



# 2024 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:  Medium  Large  
Adult:  Small  Medium  Large  Extra Large  2X Large  3XLarge  
*\*\*Additional shirts can be purchased for \$15. Please specify sizes if desired:* \_\_\_\_\_  
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

Campers are asked to leave any valuables and electronics at home. The MS Burn Camp Foundation, Camp Wesley Pines and any staff are not responsible for lost or stolen items.

Photographs

MS Burn Camp Foundation and Camp Wesley Pines 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 and Camp Wesley Pines. 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 \_\_\_\_\_

Please mail to: **Mississippi Burn Camp**  
P.O. Box 9397  
Columbus, MS 39705  
staff.mbcf@gmail.com

**Contacts**  
Tabatha Gainey, Camp Director  
(601) 527-5213; tabatha.mbcf@gmail.com  
Carole Summerall, Secretary/Treasurer  
(662) 251-7255; carolesummerall@gmail.com



# 2024 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**:

- |  |  |  |  |                                   |
|--|--|--|--|-----------------------------------|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Ibuprofen (Advil, Motrin) | <input type="checkbox"/> Generic Cough Drops | <input type="checkbox"/> Chloraseptic                | <input type="checkbox"/> Benadryl |
| <input type="checkbox"/> Lice Shampoo            | <input type="checkbox"/> Calamine Lotion           | <input type="checkbox"/> Pepto Bismol        | <input type="checkbox"/> Hydrocortisone Cream        |                                   |
| <input type="checkbox"/> Aloe for Sunburn        | <input type="checkbox"/> Lotion Sunscreen          | <input type="checkbox"/> Insect Repellent    | <input type="checkbox"/> 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.

- Ear Infections       Measles       Chicken Pox       Mumps       Rheumatic Fever       Asthma
- Diabetes       Hemophilia       Kidney Disease       Cancer/Leukemia       Heart Problems       Convulsions/Seizures
- Dizzy Spells/Fainting       ADD/ADHD       Bedwetting       Sleepwalking       Recurring Infections
- High/Low Blood Pressure       Nightmares/Night Terrors/Frequent Bad Dreams

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 and Camp Wesley Pines are 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.