



## Mississippi Burn Camp 2020 Summer Camp

Welcome to the 24<sup>th</sup> year of Mississippi Burn Camp! We are so excited that you are joining us for Camp this year!

Camp is at Camp Wesley Pines in Hazlehurst again this year. The camp dates are **May 23-27**. Camp staff is busy making plans and there are many new, fun and exciting activities planned!!

Parents, if your child is new with us this year, we would like to **welcome** you and your family to our MS Burn Camp family!! We would also like to assure you that your child's safety and enjoyment while building their self-esteem is our top priority. They will make many new, lifelong friends. Our counselors are experienced male and female firefighters, nurses, medics, and former campers from across the state. We are all dedicated to making sure your child has the best week ever!

To our returning campers, we cannot wait to see you and hear about everything you have been up to for the past year!

Enclosed in our packet is the camper application and camper medical information form.

Below are things that are **required**:

- Please be sure to have the **Physical's Medical Statement** filled out and signed by a doctor or nurse practitioner.
- A copy of your **child's insurance** is required. You can also bring your insurance card to check-in and we can make a copy for you, but we must have this before guardian leaves.
- Any and all **medications**, both over the counter and prescribed, in their original labeled bottle.

Some **key dates** to keep in mind:

- Wednesday, April 1 – Camper Application & Medical Information Deadline
- Saturday, May 23 – Camper Check-In at 1pm
- Wednesday, May 27 – Parent Program at 1pm

### **What We Provide & What to Pack** (*see included packing list*)

- MS Burn Camp provides bed sheets, blankets, bath towels, bath cloths, and beach towels. **Please bring your pillow.**
- We also provide toiletry items such as shampoo, conditioner, body wash, toothbrush, toothpaste, and deodorant.
- Please bring **plenty** of shorts/shirts/underwear for a change of clothes each day.
- Please bring two sets of pajamas.
- Girls will need a bathing suit and **coverup**. Boys will need **swim trunks**.
- Please bring **sandals or flip flops** as well as a pair of **athletic shoes/sneakers and socks** also. These are **required** for some activities.

Please remember modesty and good taste. Please keep shorts and shirts modest, with appropriate undergarments, and do not bring anything with inappropriate graphics.

### **What to Leave at Home**

- Campers are **not allowed any electronics**. *MS Burn Camp Foundation and staff is not responsible for lost/damaged/stolen property.*
- We will provide plenty of snacks and drinks, so there is no need to bring any from home.
- Please do not bring any **money or other valuables** with you to camp.

We look forward to a great week and hope everyone is as excited as we are!! If you have any questions, please feel free to contact me.

Tabatha Gainey, Camp Director  
601-527-5213    [staff@msburncamp.org](mailto:staff@msburncamp.org)

### **Directions to Camp Wesley Pines**

1095 Camp Wesley Pine Rd, Hazlehurst, MS

From Jackson:

Take I-55 south approximately 35 miles to the Gallman Exit 65. Turn left back under the interstate and continue bearing left until you the Gallman United Methodist Church on your right. Turn left on Cleveland Street and follow signs to the camp. We are approximately 2 miles off I-55.

From Hattiesburg:

Come North on Hwy 49 to Magee. Turn West on Hwy 28 to Hazelhurst. Go through the red light to I-55 about 5 miles to the Gallman Exit 65. Turn right and continue bearing left until you the Gallman United Methodist Church on your right. Turn left on Cleveland Street and follow signs to the camp. We are approximately 2 miles off I-55.

Once in the camp, turn right at the Office, continue straight on the road, around by the lake and turn right into the parking lot at the Tabernacle.



# 2020 MS Burn Camp Camper Registration Form

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

Camper Name \_\_\_\_\_ Name Camper Goes By \_\_\_\_\_  
Age at Camp \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender  Female  Male

Parent/Guardian Name(s) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone (home) \_\_\_\_\_ (cell) \_\_\_\_\_  
(work) \_\_\_\_\_  
Email \_\_\_\_\_ Please send me my confirmation via email  Yes  No  
Camper lives with  Mother  Father  Grandparents  Other \_\_\_\_\_

Camper Shirt Size: Youth:  Small  Medium  Large  
Adult:  Small  Medium  Large  Extra Large  2XLarge

Has camper ever attended camp or other activity away from home for several days?  Yes  No

Does camper have any food allergies?  Yes  No

Please list \_\_\_\_\_

Any additional information you would like for us to know about camper \_\_\_\_\_

**AUTHORIZED PICKUP LIST** *Anyone picking up a camper must provide a photo I.D. and be listed below.*

Parent/Guardian Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone Number \_\_\_\_\_

## CAMPER COMMITMENT

I have willingly chosen to attend and participate in activities at MS Burn Camp. As a participant, I will work toward the goals of the camp by...

- Participating whole-heartedly in all the activities planned for our group.
- Encouraging other campers.
- Speaking up when I have a problem, need, or concern.
- Listening & Responding to the needs of others.
- Following the guidance of the adult leadership.
- Respecting other's property or rights and abiding by camp rules.
- Not using controlled substances (alcohol, drugs, cigarettes or flammables) or promoting these activities.
- Not leaving the event grounds at any time without an adult leader present.

I understand that success in abiding by this commitment will contribute to a positive group experience. I also understand that failure to abide by these guidelines may result in my being sent home and possibly losing the privilege of being invited to camp in the future.

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature \_\_\_\_\_

**POLICIES**

Backpack Search

I agree that any camp participant's belongings may be searched by the camp director, in the presence of the camper and another adult, for drugs, alcohol, weapons, or other forbidden objects.

Lost or Stolen Items

Camper's are asked to leave any valuables and electronics at home. The MS Burn Camp Foundation and its staff are not responsible for lost or stolen items.

Photographs

MS Burn Camp Foundation has my permission for the taking of pictures and/or video and the release of general information regarding my child. Any photo/video taken may be used as needed in the administration of the MS Burn Camp Foundation. They may be published in, or used by, any media or hospital publication (including newspapers, magazines, television, radio, pamphlets, brochures, reports, camper booklets of albums, etc.) without any liability to MS Burn Camp Foundation or its agents or staff. I understand that last name, cause of burn and any other sensitive personal information will not be revealed without my specific consent.  Yes  No

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read, understand and agree to all terms of this application.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**SMOKE ALARMS**

Free smoke alarms are available to Mississippi residents through the Mississippi Department of Insurance. Would you like to be contacted to schedule to have a smoke alarm installed free of charge in your home?  Yes  No

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail to: **Mississippi Burn Camp**  
P.O. Box 9397  
Columbus, MS 39705  
staff@msburncamp.org

**Contacts**  
Tabatha Gainey – Camp Director (601) 527-5213  
Carole Summerall – Secretary/Treasurer (662) 251-7255  
Malena Alderman – Foundation Co-Chair (662) 404-1146



# 2020 MS Burn Camp Camper Medical Information

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

All information given on this form is confidential and is only used to assure that your child is given the most respectful and best care possible.

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parent/Guardian Name(s) \_\_\_\_\_  
Telephone (home) \_\_\_\_\_ (cell) \_\_\_\_\_  
(work) \_\_\_\_\_

## ALLERGIES

No Known Allergies  
 Foods (List) \_\_\_\_\_  
 Medications (List) \_\_\_\_\_  
 Other (List) \_\_\_\_\_  
Does your child use an Epi Pen for allergies?  Yes  No      If yes, you must provide medication to camp nurse.

## DIET

Dietary Restrictions (List) \_\_\_\_\_

## BURN INJURY

Date of Injury \_\_\_\_\_ Identify burn site(s) and % of area burned \_\_\_\_\_  
Brief description of how burn injury occurred \_\_\_\_\_  
\_\_\_\_\_  
Does child require any dressings or garments to be applied to their burns?  Yes  No  
If so, you must provide supplies and written instructions on how to complete, along with frequency \_\_\_\_\_  
\_\_\_\_\_

## MEDICATIONS

The following non-prescription medications are commonly stocked by the camp nurse and are used on an as-needed basis to manage illness and/or injury. Cross out any medications your child **may NOT be given**:

Acetaminophen (Tylenol)     Ibuprofen (Advil, Motrin)     Generic Cough Drops     Chloraseptic     Benadryl  
 Lice Shampoo     Calamine Lotion     Pepto Bismol     Hydrocortisone Cream  
 Aloe for Sunburn     Lotion Sunscreen     Insect Repellent     Topical Antibiotic Ointment

List all regular medications and those medications to be taken at camp. All medications for campers should be placed in a zip lock type bag with your child's name on it.

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

**ACTIVITY RESTRICTIONS**

Please list any behavioral or physical condition that may require special attention or may affect or limit full participation in swimming, horseback riding, ropes course or playing strenuous physical games \_\_\_\_\_

Please list any equipment to be used such as wheelchair, crutches, braces, pressure garments, bandages, glasses, contact lenses, etc \_\_\_\_\_

**MEDICAL HISTORY**

List any diagnoses your child is currently receiving treatment for \_\_\_\_\_

Is there a known or suspected history of any of the following? Please give a brief explanation.

- |  |   |   |  |   |   |
|--|---|---|--|---|---|
| <input type="checkbox"/> Ear Infections          | <input type="checkbox"/> Measles                                      | <input type="checkbox"/> Chicken Pox    | <input type="checkbox"/> Mumps           | <input type="checkbox"/> Rheumatic Fever      | <input type="checkbox"/> Asthma               |
| <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Hemophilia                                   | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Cancer/Leukemia | <input type="checkbox"/> Heart Problems       | <input type="checkbox"/> Convulsions/Seizures |
| <input type="checkbox"/> Dizzy Spells/Fainting   | <input type="checkbox"/> ADD/ADHD                                     | <input type="checkbox"/> Bedwetting     | <input type="checkbox"/> Sleepwalking    | <input type="checkbox"/> Recurring Infections |   |
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Nightmares/Night Terrors/Frequent Bad Dreams |   |  |   |   |
| <input type="checkbox"/> Other _____             |   |   |  |   |   |

Explanation \_\_\_\_\_

**MEDICAL RELEASE**

The health and medical information herein is complete and correct, to the best of my knowledge, and the person herein described has permission to engage in all prescribed camp activities of the Mississippi Burn Camp except as noted. In case of an emergency, I understand that every effort will be made to contact me. In the event that contact cannot be made, I give permission to the health care practitioner selected by the adult leader in charge to secure proper treatment including hospitalization, anesthesia, surgery or injection of medicine for my child identified above. I understand that the Mississippi Burn Camp Foundation is not responsible for costs incurred for medical care.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**PHYSICIAN'S MEDICAL STATEMENT (REQUIRED FOR ALL CAMPERS)**

Licensed healthcare provider: The person being evaluated will be attending a week of camp that may include participating in strenuous activities such as hiking, canoeing, swimming, ropes course, horseback riding and vigorous group games. Please review their medical history and current status.

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

Diet Restriction(s) \_\_\_\_\_

List any limitation/abnormalities that would restrict or limit participation in camp activities \_\_\_\_\_

Based on my knowledge/examination of and the medical information and limitations noted above, I consider (Camper) \_\_\_\_\_ to be medically fit to attend Mississippi Burn Camp.

Physician's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

A complete list of current camper prescription medications must be given to the camp nurse on the first day of each camp session. Medications must be accompanied by the original physician's prescription with clearly written directions.

# MS Burn Camp Packing Checklist

## What to Pack

### **Medical Supplies**

- Prescription medications
- Vitamins
- Retainer
- Sunscreen
- Cough drops
- Contact lenses/glasses
- Lip balm

### **Sleep Essentials**

- Pillow
- Stuffed animals/"comfort" items
- Pajamas
- Slippers/slipper socks

### **Personal Hygiene**

- Hair brush
- Hair bands
- Feminine products

### **Clothes/Shoes**

- Sandals/Flip-flops (shower shoes)
- Old sneakers
- Socks (5-6 pair)
- Underwear (7-8)
- Swimsuit
- Swim cover-up
- Shorts (7-8)
- T-shirts (5-6)
- Light jacket or sweatshirt

*\*If you child tends to change clothes frequently, please pack extras.*

### **Accessories**

- Hat
- Sunglasses
- Swim goggles

## What to Leave Home!!

- ALL Electronics (cellphones, ipads, cameras, etc)
- Snacks
- Money
- Valuables

The MS Burn Camp Foundation and its staff are not responsible for lost or stolen items.