



## Mountain T.O.P. Child/Youth Permission Slip and Health Form

Full Name of Child \_\_\_\_\_ Age \_\_\_\_\_

Special needs your child has that the volunteers and staff of Mountain T.O.P. need to be aware of: \_\_\_\_\_

Allergies (hay fever, bee stings, foods, medicines, etc.): \_\_\_\_\_

Has your child had a tetanus shot in the last year? Yes \_\_\_\_\_ No \_\_\_\_\_

Medications currently being taken, if any:

Name \_\_\_\_\_ Reason \_\_\_\_\_

Name \_\_\_\_\_ Reason \_\_\_\_\_

In the event my child needs treatment from a doctor or hospital/clinic and I cannot be reached immediately, I give my permission for professional treatment by a doctor or hospital/clinic. I also give permission to the Mountain T.O.P. staff and volunteers to administer any current medications and necessary first aid.

Also, my child has my permission to be at the Mountain T.O.P. camp during the week of \_\_\_\_\_, 2012. I understand that if I am requesting transportation, my child will be picked up at \_\_\_\_\_ (Location) by 9am and returned to same place no later than 4:30 pm, unless I send a note signed by me which states other wise.

Please check any/all that apply:

\_\_\_\_ I will be home when my child arrives.

\_\_\_\_ My child may be left at my home if no adults are home at the time.

\_\_\_\_ My child may be taken to the home of \_\_\_\_\_ if I am not at home.

**Signature of Parent /Guardian:** I, \_\_\_\_\_ consent for the above mentioned child to go to camp at Mountain T.O.P. the week of \_\_\_\_\_ 2012.

**Emergency Phone Number** \_\_\_\_\_



## Mountain T.O.P

### Quest

at Camp Cumberland Pines

Please mail this form and payment to:  
PO Box 128 Altamont, TN 37301

Or drop it off at Mountain T.O.P. Camp Cumberland Pines  
If you have any questions, contact us at (931) 692-3999

Please fill out ONE SHEET PER YOUTH

### Quest: July 9-13, 2012

Quest is a week-long, day camp for 12-17 year olds. During the day, campers take part in different adventure activities to learn about various character traits. On Friday, they share what they have learned during the week, celebrating with friends and family. Once the application is received a Mountain T.O.P. staff person will be in contact with you to confirm your child's place in camp.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/ Guardian's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Community \_\_\_\_\_ Phone number(s) \_\_\_\_\_

Physical Address \_\_\_\_\_

Directions to home \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you home during the day?    YES    NO    If no, when are you available?

Has your child been to Mountain T.O.P before?    YES    NO    If Yes, when? \_\_\_\_\_

T-shirt size: Youth 6/8    Youth 10/12    Youth 14/16    Adult S    Adult M    Adult L

**Cost: One camp week cost \$20 for program, \$5 for transportation per child**

**\*Minimum Deposit with application is \$5.00\***