

Include a copy of your insurance card with this form.

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CVP 2018 CAMPER Medical Profile

Please complete and mail to: 554 McCallie Ave, Chattanooga, TN 37402
After May 31, mail to: 3216 Lee Pike, Soddy Daisy, TN 37379

CAMPER INFORMATION

Camper Name: _____ Session: _____
Street Address: _____
City: _____ State: _____ Zip: _____ Male Female
Date of Birth: _____ Age: _____ Height: _____ Weight: _____
☆ Date of last Tetanus shot: _____

PARENT/GUARDIAN #1

PARENT/GUARDIAN #2

Name: _____ Name: _____
Home Phone: _____ Home Phone: _____
Work Phone: _____ Work Phone: _____
Cell Phone: _____ Cell Phone: _____
Occupation: _____ Occupation: _____
Relation to Camper: _____ Relation to Camper: _____

EMERGENCY CONTACT

INSURANCE INFORMATION

Other than parent/guardian, list an Emergency Contact:

INCLUDE A COPY OF INSURANCE CARD

Name: _____ Name of Insured: _____
Home Phone: _____ Employer: _____
Work Phone: _____ Insured SS#: _____
Cell Phone: _____ Insurance Company: _____
Relation to Camper: _____ Policy #: _____
Group #: _____

DOCTOR & IMMUNIZATION HISTORY

Camper's Doctor: _____ Doctor's Phone #: _____
Are Immunizations Current? _____ Date of Last Tetanus Shot: _____

ALLERGIES (Please communicate clearly all pertinent allergy information.)

| DRUGS | FOOD | OTHER |
|-------|------|-------|
| | | |
| | | |



LICE: We thoroughly check all campers for lice upon arrival. If any nits are found, we will discreetly ask the parent to take the child home until he/she can be treated and return nit-free. Campers will be asked to leave camp for a minimum of 6 hours in order to rectify this problem. See our Camp Policies for more information.

(Don't forget to enclose a copy of your insurance card)

MEDICAL HISTORY

Has your camper had or does your camper currently have any of the following?

| | YES | NO | | YES | NO |
|---|-----|----|---------------------------------|-----|----|
| A chronic or recurring illness/condition? | | | Food allergies or restrictions? | | |
| Recent Surgery? | | | Diabetes? | | |
| Frequent headaches? Migraines? | | | Asthma? | | |
| Frequent ear infections? Tubes? | | | Problems with sleepwalking? | | |
| Heart murmur? | | | Problems with bed-wetting? | | |
| Skin problems? | | | Other? | | |

If you answered "yes" to any of the above questions, please explain.

Is there any other information concerning your camper's physical, emotional, mental health or behavior that we need to be aware of? Please describe below. All information is confidential and is used to help us better serve the needs of your camper.

CAMPER MEDICATION

List all over-the-counter medications that you DO NOT want your camper to receive:

List all medications that your camper will take at camp:

| MEDICATION | DOSAGE | FREQUENCY | REASON FOR DRUG |
|------------|--------|-----------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |

All Medication (both prescription and over-the-counter) must be checked in with the Camp Nurse at the time of registration. Pre-prescription medicines MUST be in a pharmacy-labeled container, including dosage and instructions, with the camper's name as the primary patient. Please send a 7-Day pillbox to put meds in. Campers are not allowed to keep any medication with them in the cabin, unless authorized by the camp nurse.

Medications will not be administered on Monday morning or Saturday morning.

Note: If your camper has been on medication to help control behavior, and you have chosen to take him/her off for some reason, we need to know of the condition and the medication used for controlling it.

VESPER POINT 2018

NAME OF CAMPER: _____

SESSION: _____

**PARENT LIABILITY RELEASE/HOLD HARMLESS AGREEMENT
AND AUTHORIZATION OF EMERGENCY MEDICAL TREATMENT**

By my/our signature(s) below, I/we state and affirm that I/we are the parent(s), legal guardian(s) and/or legal custodian(s) of the above-named camper (hereinafter "Camper"). I/we understand that there may be elements of risk associated with activities at Camp Vesper Point (hereinafter "CVP"). In consideration of and for being accepted by First Presbyterian Church of Chattanooga, Tennessee (hereinafter "FPCC"), CVP, for myself/ourselves and on behalf of Camper, I/we give my/our permission for Camper to participate in all activities at CVP, hereby expressly assume the risk of such activities, and hereby release and agree to indemnify and hold harmless FPCC, CVP, and/or its/their trustee(s), officer(s), employee(s), nurse(s), agent(s), volunteer(s), and/or any and all other individual(s) acting by, for, or on its/their behalf from any and all liability(ies), demand(s) and/or claim(s) of myself / ourselves and/or Camper for property damage(s), expense(s), personal injury(ies), sickness(es), death, and/or of any other nature and any and all type(s) whatsoever arising from, relating to, and/or in connection with such activities and/or participation in them. The undersigned further hereby agree to hold harmless and indemnify FPCC, CVP, its/their trustee(s), officer(s), employee(s), nurse(s), agent(s), volunteer(s), and/or any and all other individual(s) acting by, for, or on its/their behalf for any liability and/or damages sustained by one, more or all of them as the result of negligent, willful or intentional acts of Camper, including the expenses incurred attendant thereto. I also give my permission for Camper to be photographed and/or video-taped as a result of participation in activities at CVP.

In the event I/we cannot be reached in an emergency, I/we hereby give my/our permission to FPCC, CVP, and/or its/their trustee(s), officer(s), nurse(s), employee(s), agent(s), volunteer(s), selected physician(s), and/or any and all other individual(s) acting by, for, or on its behalf to authorize and obtain medical treatment recommended by licensed medical professional(s) for Camper which include, but is not necessarily limited to hospitalization, x-ray(s), lab test(s), injection(s), anesthesia, and/or surgery(ies) for Camper, and I/we assume the responsibility of any and all medical bills in connection therewith. I give permission for CVP nurse(s) to provide routine healthcare, administer "over-the-counter" medications to Camper as they deem necessary, and/or such prescription medication(s) left by me/us with CVP for Camper and/or prescribed by the selected physician(s). I/we hereby further give permission to the above parties and/or individual(s) to authorize the needed transportation of Camper by ambulance in case of emergency. I/we authorize the release of any and all records necessary for treatment and/or insurance purposes, and agree to complete and execute such other document(s) as may be necessary to obtain such release. I/we acknowledge that Camper is covered by our own family's insurance and/or that I/we am financially responsible for any and all medical treatment, including but not necessarily limited to that obtained as authorized above. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I/we hereby assume all transportation costs and/or expenses associated with such action. I am the Parent / Legal Guardian / Legal Custodian (circle which) of Camper. If mine is the only signature appearing on this document, I am authorized to execute this document by and/or on behalf of any other Parent, Legal Guardian and/or Legal Custodian of Camper.

I have read and understand the above document, and have signed the same as my own free act and deed.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date: _____

