

Middle Tennessee Camp Bluebird Information Sheet

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: _____

Please list any physical limitations for which you may need assistance: (walker, oxygen, assistance with climbing stairs)

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, newsletters, 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 _____

Camp Bluebird exists because of generous donations from many individuals. Camp Bluebird’s annual fundraiser is the Bluebird Tree Lighting in November. Many people also make gifts to the Camp Bluebird fund throughout the year in honor of someone or in memory of a loved one. Because of donor support, we are able to offer a highly discounted registration fee to campers.

Registration:	\$35.00
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) 646-4414 or (615) 477-4439 or ibradfor@bellsouth.net

Online donations can be made to support Camp Bluebird at the Saint Thomas Foundation website: www.stthomas.org/support. Click "Donate Now" and choose "Camp Bluebird" from the drop down menu.

**Donations to Camp Bluebird are tax-deductible.

Educational opportunities will be available at camp. The following information will assist us in planning. Please check all that apply:

I would like information about:

- Cancer (Specify type: _____)
- Chemotherapy (Specify type: _____)
- New types of treatment (Please specify: _____)
- Chemotherapy side effects:
 - Low blood counts Fatigue Nausea/vomiting
 - Mouth soreness Trouble swallowing Taste changes
 - Numbness and tingling in hands or feet
- Nutrition
 - Finding foods for special problems such as trouble swallowing
 - How to gain weight How to lose weight
- Pain control
- Communicating with family members
- Getting back to normal after cancer treatment
- Depression
- Other (please specify: _____)

Is there another way in which we can be helpful to you? _____