permission to provide these non-emergency treatments, we will not be able to provide them to your child. Medication may be self administered under a health care provider's supervision as appropriate. Conditions in parentheses are examples of the most frequent use of these medications, but may not be the sole use of the medication.

- Bausch and Lomb – eye wash or generic equivalent (eye irritation)
- Benadryl or generic equivalent (rash or bee sting)
- Calamine lotion/Caladryl or generic equivalent (sunburn or poison ivy/oak)
- Emetrol or generic equivalent (nausea)
- Hydrocortisone ointment or generic equivalent (insect bites)
- Ibuprofen/Motrin (pain)
- Immodium AD or generic equivalent (diarrhea)
- Isodettes spray or generic equivalent (sore throat)
- Lanacane spray, Solarcaine or aloe vera gel (sunburn)
- Milk of Magnesia, Mylanta or generic equivalent (antacid)
- Neosporin or generic equivalent (topical treatment for cuts)
- Pepto Bismol or generic equivalent (upset stomach)
- Robitussin or generic equivalent (nasal congestion/coughing)
- Sunscreen – spray or lotion (prevent sunburn)
- Swimmer's ear solution (earache)
- Tylenol or generic equivalent (pain)
- Tylenol cold tablets or generic equivalent (congestion)

Section E: Parent/Guardian Authorization & Release Form

CAMPER NAME: _____

Vanderbilt University Medical Center in Nashville, Tennessee, (hereinafter "Vanderbilt"), is sponsoring Camp Hope, an overnight outing for former Vanderbilt Burn Center patients between six (6) and sixteen (16) years of age on July 15 – July 18, 2020 at the William P. Ridley 4-H Center in Columbia, Tennessee. Vanderbilt Camp Hope, Vanderbilt Burn Center, and William P. Ridley 4-H Center (collectively referred to as "Camp") will allow children to participate in various activities including but not limited to swimming, canoeing, and hiking.

Section E: Parent/Guardian Authorization & Release Form (continued)

I, the undersigned parent/person having legal custody/guardianship of the minor camper named above (hereinafter "camper") approve this registration and certify that the camper is capable of participating in the Camp. I grant permission for the camper to participate in all planned Camp activities including out-of-Camp trips by van or bus, hiking, swimming and/or boating. The Camp is not responsible for lost, stolen or damaged personal articles. This registration and all forms attached thereto are correct and complete as far as I know, and the camper has my permission to engage in all Camp activities except as I have written in this registration packet. I understand that the camper may be exposed to some level of risk of injury by participating in Camp activities and agree that the camper will be participating at his/her own risk. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to the camper's participation in the activities of the Camp.

I hereby release, discharge, hold forever harmless and indemnify the Camp, its trustees, agents, officers, servants, and employees against loss from any and all claims of ordinary negligence, demands, rights, or causes of action of any kind or nature that may hereafter at any time be made or brought by the camper, by anyone on behalf of the camper, by me, or by any other person having a legal interest therein arising from or by reason of any and all known and unknown, foreseen and unforeseen bodily or personal injuries, damages to property and consequences thereof which may be sustained by the camper or by me in consequence of any accident or injury on the premises of the Camp or in connection with the Camp, including travel to and from the Camp, except such liability or claim of liability as may result from gross or intentional negligence on the part of the Camp. Said indemnification shall include, but not be limited to, court costs, attorneys' fees, and loss or damage to the premises, facilities, or equipment of the Camp.

If the camper should suffer an injury or illness while participating in this Camp, or any other activity associated with the Camp, I authorize the employees of the Camp to use their discretion to have the camper treated by the Camp physician or nurse or any other health care provider present to use his/her discretion to treat, to transport, or to have the camper transported to Vanderbilt University Medical Center or transported to another appropriate health care facility that I request _____ **[Name of Facility]** and hereby give consent in my absence to have the camper treated, and I take full responsibility for that action.

I also consent to and authorize the Camp to have, reproduce, publish and otherwise use photographs, slides, recordings or videotapes of or including the camper for advertising, commercial or any other purposes. I hereby release and discharge the Camp from any and all claims and demands arising out of or in connection with the use of such photographs, videos, motion pictures and/or recordings. I also hereby consent to and authorize the use of my own or the camper's written comments by the Camp. This completed form may be photocopied.

CAUTION: READ BEFORE SIGNING

By signing below, I acknowledge that I am 18 years of age or older and understand that I am entitled to have an attorney of my own choosing to review the release prior to signing. I have read the foregoing Release in its entirety and understand that I am signing a complete and perpetual release and bar to any and all claims of ordinary negligence as defined above resulting from the participation in this activity by me or my child.

Printed Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date: _____

Witness: _____ Date: _____

Please Mail Camp Application To:
Brittni Davis - Camp Hope Director
1211 21st Ave South
332 Medical Arts Building
Nashville, TN 37212