



Registration Form

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

When: August 4 - 6, 2023

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, 2023

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 4, 2023

My child needs transportation to camp on Friday, August 4, 2023 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. 6, 2023.

My child needs transportation from Camp Cocoon on Sunday, Aug. 6, 2023 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)

EMERGENCY CONTACT: Parent/Guardian(s) with whom child lives

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 – 2023

Required by all campers by June 30, 2023. 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 – 2023

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

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 – 2023

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 – 2023

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 – 2023

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.

Your signature below indicates approval of the following:

1. In the event that my child, _____, participates at PruittCares Foundation, Inc. d/b/a Camp Cocoon during the 2023 session, I hereby attest that this health history is correct so far as I know and the child named above has permission to engage in all prescribed camp activities except as noted. The staff of the Athens "Y" Camps and the PruittCares Foundation exercise caution in the conduct of all camp activities; however, they do not 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 or carelessness) might otherwise be liable to my child or to me (or to my heirs or assigns) for damages.
2. Should I opt for my child/charge to be transported by the PruittCares Foundation or PruittHealth, Inc. to or from Camp Cocoon, I waive my rights to all claims for injuries the minor child/ward might sustain arising out of being transported by automobile by a Camp Cocoon staff member and I indemnify, hold harmless, and defend PruittCares Foundation for any claims arising out of the minor child/ward being transported by a Camp Cocoon staff member. PruittCares Foundation, Inc. d/b/a Camp Cocoon accepts no responsibility for the loss, damage or theft of your child's property.
3. Should you as a parent or guardian, during the Camp session leave your place of residence, you will advise the Camp administration where you can be contacted in the event of an emergency.
4. If you have any health and accident insurance coverage, please list:

Insurance company: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Policy No: _____ Medicaid No: _____

5. Notwithstanding Paragraph 1, I recognize and understand that PruittCares Foundation, Inc. d/b/a Camp Cocoon is operated by PruittCares Foundation, Inc. a charitable organization. My child and I are receiving all of the benefits of PruittCares Foundation, Inc. d/b/a Camp Cocoon with minimal or no costs to us and recognize that PruittCares Foundation, Inc. d/b/a Camp Cocoon is immune from suit under Georgia's Charitable Immunity Doctrine.
6. In case of medical and/or surgical emergency, you authorize PruittCares Foundation, Inc. d/b/a Camp Cocoon's medical staff to render to your child or to arrange for your 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.
7. I acknowledge that reporters, photographers, videographers and other members of the media may attend PruittCares Foundation, Inc. d/b/a Camp Cocoon in order to increase the awareness about PruittCares Foundation, Inc. d/b/a Camp Cocoon and its programs. I grant permission for my child to be interviewed, photographed, and filmed by any member of the media at PruittCares Foundation, Inc. d/b/a Camp Cocoon. I understand that PruittCares Foundation, Inc. d/b/a Camp Cocoon is not responsible for the content of the media coverage and that my child will not be paid for any media work.
8. PruittCares Foundation, Inc. d/b/a 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.
9. All information is correct so far as I know and the child being described has permission to engage in all prescribed Camp activities, except as noted by me and the examining physician.

Parent/Guardian Type Your Name Here:

Date:

Relationship to Camper:

Camper's Name: