

# McCallie Summer Boarding Camp Health Report - Page 1

## To be filled out by Parent/Guardian

Camp: \_\_\_\_\_ Session: \_\_\_\_\_

Camper's Name \_\_\_\_\_  
Last Name First Name Preferred Name MI

Camper's Date of Birth \_\_\_\_\_ Age during camp \_\_\_\_\_

**INSURANCE INFORMATION**

Policyholder: \_\_\_\_\_ Policyholder DOB: \_\_\_\_\_

Parent Name \_\_\_\_\_ Home Number ( ) \_\_\_\_\_  
 Home Address \_\_\_\_\_ Work Number ( ) \_\_\_\_\_  
City State ZIP Cell Number ( ) \_\_\_\_\_

**\*\*Primary Phone number where parents can be reached during camp session:** \_\_\_\_\_ **\*\***

**Emergency contact other than parent (name and phone numbers):** \_\_\_\_\_

Parent/Guardian, please list all medications that will be taken during camp (NOTE: physician will have to fill out the back of this form for ALL prescription medications taken during camp, i.e. ADD/ADHD medications, inhalers, Epi-Pen etc. The Infirmary has OTC medications.) \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_  
 (List any/all medications, food, insect bites, environmental, etc.)

Are there any emotional factors we should know about? \_\_\_\_\_

I/We hereby give The McCallie School permission to administer and/or secure medical care for my child as necessary. I/We understand that such care may include, but is not limited to, procedures for diagnosis, medical treatment, minor surgical treatment, emergency surgery, including anesthesia, dental/orthodontic surgery or procedures, etc. I/We agree to be responsible for all hospital, physician, medication, and other treatment costs incurred as a result of my child's participation in McCallie Sports Camp. I/We acknowledge that even with coaching, use of equipment, and observance of rules, injuries remain a possibility. I/We hereby give The McCallie School Student Health Center permission to administer over-the-counter medications as deemed necessary for summer camp (i.e. for headaches, poison ivy, sunburn, etc.) Note: Aspirin is not stocked in the Student Health Center.

**\*\*\*Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (Signature required)

# McCallie Summer Boarding Camp Health Report - Page 2 To be filled out by Physician

## PHYSICIAN'S REPORT OF HEALTH EVALUATION

Camper's: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last Name First Name MI

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

\*ALLERGIES: \_\_\_\_\_  
(Medications, food, insect bites, environmental, etc.)

List pertinent medical history, conditions, surgeries, serious injuries, broken bones, etc. \_\_\_\_\_

List any physical, medical, or emotional conditions that we need to be aware of, especially those that would hinder competition in athletics: \_\_\_\_\_

Date of last Tetanus: \_\_\_\_\_

### MEDICATIONS

**Physician:** List ALL medications that the camper will be taking while at camp and how to be given, i.e. "Adderall 10mg po 1 AM/ 1 PM - PM dose prn". Please note if a medicine or a specific dosage is prn. (Please include any ADD/ADHD, antibiotics, inhalers, etc. - The infirmary has OTC Medications).  
\*\*\*NOTE: ALL PRESCRIPTION medications are kept in the McCallie Student Health Center.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_

Physician's Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

McCallie Summer Camps, 500 Dodds Avenue, Chattanooga, TN 37404 (423)493-5886  
McCallie Camp Infirmary Phone (423) 493-5640  
Scan and email to [nkeane@mccallie.org](mailto:nkeane@mccallie.org); we do not have a FAX machine.

Please tape a clear  
copy of both sides of  
your insurance card to  
this form

**NO STAPLES PLEASE**

We also need a record of your camper's most recent immunization records.

BOTH the Camper and Parent/Guardian must initial and sign this form.  
See Concussion information on the website: [mccalliesportscamp.com](http://mccalliesportscamp.com)

## Camper & Parent/Legal Guardian Concussion Statement

*Must be signed and returned by all campers and their parents*

Camper Name: \_\_\_\_\_

Parent/Legal Guardian Name(s): \_\_\_\_\_

After reading the information sheet, I am aware of the following information:

Student-Athlete initials		Parent/Legal Guardian initials
	A concussion is a brain injury which should be reported to my parents, my coach(es) or a medical professional if one is available.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a <i>health care provider*</i> to return to play or practice after a concussion.	
	Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.	
	After a bump, blow or jolt to the head or body an athlete should receive immediate medical attention if there are any danger signs such as loss of consciousness, repeated vomiting or a headache that gets worse.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away.	
	Sometimes repeat concussion can cause serious and long-lasting problems and even death.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

\* *Health care provider* means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training

Signature of Camper: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Legal guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## McCallie Summer Program Travel Arrangements

**Fill out only if your camper is flying to/from camp. If you are flying with your child and would like us to pick you up from the airport, please let us know. We are happy to bring you to camp and take you back to the airport.**

Camper's name as it appears on the airline ticket: \_\_\_\_\_

Name of the person (on your end) picking up at airport, exactly as it appears on their driver's license: \_\_\_\_\_

Address: \_\_\_\_\_

**\*\*\*Most airlines are very strict with Unaccompanied Minor rules. If your child is traveling unaccompanied, the child will only be released by the airline to the person listed above\*\*\***

Telephone number of person listed above: \_\_\_\_\_

An additional emergency contact phone number for the day of flight: \_\_\_\_\_

**\*\*\* AIRLINE CONFIRMATION CODE: \_\_\_\_\_ \*\*\***

### ARRIVAL

Date of Arrival: \_\_\_\_\_ Airline Name: \_\_\_\_\_

From \_\_\_\_\_ to Chattanooga

Flight # \_\_\_\_\_

Time of Arrival \_\_\_\_\_ (Eastern Time)

### DEPARTURE

Date of Departure \_\_\_\_\_ Airline Name: \_\_\_\_\_

From Chattanooga to \_\_\_\_\_

Flight # \_\_\_\_\_

Time of Departure \_\_\_\_\_ (Eastern Time)

- Please check here if your child is flying by himself (Unaccompanied Minor) and contact our office at (423) 493-5886 or [nkeane@mccallie.org](mailto:nkeane@mccallie.org).
- Please check with your airline and send payment for the return trip luggage charges with your child.

**Please email me the confirmation email that you receive from your airline.**

The Chattanooga Airport (CHA) is serviced by: (most recent information)  
Allegiant, American Eagle, Delta, & United Airlines.

**\*\*\* If you are flying to Chattanooga by private plane, please call and let us know; we are happy to arrange free transportation to/from camp (423) 493-5886. \*\*\***