

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; we do not have a FAX machine.

Please attach a copy
of ALL of your
camper's most
recent immunization
record,
including any
Covid-19
immunization
records.

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.
- 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. *****