



# Registration Form

A separate form must be filled out for each child attending camp.

**When:** August 2 - 4, 2024

**Where:** Tallulah Falls, Georgia at Camp Chattooga, adjacent to Athens Y Camp (80 miles north of Atlanta)

**Who:** Children ages 6 to 16

**Cost:** \$25 per child

**Registration Deadline:** June 30, 2024

This form is PDF Fillable. Complete on your phone or computer.

Then email to [PruittCaresFoundation@PruittHealth.com](mailto:PruittCaresFoundation@PruittHealth.com)

## Camper's Information

Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_

First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

Nickname/Name the child goes by among friends: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian E-mail: \_\_\_\_\_

T-Shirt Size (Youth Small – Adult 2X): \_\_\_\_\_

Has this child attended PruittCares Foundation, Inc. d/b/a Camp Cocoon in the past? \_\_\_\_\_

If yes, number of years attended in the past? \_\_\_\_\_

### Transportation TO Camp:

**Choose one:**

I will drop off my child at Camp Cocoon in Tallulah Falls between **3:00 pm and 5:00 pm** on Friday, August 2, 2024

My child needs transportation to camp on Friday, August 2, 2024 from the following location:

**\*\* Campers must arrive at least 30 minutes prior to scheduled departure time for nurse screening and document approval. \*\*  
(Detailed location and departure time will follow in confirmation packet, plus name of contact person and phone number.)**

### Transportation FROM Camp:

**Choose one:**

I will pick up my child at Camp Cocoon in Tallulah Falls no later than **Noon** on Sunday, Aug. 4, 2024.

My child needs transportation from Camp Cocoon on Sunday, Aug. 4, 2024 to the following location:

**\*\* To ensure proper check out process, Parents/Guardians/Caregivers must arrive 15 minutes prior to scheduled bus arrival time.\*\*  
(Detailed pick up information will be included in confirmation packet).**

Will any other child from your household be attending camp? \_\_\_\_\_ If yes, name of camper(s) and age:

**Deceased Loved One's Information:**

Name: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Cause of Death: \_\_\_\_\_ Camper's age at time of death: \_\_\_\_\_

Relationship to Camper (example: mother, father, brother, sister, grandmother, grandfather, cousin, friend, other)

**Parent/Guardian with whom child lives (EMERGENCY CONTACT)**

Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**ALTERNATE EMERGENCY CONTACT**

Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**Signature**

I have read and understand the contents of this application.

Parent/Guardian Type Your Name Here:

Date:

Relationship to Camper:

Camper's Name:

**Camper Registration Process:**

1) Please send the following to the **PruittCares Foundation (PruittCaresFoundation@PruittHealth.com)**:

- completed registration form
- photo of front and back of medical insurance card - **All campers must have adequate health/accident insurance**
- a recent copy of your child's immunization record
- \$25 fee: Pay online at PruittCares.org (note "camper registration" in the comments section) or send a check to PruittCares Foundation, 1626 Jeurgens Court, Norcross, GA 30093 (make check payable to *PruittCares Foundation*).

**Please read this application packet in its entirety and sign on all pages indicated. Incomplete registration forms will not be accepted.**

***No camper will be allowed into camp without a completed registration/medical form (see following pages).***

2) Upon receipt of your registration form, a confirmation packet and parent information will be sent to you. For more registration information contact Cheryl Hardt at 678-533-6462 or PruittCaresFoundation@PruittHealth.com



### Camper Health Form – 2024

**Required by all campers by June 30, 2024. PruittCares Foundation, Inc. d/b/a Camp Cocoon cannot complete this form for you. Please provide complete medical information so that the camp can be aware of your child's needs.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*First Middle Last*

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**ALLERGIES: List all known**

**Medication Allergies**

Describe reaction and management of the reaction

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

**Food Allergies**

Describe reaction and management of the reaction

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

**Other Allergies – include insect stings, hay fever, asthma, etc.**

Describe reaction and management of the reaction

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

**Dietary Restrictions:**      **NONE**                      Vegetarian                      Gluten Free                      Other

Other Dietary Restrictions/Additional Information:



## Camper Health Form – 2024

I give permission for the camp nurses to administer the COVID-19 test to my child if necessary.

Parent/Guardian Type Your Name Here:

Date:

Will a family member/friend be able to come get the child immediately should something happen, such as a positive test? \_\_\_\_\_

### General Questions (Explain "yes" answers in the space provided to the side of each question.)

#### Has your child / Does your child:

1. Had any recent injury or infectious disease including COVID-19?
2. Have a chronic or recurring illness/condition?
3. Been hospitalized in the last 18 months?
4. Had surgery in the last 18 months?
5. Have frequent headaches?
6. Ever had a head injury?
7. Ever been knocked unconscious?
8. Wear glasses, contact or protective eye wear?
9. Ever passed out during or after exercise?
10. Ever been dizzy during or after exercise?
11. Ever had seizures?
12. Ever had chest pain during or after exercise?
13. Ever had frequent ear infections?
14. Have an orthodontic appliance?
15. Have a history of bed wetting?
16. Ever had high blood pressure?
17. Ever been diagnosed with a heart murmur?
18. Ever had back problems?
19. Ever had problems with joints (knees, ankles)?
20. Have any skin problems (itching, rash, acne)?
21. Have diabetes?
22. Have asthma?
23. Had mononucleosis in the past?
24. Have problems with diarrhea/constipation?
25. Have problems sleepwalking/night terrors?
26. If female, begun menstrual cycle?
27. Ever had an eating disorder?
28. Have ADD/ADHD?
29. TB Mantoux Test? (Date: \_\_\_\_\_ ) Positive?

#### Which of the following has your child had?

<input type="checkbox"/> COVID-19	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Mumps	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Measles	<input type="checkbox"/> German Measles	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis C

**Immunization:** Please email a recent copy of your child's immunization record to [PruittCaresFoundation@PruittHealth.com](mailto:PruittCaresFoundation@PruittHealth.com)

**PLEASE NOTE: If your child has been exposed to any communicable disease, particularly COVID-19, chicken pox, measles, or mumps 1-3 weeks prior to camp, please contact us as soon as possible.**



### Camper Health Form – 2024

### Medications

The medical staff will store and administer any medications needed during the camp weekend. **Each child should arrive at Camp with a 3-day supply (ONLY) of his/her routine medications in the original pharmacy containers complete with written instructions.**

My child takes no medication on a routine basis.

My child takes the following medications on a routine basis.

Drug Name	Dosage	Frequency	Why Taken

If necessary, please use the space below to provide additional information.



## Camper Health Form – 2024

### SPECIAL NEEDS

Is your child allowed to get into the shallow end of the lake with lifeguards present? \_\_\_\_\_

Does your child use any special equipment such as a walker, crutches, wheelchair or prosthesis?

Please list any physical restrictions or activity limitations (i.e. no swimming, no prolonged sun exposure, no competitive sports, sight or hearing loss, limb amputation, has difficulty walking distances, requires assistance to dress or eat).

Is there anything we should know about your child that will make his/her adjustment smoother?

Describe any bedtime or sleep habits (i.e. sleeps with parent, toys, talks/walks in sleep, night terrors, etc.):

Please indicate any further information about your child's **medical and/or emotional** needs that you feel we should know (sees a psychiatrist or psychologist regularly, ADHD, traumatic events, etc.)



## Camper Health Form – 2024

### EMOTIONAL/BEHAVIOR QUESTIONS

Please answer the following questions as they relate to your child and indicate if the behavior was present before the death of their loved one, or if the behavior began after the death.

Does your child have excessive fears (i.e. fear of the dark, snakes, spiders)?

\_\_\_\_\_

Does your child have difficulty expressing emotions...does your child show little sense of joy or happiness (stopped smiling and laughing)?

\_\_\_\_\_

Does your child hurt himself/herself on purpose or talk of wanting to die (previous suicide attempts and/or cutting behavior)?

\_\_\_\_\_

Describe your child's expression of grief (words, tears, anger, withdrawal, acting out, regression, numbness):

\_\_\_\_\_

Please describe any other concerns about your family (health, mental illness, alcohol/drug abuse, physical/emotional/sexual abuse, marital difficulties, etc.):

\_\_\_\_\_

On a scale of 1-10 (1=not coping well and 10=coping well), how well do you think your child is coping with death?

\_\_\_\_\_

How well are you as the parent coping?

\_\_\_\_\_

What are the main things that your child worries about?

\_\_\_\_\_

Is there any other important information you would like to share about your child?

\_\_\_\_\_

Is your child being seen by a professional counselor at this time?

\_\_\_\_\_



### Consent Form

The following consent agreement must be signed by a parent or legal guardian of the minor child in order for the child to attend PruittCares Foundation, Inc. d/b/a Camp Cocoon ("Camp Cocoon" or "Camp").

Your signature below indicates that you acknowledge and agree to each of the following:

- I hereby attest that this health history and all other information contained in this registration packet is correct to the best of my knowledge, and that my child, \_\_\_\_\_ has permission to engage in all Camp activities except as noted. The staff of Camp Cocoon exercises caution in the conduct of all camp activities; however, neither they, nor Camp Cocoon, assume responsibility for accidents, injury or illnesses suffered by its campers.  
I further understand that serious accidents occasionally occur during Camp activities, and that participants in Camp activities occasionally sustain mortal or serious personal injuries and/or property damage as a consequence thereof. Knowing the risks of Camp activities, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who (through negligence, carelessness, or otherwise) might be liable to my child or to me (or to my heirs or assigns) for damages, along with each of their respective affiliates and employees. For the sake of clarity, any transportation arranged by Camp Cocoon shall be considered a "Camp activity" for all purposes hereunder.
- Camp Cocoon accepts no responsibility for the loss, damage or theft of property, or for personal injury.
- Details of my health and accident insurance coverage, if applicable, are as follows:

Insurance company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Policy No: \_\_\_\_\_ Medicaid No: \_\_\_\_\_

- I recognize and understand that Camp Cocoon is operated by PruittCares Foundation, Inc. a charitable organization. My child and I are receiving all of the benefits of Camp Cocoon with minimal or no costs to us and recognize that Camp Cocoon is immune from suit under Georgia's Charitable Immunity Doctrine.
- In case of medical and/or surgical emergency, I authorize Camp Cocoon's medical staff to render to my child or to arrange for my child to receive any X-rays, anesthetic, medical, dental, surgical diagnosis, treatment, and hospital care which is deemed advisable by and is to be rendered under, the supervision of any physician, dentist or surgeon licensed to practice in the State of Georgia. I also grant permission for a licensed nurse to administer over-the-counter medication, such as ibuprofen, acetaminophen, and antihistamine, as needed.
- I acknowledge that reporters, photographers, videographers and other members of the media may attend Camp Cocoon in order to increase the awareness about Camp Cocoon and its programs. I grant permission for my child to be interviewed, photographed, and filmed by any member of the media at Camp Cocoon. I understand that Camp Cocoon is not responsible for the content of the media coverage and that my child will not be paid for any media work.
- Camp Cocoon and its representatives have absolute permission to use my child's image in a photograph or video or my child's artwork that pertains to the lawful programs and activities of the Camp.

Parent/Guardian Type Your Name Here:

Date:

Relationship to Camper:

Camper's Name: