

# Middle Tennessee Camp Bluebird Information Sheet

2021 Spring Camp, April 22-24, 2022

## 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: \_\_\_\_\_

Fully vaccinated \_\_\_\_ Partially vaccinated \_\_\_\_ Unvaccinated \_\_\_\_

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 <https://give.stthomas.org/CampBluebird>.

**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](mailto:ibradfor@bellsouth.net).