

Camper's Full Name _____ Date of Birth _____

Getting Ready for Camp Smoky and General Information

(Please keep PAGE ONE for your info)

Valuables: Campers are not to bring non-essential items to camp. The camp does not assume responsibility for lost articles. Label all valuables, luggage, clothing, and other items for identification. Put pillows, blankets, or sleeping bags in plastic bags and label. Include extra plastic bags for the return trip.

| | |
|---|---|
| <p>What to Bring</p> <p>Bible Swim suit or trunks 6-8 pairs of socks Jacket or sweatshirt Long Pants Towels & wash cloths Pillow & bedding for twin bunk OR sleeping bags Change of clothing for each day of the week (<u>shorts are allowed</u>) Sweatshirt/Fleece (at least one) Pajamas Underwear 2 pairs of tennis shoes Toothbrush and toothpaste Soap Shampoo Labeled laundry bag Flip flops for shower</p> <p><u>Optional</u> Pump spray insect repellent Sunscreen Flashlight</p> | <p>What not to Bring</p> <p>X Radios X Fireworks X Cell Phones X Matches X Sheath Knives X Computer equipment X Candy X Tobacco Products X Snack Food or drinks X Handheld Media Devices (Nintendo DS/ PSP/ I-Pod/ Etc....) X MONEY</p> <p>Mail Campers love mail! The easiest way is to bring it with you on check-in day. You can also send it by snail mail and address it the following way: Camper's Name 3311 Camp Smoky Lane Sevierville, TN 37876</p> <p>A nurse is on duty 24 hours a day to provide prompt medical treatment for minor injuries. If a physician is needed, the services of the LeConte Medical Center will be used and the parent will be contacted. All medications must be in original bottles/containers.</p> <p><u>Behavior</u> that all campers should abide by: Treat others as you would like to be treated and have the same attitude as Jesus!! Campers are expected to behave in a manner consistent with the camp's goals of providing a safe, positive, and</p> |
|---|---|

respectful Christian community. While counselors will work with campers to handle minor disciplinary problems, the camp does reserve the right to send any camper home whose behavior is consistently inappropriate. Any direct threat or actual physical harm to one's self or others will result in a camper being sent home immediately.

Clothing

As a Christian camp we expect clothing to be modest and to not be offensive or make others feel uncomfortable. Clothing also needs to be safe for wear in our active program. Items that are inappropriate include:

- Clothing that contains alcohol, tobacco or drug related logos or graphics
- Halter tops, tube tops or shirts with exposed backs
- Clothing that is sheer and can be seen through
- Short skirts or mini-skirts
- Exposed midriffs
- Exposed underwear
- No two piece suits for girls (one piece suits only)
- Dangling chains from pockets, wallets, etc.
- Spiked bracelets and collars

Meals:

Campers will be served three balanced meals daily. Two snacks per day are included in the price of each camp.

Camper's Full Name _____ Date of Birth _____

Medications

All medications brought to camp, both prescription and non-prescription, must be in the original containers and clearly labeled with camper's name. All prescription medications will be dispensed according to physician's instructions.

Pre Prescription and Routine Medications - Please list all medications brought by camper to be taken regularly throughout the camp week listing exact dosage and dispensing orders prescribed by your doctor. Medications must be in original containers.

| Medication | Dosage | Times Taken (Breakfast, Lunch, Supper, Bed, Other) |
|------------|--------|--|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Parent/Guardian Signature verifying instructions: _____ Date _____

If _____
If dispensing orders differ from original container's label,
a Physician's signature is required: _____ Date _____

If your child has a need to see our camp nurse, we request your permission to administer over-the-counter Medication. We will give the recommended dosage indicated by the manufacturer.

Here is a list of the medications we have at camp. Weight of your child for medicine dosing accuracy! _____

- Children's Tylenol Adhesive Bandages Pepto Bismol
- Tylenol Rubbing Alcohol Hydrocortisone Cream
- Ibuprofen Cough Drops Ammonium
- Neosporin Hydrogen Peroxide

Benadryl (If your child gets a bee sting)
Ivy Rest or Calamine Lotion for poison ivy or oak
Sting-kill external anesthetic disposable swabs with Benzocaine
Please indicate anything that you do NOT want the camp nurse to give your child.

All information on page two and three on the medication and emergency information is correct.

Parent's Signature _____ Date _____

Notary Sign and Seal _____ *can be notarized at camp registration table for free!

Please bring this page of the Health Form with you to camp on opening day.

Registration & Camper Health Form for Camp Smoky

Circle the date of camp: Children/June 25 - 29 or July 2 - 6; Youth/July 16 - 21

Camper Name: _____ Age: _____ Sex: _____ Birthday: _____

Completed Grade in School _____ T-shirt size (CIRCLE ONE) YS YM YL AS AM AL AXL

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____ C

Child lives with: Mom Dad Both Other _____ Custody Issues Yes No

E-mail: _____

Home Phone: (_____-)_____-_____ Work: (_____-)_____-_____

Mom Cell: (_____-)_____-_____ Dad Cell: (_____-)_____-_____

Camper's Physician _____ Phone # _____

Family Insurance Company _____

Insurance Subscriber's Name _____ SS# _____

Ins Insurance Claims Address _____

Pre-Authorization Phone # if required () _____

Emergency Contact:

Name of person to notify (other than parent): _____

Phone: (_____-)_____-_____ Address: _____

City: _____ State: _____ Zip: _____

Name of Church: _____ Pastor: _____

If your church will be paying a portion of the tuition, you must fill out this section, and a church representative must sign it. _____

If church is paying part or all of your camper fee please give the name of a contact person: _____

Amount being paid by church: _____ Phone of contact person: (_____-)_____-_____

Is child subject to: (Circle all that apply)

- Diabetes Frequent colds Asthma Bronchitis Ivy
- Nosebleed Abscessed ears Fainting Bee Sting Allergy Oak
- Earache Stomach upsets Sore throat Bed-wetting Sumac
- Headache Sleepwalking Sinusitis

List communicable skin eruptions or disease: _____

Emergency Treatment, Activities, and Photo Release Permission

This health information and history is correct to my knowledge and the above named child has permission to engage in all prescribed camp activities except as noted by me. If I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Smoky Directors and Nurse to secure proper treatment for, hospitalize and to order injections, anesthesia, or surgery for the above named child. I understand that I am responsible for expenses incurred by sickness or injury not covered by camp insurance. I understand that children may be photographed or filmed while participating in camping activities and that these photographs or film may be used in print or in other media to promote Camp Smoky. I give permission and consent and allow photographs to be taken during camp session activities. I further give permission and consent that any such photographs may be published and used by Camp Smoky and the Sevier Baptist Association, to illustrate and promote the camp experience, Camp Smoky and its camp programs.

Parent/Guardian _____ Date _____

Has camper ever had an allergic reaction to: (describe what sets off reaction and its severity)

Foods: _____ (Please list) _____

Drugs: _____ (Please list) _____

Insect Stings: _____ Has camper ever been stung by a bee? _____

Does camper carry an Epi-pen? _____ **If yes, please make sure and bring to camp and list on medication form!

Ivy Poisoning: _____ Other: _____

Camper Profile (Please circle)

- Physical Condition: Excellent Good Fair Poor
- Temperament: Timid Quiet Sensitive Average Excitable Aggressive Other
- Adjusts to contemporaries: Very Easily Easily With Difficulty
- Participates in group activities: Easily With Encouragement Only When Encouraged

Known Fears or Weakness: _____

Eating, Sleeping Habits: _____

Any Activity restrictions: _____

Special dietary concerns: _____

PLEASE MAIL THIS PAGE WITH YOUR PAYMENT AND WITH SCHOLARSHIP REQUEST LETTER FROM YOUR PASTOR IF ONE IS BEING REQUESTED. MAIL TO SEVIER COUNTY ASSOCIATION OF BAPTISTS, P.O. BOX 4099, SEVIERVILLE, TN 37864.