



Camp Attending: \_\_\_\_\_

Date of Camp: \_\_\_\_\_

### 2017 Summer Camp Medical Information and Waiver

**STEPS for Parents/Guardians:**

**Fill and complete all pages of this form in BLACK ink. You must sign and date page 2.** It is your responsibility to complete this form. Any missing information may delay your child’s registration and potentially jeopardize the health of your child in case of an emergency. **Return all pages by the specified deadline.**

**Please Note:** Tremont is required to retain a copy of this form for our records. The information on this form will remain confidential. Names and addresses will be added to our mailing list but not released to any other organization.

Camper’s Name \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_ (for reporting only)

Parents / Guardians \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Please list parents’ / guardians’ additional information below:

\_\_\_\_\_’s Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_  
(name)

\_\_\_\_\_’s Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_  
(name)

Best number for reaching parent or guardian while child is at Tremont (\_\_\_\_\_) \_\_\_\_\_

If the above are not available for an emergency, notify:

1st alternate: Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

2nd alternate: Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

**FOR EMERGENCIES**

Is this child covered by medical/hospital insurance? \_\_\_\_\_ Your insurance carrier \_\_\_\_\_

Group # \_\_\_\_\_ Policy # \_\_\_\_\_

What is your physician’s name? \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Dentist/orthodontist \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**LIST ALL MEDICATIONS YOU ARE SENDING WITH YOUR CHILD TO CAMP:**

Medication	Dosage	Taken (Breakfast, lunch, supper, bedtime, other)

If necessary, do we have your permission to administer:

Acetaminophen? Yes \_\_\_ No \_\_\_      Ibuprofen? Yes \_\_\_ No \_\_\_      Benadryl? Yes \_\_\_ No \_\_\_

Does the camper have any dietary limitations? \_\_\_\_\_

**HEALTH HISTORY**

Tremont wants every child to be able to have a rewarding camping experience and participate in physically demanding activities. If your child has any **medical condition** which might limit your child's ability to enjoy all that Tremont has to offer, we urge you to let us know as soon as possible so that we can discuss whether there are reasonable ways in which we can modify our programs and activities to provide your child with a safe and enjoyable experience.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you authorize swimming while your child is at Tremont? Yes  No

For females: Do you need to communicate anything to us regarding whether your camper has menstruated?

\_\_\_\_\_

**IMMUNIZATION HISTORY**

VACCINES	CURRENT	DATE OF BASIC IMMUNIZATION	DATE OF BOOSTER
DPT (Diphtheria, Pertussis/Whooping Cough, Tetanus)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Tetanus	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Oral Polio (Sabin) TOPV	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Injectable Polio (Salk)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Measles (hard, red, Rubella)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Mumps	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Rubella (German measles, 3-day)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Tuberculin test	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Haemophilus influenza b (HIB)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Hepatitis B	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Chicken Pox	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**ALL AREAS MUST BE ANSWERED AND COMPLETED IN ORDER FOR THE CAMPER TO BE REGISTERED AND ATTEND TREMONT ACTIVITIES AND PROGRAMS. IF AN AREA IS NOT APPLICABLE, PLEASE INDICATE N/A.**

PARENT'S AUTHORIZATION - As the parent or legal guardian, I have described all medical conditions which could limit my child from being able to fully enjoy and experience Tremont's activities. The person herein described has permission to engage in all prescribed camp activities except as noted by me.

I hereby give permission to the physician selected by the camp director to order X-Rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above.\* It is expressly understood and agreed that GSMIT shall not be responsible or legally liable for any losses of personal property or for any bodily injuries, or the results thereof, incurred and suffered by the applicant or in connection with any activities or programs, unless such loss or injury results directly from the negligent or willful act of an employee of GSMIT acting within the scope of his/her employment. I grant permission to the Institute to use my child's image, likeness or quotes in publications for the purpose of advertising.

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

Return to: GREAT SMOKY MOUNTAINS INSTITUTE AT TREMONT  
 9275 Tremont Rd, Townsend TN 37882  
 ~ or ~ Fax: 865-448-9250 ~ or ~ [mail@gsmnit.org](mailto:mail@gsmnit.org)