



Deaf Camp MiNi Transportation Form 2025



Deaf Camp does not provide transportation for Deaf Camp MiNi, due to car seat needs for this age group. Each family will be responsible for dropping off and picking up their Deaf Camp MiNi camper each day. Drop off/Pick up will take place in the semi-circle at the Deaf Camp entrance.

Each family MUST bring their MiNi Camper inside Entrance Doors "I" on dropping off and picking up. Deaf Camp MiNi staff are not responsible for getting your MiNi camper inside your car and buckling them in their car seat.

I. The Deaf Camp

Inman Deaf Chapel Door
7777 Concord Rd
Brentwood, TN 37027

Drop off time: 8 :45AM —9:00AM

Pick up time: 12:45PM – 1:00PM

The Dates for Deaf Camp MiNi are on **Mondays and Wednesdays** , June 9th to July 23rd. **We do NOT have Deaf Camp MiNi during 4th of July week.**

Please list possible people that will pick up your child(ren). This is for us to know you have given permission for other family member or friend to pick up your child. **Person must show staff a picture ID to pick up your child(ren)**

By signing this form, you understand that you will be responsible for transporting your MiNi Camper to Deaf Camp MiNi on Mondays and Wednesdays at the times indicated above.

Parent/Legal Guardian Signature

Date



MiNi Camper Medical Form 2025

Medical Information & Authorization

You will need to fill out one medical form for each child



Camper Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Parent(s) Name(s) _____

Parent(s) Phone # Day: _____ Night _____

Physician's Name _____ Phone # _____

List any allergies: _____

List any restricted activities _____

Cause of Deafness: _____

Hearing devices? Visual Aids? List here: _____

List any Deaf relatives: _____

My Child is currently taking the following medicines ***please include EpiPen/inhaler if have***

Name of Medicine	Dose Amount	Reason for meds (helpful to our Staff)

Date of last Tetanus Shot: _____ Medical Insurance Number _____
(must have this information)

Insurance Provider: _____

Do not sign anything till you meet the notary public.

Medical Authorization

IN case of Medical Emergency, I hereby give my permission to the staff member in charge to: Hospitalize, and/or secure services of a licensed physician, surgeon, or anesthesiologist in providing the necessary care for my child as named on this application. I certify that my child is in good physical condition and can participate in the entire summer program except for activities listed as "restricted".

Signature of a Parent or Legal Guardian _____ Date _____

State Of Tennessee County of _____

Before me, the undersigned, a Notary Public and for said County and State, personally appeared _____, with whom I am personally acquainted (or proven to me based on satisfactory evidence), and who, upon oath, acknowledged himself/herself to be _____ . Witness my hand and seal at _____, TN this _____ day of _____, 20____.

Commission Expires: _____