

McCallie Summer Boarding Camp Health Report

Camp: _____ SESSION: _____

Camper's Name _____
Last Name First Name MI

Camper's Date of Birth _____ Age during camp _____

Parent's Name _____ Home Number () _____

Home Address _____ Work Number () _____

Cell Number () _____

City State ZIP

**Phone number(s) where parents can be reached during camp session _____

Emergency contact other than parent (name and phone numbers): _____

INSURANCE: Company _____ Address: _____

Group # _____ ID # _____ Phone # _____

Policyholder _____ Policy Holder Social Security Number: _____

You must provide a copy of your insurance card, front & back

Please list all prescription MEDICATIONS that will be taken during camp (NOTE: physician will have to fill out the other form for ALL prescription medications taken during camp, i.e. Allegra, Zyrtec, ADD medications, inhalers, etc.) _____

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. I also permit McCallie School to use camp photos of my camper for marketing purposes.

***Parent/Guardian _____ Date: _____
(Signature required)



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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: _____
(List any/all medications, food, insect bites, environmental, etc.)
Check if applicable: Epi Pen: Yes No | Rescue Inhaler: Yes No | Diabetic: Yes No

Date of last Tdap/Tetanus: _____

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: _____

MEDICATIONS

Physician: List ALL medications (prescriptions and OTC) 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, anti-inflammatory, antibiotics, inhalers, etc.).

Physician's Signature: _____ Date: _____

Address: _____

Physician's Phone #: _____ Fax #: _____

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

CONCUSSION

INFORMATION AND SIGNATURE FORM

FOR CAMPERS & PARENTS/LEGAL GUARDIANS (Adapted from CDC "Heads Up Concussion in Youth Sports")

Public Chapter 148, effective January 1, 2014, requires that school and community organizations sponsoring youth athletic activities establish guidelines to inform and educate coaches, youth athletes and other adults involved in youth athletics about the nature, risk and symptoms of concussion/head injury.

**Read and keep this page.
Sign and return the signature page.**

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung" or what seems to be a mild bump or blow to the head can be serious.

Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care provider* says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness, even briefly	Feeling sluggish, hazy, foggy or groggy
Shows mood, behavior or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	Just not "feeling right" or "feeling down"

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

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention after a bump, blow or jolt to the head or body if s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

WHY SHOULD AN ATHLETE REPORT HIS OR HER SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brains. *They can even be fatal.*

Remember:

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care provider* says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration such as studying, working on the computer or playing video games may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

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

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 that person: _____

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 nina@mccallie.org. Please let your airline know your camper's age. Please make sure the Unaccompanied Minor fee has been paid to the airline and the forms filled out for both directions.

Some airlines charge for all checked bags, please check with your airline and send payment for the return trip luggage charges with your child. Some airlines say that there are no extra luggage charges for Unaccompanied Minors.

The Chattanooga Airport (CHA) is serviced by: (most recent information)
Delta, US Air, American, United, Allegiant

*** 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. ***