



**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 will not bring items to sell during Camp Hope.
- Campers will be in proper clothing attire at all times. Pajamas will only be worn in the confines of the cabin. Please use the same guidelines as if you were attending school regarding length of shorts, shirt logos, and revealing tops.
- 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.
- Campers’ cell phones will be stored in the counselor’s room to charge from the time of lights out (around 11pm) until morning. This will allow for proper rest as well as camper bonding.
- **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.**

Camper: I understand and agree to follow the Code of Conduct. \_\_\_\_\_  
(Camper Signature)

Parent/Guardian: I have discussed the Code with the Camper. \_\_\_\_\_  
(Parent/Guardian Signature)

**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)
------------------------	-----------------------

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

---

---

**SECTION C: HEALTH HISTORY FOR PARTICIPANT (continued)**

**Check all that apply:**

- Asthma   Heart Trouble   Nose Bleeds   Diabetes   Seizures   Fainting Spell

Diet Restriction: \_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

Current health problems: \_\_\_\_\_  
\_\_\_\_\_

		<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__	_____

**Check all that apply:**

**Has/Had (please check)**

- Measles
- Mumps
- Rubella
- Chicken Pox

<b>Immunizations</b>	<b>Year Received</b>
Measles	_____
Mumps	_____
Rubella	_____
Chicken pox	_____
Tetanus	_____
Diphtheria	_____
Polio	_____

**Hepatitis** \_\_\_\_\_  
**TB** \_\_\_\_\_

**Burn History**

Date of injury: \_\_\_\_\_

Type of burn: \_\_\_\_\_

Percentage of body involved: \_\_\_\_\_

Location treated: \_\_\_\_\_

Please briefly describe how camper was burned:

\_\_\_\_\_  
\_\_\_\_\_

Current wound care:

\_\_\_\_\_

**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 14 – July 17, 2021 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 21<sup>st</sup> Ave South  
332 Medical Arts Building  
Nashville, TN 37212

## Participation Agreement for Minors

Name of Participating Minor and Activity	
<p>I, (Print Name of Minor's Parent or Legal Guardian) _____ hereby consent to (Print Minor's Legal Name) _____ (hereafter referred to as "the minor") his/her attendance and participation in _____, (insert name of Program/Activity) at Vanderbilt University Medical Center, occurring on/between _____ and _____ (insert program dates).</p>	
Permission to Participate and General Release	
<p>In exchange for allowing the minor to participate in this event or program, the minor by and through the undersigned, agrees to release from liability, indemnify, and hold harmless VUMC, its Board of Directors, employees, agents, volunteers, and/or assigns from any and all claims, demands, losses, expenses, actions or causes of action to the minor's person or damage to the minor's property which arises out of or occurs during or as a consequence of the minor's participation in the event or program, whether or not such injury or damage may have been caused, in whole or in part, by any negligence or want or care on the part of the VUMC, its Board of Directors, employees, agents, volunteers, and/or assigns.</p>	
Emergency Treatment Authorization	
<p>I authorize VUMC to provide routine first aid in case of illness or injury. If a parent or guardian cannot be reached, I give my permission for VUMC to authorize emergency treatment for my child. I acknowledge that any medical treatment will be my financial responsibility and not that of VUMC. I also hereby affirm that I have health insurance coverage for my minor child.</p>	
Emergency Contact	
<b>Emergency Contact Name:</b>	<b>Relationship:</b>
<b>Emergency Contact Phone (1)</b>	<b>Phone (2)</b>
Photo/Image Release	
<p>I grant permission for photos/images of the minor to be used by VUMC in any VUMC publication(s) and any other way VUMC deems necessary and appropriate to promote its activities and mission.</p>	
Acknowledgement	
<p>I, the undersigned, state that I am the parent/legal guardian of the minor whose name appears above. I understand that the above terms and conditions apply to said minor and to myself. I further understand that that said minor cannot participate under ANY circumstances in the above specified event or program without parental consent and that the minor will not be allowed to participate without entering into this agreement. This document is binding upon myself, the said minor, and any person suing on behalf of said minor.</p>	
<b>Parent's/Guardian's Printed Name and Signature (if under 18)</b>  PRINT _____ SIGN _____	Date _____
<p><b>VUMC Protection of Minors Provision:</b> VUMC personnel adhere to Tennessee state law on mandatory child abuse. In addition to external reporting, VUMC has a mandatory internal child abuse reporting procedure. If you have reason to believe abuse or inappropriate behavior has occurred concerning a minor participating in a VUMC program, please consult the Program Director, or Risk Management (615-936-0660), or report via the VUMC Integrity Line at 866-783-2287. The Tennessee Child Abuse reporting hotline number is 877-237-0004.</p>	