



Camp Attending: _____

Date of Camp: _____

2018 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@gsmmit.org