

VANDERBILT UNIVERSITY MEDICAL CENTER
Vanderbilt Regional Burn Center

CAMP HOPE REGISTRATION FORM
IMPORTANT! THIS FORM MUST BE COMPLETED FOR ATTENDANCE

SECTION A: IDENTIFICATION OF PARTICIPANT

Camper Name: _____

Date of Birth: _____ Age: _____ Sex: _____

Parent or Guardian _____

Street Address: _____

City/State/Zip: _____

Cell Phone (_____) _____ Home Phone(_____) _____

Work Place Name: _____

Work Place Address: _____ Work Phone(____) _____

Emergency Contact: _____ Emergency No.(____) _____

SECTION B: CODE OF CONDUCT

Camp Hope is an event planned, conducted and supervised by Vanderbilt University Medical Center (VUMC). All participants are responsible for their conduct to VUMC personnel and/or Camp Hope volunteers supervising the activity. Specific guidelines for conduct include:

- Campers shall be in their rooms and quiet at the time determined by the Camp Hope Director. Boys are not to go into girls' rooms and girls are not to go into boys' rooms at any time unless accompanied by the Camp Director.
- Campers shall participate fully in all Camp Hope programs and activities.
- Campers shall show respect for the property and facilities used during Camp Hope and will be held financially responsible for any damages they cause.
- Campers' conduct at all times shall be appropriate to the standards of Camp Hope. Tobacco products, drugs, alcohol, weapons and fireworks are not allowed at any time.
- By signing this registration form, parents and campers acknowledge and agree to accept the responsibility for following the above conduct guidelines, and agree that failure to do so may result in the camper being sent home from Camp at his or her own expense and/or made ineligible to participate further in Camp Hope.

SECTION C: HEALTH HISTORY FOR PARTICIPANT

Name of Family Physician _____ Phone(____)_____

Family Medical/Hospital Insurance _____
(Carrier) (Policy/Group #)

Attach a front and back copy of your insurance card below.

Insurance Card (Front)	Insurance Card (Back)
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Check all that apply:

Allergy to a medication, food, plant, or insect toxin. Explain reaction and treatment:

- Asthma Heart Trouble Nose Bleeds Diabetes Seizures Fainting Spell

Any condition that may require special care, diet restriction of activities for medical reasons. Explain.

Is any medication, including behavior modification medication, being taken at the present time? _____ If so, medication name and dose: _____

Date of most recent medical examination: _____

Are you aware of any current health problems?

Is there any accident, illness or past/present history related to the following: (If yes, give dates and full details below).

		<u>Year</u>			<u>Year</u>
Serious Injury/Illness	Y ___ N ___	_____	Appendicitis	Y ___ N ___	_____
Surgery	Y ___ N ___	_____	Kidney Failure	Y ___ N ___	_____
Ears, Eyes	Y ___ N ___	_____	Back, Joints, Limb	Y ___ N ___	_____
Teeth, Tonsils	Y ___ N ___	_____	Blood	Y ___ N ___	_____
Rheumatic Fever	Y ___ N ___	_____	Stomach	Y ___ N ___	_____

Explain:

Has/Had (please check)

- Measles
- Mumps
- Rubella
- Chicken Pox
- Tuberculosis

Immunizations

- Measles**
 - Mumps**
 - Rubella**
 - Chicken pox**
 - Tetanus**
 - Diphtheria**
 - Polio**
 - Hepatitis A,B,C**
- (circle one/any)

Year Given

Is there any other information that the camp nurse/doctor should know?

Burn History:

Date of injury: _____

Type of burn: _____

Percent of body burned: _____

Location treated: _____

Please briefly describe how camper was burned:

Any ongoing treatment: _____

Rehabilitation Needs:

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

If yes, please explain: _____

T-shirt size: (ADULT or CHILD – circle one) S M L XL XXL

Is the camper able to swim? ___Yes ___No

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. Medications will be given by licensed medical personnel only.

- I consent to have my child’s medication administered by Camp Hope personnel.
- My child is old enough and/or responsible enough to administer his/her own meds.

<i>Medication Name</i>	<i>Dose</i>	<i>How Often Administered</i>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Possible side effects: _____

Name of licensed prescriber: _____

Name, address and phone number of pharmacy: _____

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.

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)
- 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 28 - July 31, 2010 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.

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: _____

Approved by: OGC (SKH) – May 2008