

Middle Tennessee Camp Bluebird Information Sheet

2020 Spring Camp, April 17, 18, 19, 2020

Personal Information:

First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ Age: _____ Sex: _____

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

Home Phone: _____ Cell Phone: _____

Email Address: _____ Occupation: _____

Is this your first camp: Yes No

If no, list your counselors/cabin #: _____

Medical Information:

Type of Cancer: _____ Year Diagnosed: _____

Oncologist: _____ Surgeon: _____ Radiologist: _____

Primary Care Physician: _____ Phone: _____

Name any known allergies: _____

Diet: We offer a variety of food options for you to choose from. If you need specific types of food, you will need to bring them with you. Any refrigerated foods can be stored in the dining hall refrigerator by the staff. We will not be able to honor specific dietary needs.

Current Treatment: Are you presently receiving treatment for your cancer? Yes No

If yes, check the box(es) below indicating the type of treatment you are receiving NOW:

Radiation Surgery Bone Marrow Transplant Stem Cell Biotherapies

Chemotherapy (List) _____

Other treatment you are currently receiving: _____

Do you need help with any medications? Yes No

Is refrigeration needed? Yes No

Past Treatment: What type of treatment have you received in the PAST?

If yes, check the box(es) below indicating the type of treatment you are receiving NOW:

Chemotherapy (List) _____

Radiation Surgery Bone Marrow Transplant Stem Cell Other: _____

Physical Limitations: Must be able to function independently

Walker Oxygen Assistance with climbing stairs Other _____

Hospital Preference: _____

Family & Miscellaneous Information:

Hobbies/Interests/Clubs: _____

Children's Ages: Under 5 5 to 13 13 to 18 Over 18

Emergency Contact #1: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Emergency Contact #2: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

I have completed the above information and will assume the responsibility for myself.

I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that my next of kin will be notified as soon as possible in case of any emergency. In the event that they cannot be reached in any emergency, I hereby authorize the camp to acquire medical treatment for me.

Signature _____

Date _____

The undersigned hereby transfers and grants to STHS the exclusive right to use and authorizes others to use all or any part of my interview/photograph/video in related media such as books, magazines, journals, pamphlets, electronic, news releases, news-letters, and other written and video formats. The undersigned hereby releases STHS and its directors, its members, trustees, officers, employees and agents, from any and all claims, demands, causes of action and suits, including, but not limited to, claims for invasion of privacy, defamation, breach of contract, or other breach of duty arising out of or in connection with the use of this interview, photograph or video. This authorization will expire at any time I submit a written request to Irene Bradford.

Signature _____

Date _____

Middle Tennessee Camp Bluebird was founded in 1985 through the generous philanthropic support from individuals, organizations and corporations who had a vision to provide holistic care for cancer patients in Middle Tennessee. Their vision continues to be realized today through Camp Bluebird's twice annual 3-day camp weekends.

The average cost to attend one weekend of Camp Bluebird is \$500 per person. Thanks to charitable donations from individuals like you, this expense is offset allowing cancer patients the opportunity to attend Camp Bluebird for a nominal fee.

Please consider adding a tax-deductible donation to the Camp Bluebird Fund along with your camp registration fee. Or donate online at stthomas.ejoinme.org/Donate.

Donations to the Camp Bluebird Fund can be made in honor or memory of a loved one.

Registration: \$50.00

Optional Donation to Camp Bluebird**: _____

Total Amount Enclosed: _____

Please return this form as soon as possible to: Irene Bradford, Camp Director
521 Westward Winds Drive
Nashville, TN 37221

Contact Irene Bradford with questions at (615) 477-4439 or ibradfor@bellsouth.net.