

## **CAMP TRANSPORTATION FORM 2025**



\*You may fill out one transportation form for all your children\*

My child(ren),		, has
permission to be transported on the Dead by HR background check process for thes 4th holiday June 30th – July 4th, so we w	f Camp vehicles by Deaf Camp staff and volunteers. All driver se dates: June 3rd through July 25th. The Deaf Camp will br ill NOT provide any transportation June 30th to July 4th.	eak for July
**MUST register by May 15 <sup>th</sup> for transport registrations after May 13 <sup>th</sup> **	rtation spots for 2 locations. Transportation spot not guarant	eed with
Transportation includes, but is not limited traveling to and from field trips and more	d to, local pick up and drop off, traveling to and from swimmi e.	ng locations,
My child will use a seatbelt at all times wl	hile traveling on Deaf Camp vehicles.	
Our vehicles are not wheelchair accessibl	e. Please put this in accommodations on the Registration pag tions might be available for your child(ren).	ge and our
	p your child(ren). This is for us to know you have given permin child. Person must show staff a picture ID to pick up your ch	
Donath and Conding Circuture		
Parent/Legal Guardian Signature	Date	
TRANSPORTATION PICK UPS & DROP OFF accommodation, please put on the line b	S. Drop off/pick up from same location. If you need different	
	Please ensure you have already paid the deposit to reserve yo	ur child(ren)'s
	ere is no circle, we will put your camper(s) Deaf Camp drop of for Harding Place drop off/pick up. We must have a minimum	
I. The Deaf Camp	Drop off time: 8:45AM —9:00AM	
Inman Deaf Chapel Door 7777 Concord Rd	<u>Pick up time</u> : 4:00PM – 4:30PM	
Brentwood, TN 37027		
II. Behind the Hardees	<u>Drop off time</u> : 8:15AM —8:30AM	
4099 Nolensville Pike	<u>Pick up time</u> : 4:30PM – 4:45 PM	
Nashville, TN		
The corner of Nolensville Pike and		
Harding Place		

\*You may fill out one release form for all your children\*



## Deaf Camp Camper Medical Form 2025



## Medical Information & Authorization

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

		Date of Birth		
AddressCity	State			
Parent(s) Name(s)				
Parent(s) Phone # Day:		t		
	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 n	nedicines *please inclu	de EpiPen/inhaler if	have*	
Name of Medicine	Dose Amount	Reason for (helpful to c		
Date of last Tetanus Shot:	Medical Insurance	se Number		
	(must	t have this information		
Insurance Prov Do not sign anything till you meet the Notary P Medical Authorization	vider: Public.			
N case of Medical Emergency, I hereby give m				
secure services of a licensed physician, surgeor named on this application. I certify that my chi	•		•	
summer program except for activities listed as		altion and can participe	ate in the entire	
Signature of a Parent or Legal Guardian		D	ate	
State Of Tennessee County of				
Before me, the undersigned, a Notary Public ar				
proven to me based on satisfactory evidence), , TN ti	and who, upon oath, acki	nowledged himself/he	rself to be	
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