

Dear Parents/ Guardians and Campers;

Thank you for your interest in attending Grace Point Camp! At Grace Point, information about our campers is important to us so that we can identify health care and other special needs. By May 3, **we need the following things:**

- The completed camper application form (two pages) with signed release (minors and adults).
- Camper covenant form signed by the camper (minors and adults).
- The doctor's health form **signed by your/ your child's physician.**
- For campers on medication, an attached form listing all current prescription, over-the-counter, vitamins, inhalers, etc. (See camper application for more details.)
- For campers with allergies and/or asthma, the emergency treatment form **signed by your/ your child's physician.**
- A copy of both the front and back of health/ pharmacy insurance cards.
- Entire camp fee sent to Mary Berl, Grace Point Registrar. Please submit your check **with your application packet.** (Money should never be a reason to not attend Grace Point! If you need assistance, scholarships are available. Scholarship Application forms are available off the internet at [gracepointcamp.org](http://gracepointcamp.org) or from your parish. Questions? Contact Jim Powell at [gracepoint@etdiocese.net](mailto:gracepoint@etdiocese.net) or call 865-803-8921.)

Please note: if we do not receive these forms with payment by the required date, we reserve the right to refuse a camper into that session.

Thank you for your assistance.

Sincerely,

Jim Powell  
Interim Executive Director

**Please note special sleeping arrangements for session 5:** at Grace Point we use a "boys' Tree House and a "girls' Tree House" for camper cabins. All the boys and men sleep in one tree house and all the girls and women in the other. This is especially true for session 5 to which parents and grandparents bring young children. In other words, if Dad brings little Suzie or Grandma brings little Billy, they will be sleeping in separate tree houses. Rest assured, we will make sure that the parents in each cabin attend to all our young children. The only other sleeping arrangements that are available for use are our tents.

**GRACE POINT CAMP  
CAMPER APPLICATION FORM  
(For all camp sessions)**

**All fields are required.** Campers are not singled out, made to feel embarrassed or treated differently because of information gathered from these forms. Rather, the more we know ahead of time, the easier it is to help you and your child have a successful experience at camp. Please submit the **camper application form, community covenant for campers, doctor's health form, insurance information, medication form** (if applicable) and the **allergy/asthma emergency treatment form** (if applicable) along with your **entire camp fee** to Mary Berl, Diocese of East Tennessee, 814 Episcopal School Way, Knoxville, TN 37932. Checks may be made out to Mary Berl, Grace Point Camp Registrar.

**SECTION I- BASIC CONTACT INFORMATION**

Session applying for \_\_\_\_\_

Camper Name \_\_\_\_\_  
(Last) (First) (Middle) (Name camper goes by)

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age/ Gender \_\_\_\_\_ SSN \_\_\_\_\_

Home address \_\_\_\_\_

Street City State Zip  
Home Phone \_\_\_\_\_ Alt. Phone (please indicate cell, work, etc.) \_\_\_\_\_

Clergy Signature \_\_\_\_\_ Parish Affiliation \_\_\_\_\_  
I am aware of and support the participation of this person at Grace Point Camp.

(For minor campers) Camper lives with:

\_\_\_ Mother & Father \_\_\_ Mother \_\_\_ Father \_\_\_ Grandparent \_\_\_ Other

(For adult campers, please list spouse or other relevant person below)

**Mother/ Guardian #1 Name** \_\_\_\_\_

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_ Email \_\_\_\_\_  
Day Phone is \_\_\_ Home \_\_\_ Work \_\_\_ Cell \_\_\_ Pager Night Phone is \_\_\_ Home \_\_\_ Work \_\_\_ Cell \_\_\_ Pager

**Father/ Guardian #2 Name** \_\_\_\_\_

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_ Email \_\_\_\_\_  
Day Phone is \_\_\_ Home \_\_\_ Work \_\_\_ Cell \_\_\_ Pager Night Phone is \_\_\_ Home \_\_\_ Work \_\_\_ Cell \_\_\_ Pager

**Additional Emergency Contact** \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_ Email \_\_\_\_\_  
Day Phone is \_\_\_ Home \_\_\_ Work \_\_\_ Cell \_\_\_ Pager Night Phone is \_\_\_ Home \_\_\_ Work \_\_\_ Cell \_\_\_ Pager

Please list two additional people below who have authorization to pick up your child from camp:

**(Persons not listed on this form will not be allowed to leave Grace Point with the camper)**

Alt. #1 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Alt. #2 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**If you will be traveling during your camper's stay at Grace Point.....**Please inform us in writing of any travel plans. attach phone numbers, local relative names and numbers and/or any other information that would assist us in contacting you in case of an emergency. Thank you.

**SECTION II - INSURANCE INFORMATION**

Is the camper covered by family medical/ hospital insurance?  Yes  No

If yes, indicate Insurance Carrier \_\_\_\_\_ Group or Policy # \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Policy Holder's SSN or Insurance ID# \_\_\_\_\_

**SECTION III- MEDICATIONS AND RESTRICTIONS**

Will the camper be taking any medications while at camp?  Yes  No  
(Medications include prescription, over-the-counter, vitamins, inhalers, etc.)

If the camper will be taking medications while at camp, please list all (prescription and non-prescription) on the Camper Medication form or a separate piece of paper attached to the camper application. Include the medication name, prescribing physician, physician's phone number and the dosing instructions. Use an additional sheet if needed. When you check-in at camp, please provide all medications in their original packaging that identifies the prescribing physician (if prescription drug), the name of the medication, the dosage, and frequency of administration.

**Special instructions or Considerations for Minor Illness**

(Unless specific instructions are provided the camp nurse will treat minor illnesses with over the counter medications.)

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

**Special Dietary Needs**

\_\_\_\_\_

**Physical Activities to be Limited or Restricted while at Camp**

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

**SECTION IV - ALLERGIES**

Camper does not have any allergies

Camper is allergic to

Hay Fever  Poison Ivy/Oak  Insect Stings  Food  Penicillin  Other Drugs  Other

List allergy. Describe reaction and treatment. If camper requires epinephrine injection for anaphylaxis, please fill out the Allergy/ Asthma Emergency Treatment Form.

**SECTION V - AUTHORIZATION You and/or your child cannot stay at camp unless this form is signed!**

My child (I) \_\_\_\_\_ has (have) permission to engage in all prescribed camp activities except as noted. I give permission to Grace Point Camp to use photographs, video and audio recordings of this camper in camp publicity and to transport this camper as needed for camp activities. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations which should be known to the camp staff and medical personnel. I hereby give permission to medical personnel selected by the camp director to order x-rays, routine tests, treatment, and necessary transportation for this camper. In the event that I cannot be reached in an emergency, I hereby give permission to medical personnel to secure and administer emergency medical treatment, including hospitalization for this camper. I accept the standard liability insurance coverage as provided by the diocese, and I release the Diocese of East Tennessee from all liability beyond this coverage.

Signature of Parent or Guardian (Self) X \_\_\_\_\_ Date \_\_\_\_\_

**GRACE POINT CAMP  
DOCTOR'S HEALTH FORM**

**To Parents/Guardians and Adult Campers:** All questions must be answered completely by your/your child's doctor prior to the start of camp. You/ your child will not be able to attend camp if this form is not completed and on file in our office prior to the first day of camp. Questions? Call 865-803-8921.

**To Physicians:** Both sides of this form must be completed and signed by you before your patient may attend camp. Please answer the following questions. Please fill out and submit the allergy/ asthma emergency treatment form if necessary.

<b>Camper Name:</b>	<b>Sex:</b>	<b>Birthdate:</b>		
<b>Date of Last Exam:</b>				
<b>Specific Immunization/ Booster Dates:</b>	<b>DPT/TD: HIB:</b>	<b>Polio: Hep B:</b>	<b>MMR: Varicella:</b>	<b>Tetanus:</b>

1. Is there any reason why this camper is not physically/emotionally able to participate in all camp activities? **YES / NO** (if yes, please explain.)

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2. Does camper have any physical/ emotional conditions that require specific attention in a camp setting? **YES / NO** (if yes, please explain.)

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3. Does this camper have any special problems or physical limitations we should be aware of? **YES / NO** (if yes, please explain.)

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4. Is this camper under care for any medical conditions? **YES / NO** (if yes, please explain.)

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5. Has this camper had any operations or serious injuries? **YES / NO** (if yes, please explain and provide dates.)

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6. Is this camper currently taking medication and /or receiving treatment? **YES / NO** (if yes, please explain.)

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7. Does this camper have any history of loss of consciousness, convulsions, concussions, epilepsy or diabetes? **YES / NO** (if yes, please explain.)

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8. Does this camper have any allergies (food, drugs, environment, etc.)? **YES / NO** (if yes, please explain. For patients with anaphylaxis and or asthma, please complete the allergy/asthma emergency treatment form.)

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9. Has this camper ever required any psychological or psychiatric counseling or hospitalization? **YES / NO** (if yes, please explain.)

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10. Please describe this camper's social and motor skills.

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11. Is there any additional health information you feel we should be aware of? (If yes, please explain.)

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**GRACE POINT CAMP  
DOCTOR'S HEALT FORM, CONT.**

**HEALTH HISTORY**

This information is shared only with the camp nurse. The nurse may choose to inform the director or staff only when such knowledge would help the camper to have a more successful experience.

Has the camper have a history of or is prone to any of the following (Please check all that apply).

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 1. Recent injury, illness or infectious disease | <input type="checkbox"/> 12. Heart Defect/ Disease             | <input type="checkbox"/> 23. Joint problems (knees, ankles)        |
| <input type="checkbox"/> 2. Chronic or recurring illness                 | <input type="checkbox"/> 13. Hypertension                      | <input type="checkbox"/> 24. Fractures                             |
| <input type="checkbox"/> 3. Asthma                                       | <input type="checkbox"/> 14. Bleeding/Clotting disorders       | <input type="checkbox"/> 25. Frequent Headaches                    |
| <input type="checkbox"/> 4. Homesickness                                 | <input type="checkbox"/> 15. Diabetes                          | <input type="checkbox"/> 26. Head Injury                           |
| <input type="checkbox"/> 5. History of Bedwetting                        | <input type="checkbox"/> 16. Mononucleosis (in last 12 months) | <input type="checkbox"/> 27. Psychiatric Treatment                 |
| <input type="checkbox"/> 6. Sleepwalks                                   | <input type="checkbox"/> 17. Chicken Pox                       | <input type="checkbox"/> 28. Eating Disorder                       |
| <input type="checkbox"/> 7. Nightmares/ Night Terrors                    | <input type="checkbox"/> 18. Measles                           | <input type="checkbox"/> 29. Diarrhea or Constipation              |
| <input type="checkbox"/> 8. Frequent Ear Infections                      | <input type="checkbox"/> 19. German Measles                    | <input type="checkbox"/> 30. Frequent Stomachaches                 |
| <input type="checkbox"/> 9. Seizure Disorder or Convulsions              | <input type="checkbox"/> 20. Mumps                             | <input type="checkbox"/> 31. Wears glasses or contacts             |
| <input type="checkbox"/> 10. Dizziness during or after exercise          | <input type="checkbox"/> 21. Tuberculosis                      | <input type="checkbox"/> 32. Been hospitalized (in last 12 months) |
| <input type="checkbox"/> 11. Chest pain during or after exercise         | <input type="checkbox"/> 22. Hepatitis                         | <input type="checkbox"/> 33. Wears a Medic Alert ID                |

Please list the number and provide explanation for any checked items

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For minor females, has she menstruated?  Yes  No If not, has she been told about it?  Yes  No

I  recommend  do not recommend that this camper attends Grace Point camp. (If you do not recommend, please explain below).

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PHYSICIAN'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT PHYSICAN'S NAME HERE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

**Doctors- You may fax this 2 page form or mail it to: Mary Berl, Grace Point Camp Registrar, Diocese of East Tennessee, 814 Episcopal School Way, Knoxville, Tennessee 37932. Fax number: 865-966-2535**

# Grace Point Camp Camper Medication Log

Please fill out this form if you or your child will be taking any medications while at camp. Use the back side if necessary. Please list all prescription, over-the-counter, vitamins, inhalers, etc. Include the medication name, prescribing physician, physician's phone number, and dosage instructions. When checking in at camp, please provide all medications in their **original** packaging that identifies the prescribing physician (if prescription drug), the name of the medication, the dosage, and frequency of administration. **\*Session 5 parents/ guardians are not required to turn in their/ their child's medications to the camp nurse upon arrival; however, you are required to have this form on file with the camp nurse and assume all responsibilities for safekeeping and administration of the medication while attending camp.**

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Taken at what times \_\_\_\_\_

Reason for taking \_\_\_\_\_

Prescribing physician \_\_\_\_\_ Phone \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Taken at what times \_\_\_\_\_

Reason for taking \_\_\_\_\_

Prescribing physician \_\_\_\_\_ Phone \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Taken at what times \_\_\_\_\_

Reason for taking \_\_\_\_\_

Prescribing physician \_\_\_\_\_ Phone \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Taken at what times \_\_\_\_\_

Reason for taking \_\_\_\_\_

Prescribing physician \_\_\_\_\_ Phone \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Taken at what times \_\_\_\_\_

Reason for taking \_\_\_\_\_

Prescribing physician \_\_\_\_\_ Phone \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Taken at what times \_\_\_\_\_

Reason for taking \_\_\_\_\_

Prescribing physician \_\_\_\_\_ Phone \_\_\_\_\_

**GRACE POINT CAMP  
ALLERGY/ASTHMA  
EMERGENCY TREATMENT FORM**

**PART 1 PARENT OR GUARDIAN TO COMPLETE**

I authorize the exchange of medical information about this campers allergies/asthma between the physician's office and the camp nurse and camp director. I hereby authorize Grace Point Camp personnel to administer epinephrine/ asthma medications as directed by the physician (Part II). I agree to release, indemnify and hold harmless Grace Point Camp and any of their officers, staff members or agents from lawsuit, claim, expense, demand or action against them for administering the medication, provided they follow the physician orders as written in Part II. I am aware that they injection may be administered by a specifically trained non-health professional. I have read the procedures of this form and assume responsibility as required.

Camper Name: (Last, First, Middle)

Date of Birth:

\_\_\_\_\_  
Parent/Guardian Signature or Self

\_\_\_\_\_  
Daytime Telephone

\_\_\_\_\_  
Date

**PART 2 PHYSICIAN TO COMPLETE**

**ALLERGIES**

The patient has an allergy(ies) to the following: \_\_\_\_\_

**If food allergy, please indicate level of contact which may cause a reaction:**

\_\_\_ Ingestion    \_\_\_ Touch    \_\_\_ Airborne

**Symptoms of anaphylaxis (circle all that apply to this camper):**

Chest tightness, cough, shortness of breath, wheezing

Hives or swelling

Tightness in throat, difficulty swallowing, hoarseness

Dizziness or fainting

Swelling of lips, tongue, throat

Itchy mouth, itchy skin

Stomach cramps, vomiting, diarrhea

**The following injection will be given immediately in the event of an anaphylactic reaction (check one):**

\_\_\_ Epi- Pen    \_\_\_ Epi-Pen Jr.

**ASTHMA**

Triggers for asthma: \_\_\_\_\_

Preventative and Quick Relief Medications: \_\_\_\_\_

**Peak Flow:**

Child's predicted, or personal best peak flow: \_\_\_\_\_ Date: \_\_\_\_\_

- This camper has the knowledge and skill to carry and use: \_\_\_ inhaled medication    \_\_\_ Epi-Pen
- This camper is not able to carry and use by her/himself: \_\_\_ inhaled medication    \_\_\_ Epi-Pen

\_\_\_\_\_  
Physician Name and Clinic (Print or Type)

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

## **Grace Point Camper Community Covenant**

It is not acceptable for participants of Grace Point Camp at any point during the event to:

- Drink, possess or be under the influence of alcoholic beverages.
- Possess or be under the influence of illegal drugs.
- Smoke, use or possess tobacco.
- Show disrespect to fellow participants (including use of coarse language and jokes that may offend), staff, property of others or property of event site.
- Engage in inappropriate sexual conduct, contact or behavior.
- Possess or use weapons of any sort.
- Commit acts of theft or violence.
- Leave the established boundaries without the permission of the event coordinators.
- Fail to obey the established event schedule and norms.
- Leave the event until it is over without written permission of a parent/ guardian and agreement of the event advisors.

This is a community covenant, and a violation of this covenant is a violation of the community. Should a problem arise, every effort will be made to resolve the issue in love and with respect. Continual disregard for this covenant will result in dismissal from the camp session. In the case of property damage, a fee will be assessed to be paid by the violator.

I have read, understand and agree to abide by the Community Covenant.

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To be signed by **all** participants of camp

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For minors: signature of parent/ guardian



Things **NOT** welcome at Grace Point Camp:

**NO ELECTRICAL APPLIANCES:** the tree-houses are not equipped to handle hair dryers, curling irons and flat irons. Please do not bring radios, tape/CD players, handheld games, laptops. **Campers are not allowed to have cell phones and/or pagers while at camp.**

**MONEY:** none is needed. The camp store will be open when parents are present on departure day.

**FOOD STUFFS:** e.g. candy, gum, chips, soda, juice, baked goods and other things well meaning relatives might send that will invite insects and rodents into the cabin!

**ILLEGAL ITEMS:** firearms, knives, alcohol, tobacco products, drugs. **All prescription and non-prescription drugs must be listed with the camper's application and declared to the Camp Nurse.**

Please do not bring your pets to Grace Point.

**\*Any items that are prohibited will be collected on the first day of camp and will be returned to the camper at the end of the session.\***

Surprises campers would enjoy receiving while at camp:

Small, quiet games, puzzles/ brain teaser books, magazines, photos, letters/ postcards, pens & pencils, stickers, stamps, and other little trinkets are acceptable. Packages that are small enough to fit in our mailbox are greatly appreciated.