FAACT
Food Allergy & Anaphylaxis Connection Team
AWARENESS • ADVOCACY • EDUCATION

2026 Camp TAG - Enrollment Application

Nashville, TN *(June 22-26, 2026)*

ALL FORMS MUST BE SCANNED/EMAILED – PHOTOS WILL NOT BE ACCEPTED

Camper Information	Camper #1	Camper #2	Camper #3
First & Last Name			
Gender Identification	❒ Male ❒ Female ❒ Non-binary ❒ Preferred Pronouns _____ (Optional)	❒ Male ❒ Female ❒ Non-binary ❒ Preferred Pronouns _____ (Optional)	❒ Male ❒ Female ❒ Non-binary ❒ Preferred Pronouns _____ (Optional)
Date of Birth			
Shirt Size	❒YS ❒YM ❒YL ❒AS ❒AM ❒AL ❒XL	❒YS ❒YM ❒YL ❒AS ❒AM ❒AL ❒XL	❒YS ❒YM ❒YL ❒AS ❒AM ❒AL ❒XL

General Information		General Information	
Parent/Caregiver #1 Full Name		Parent/Caregiver #2 Full Name	
Relationship to Camper		Relationship to Camper	
Cell Phone		Cell Phone	
Home Phone		Home Phone	
Work Phone		Work Phone	
E-Mail		E-Mail	
Address		Address	
City		City	
State and Zip Code		State and Zip Code	
Marital Status	❒Single ❒Married ❒Divorced ❒Remarried ❒Spouse Deceased		
Legal Guardian	❒ Parent/Caregiver #1 ❒ Parent/Caregiver #2 ❒ Both		
Emergency Contact & Relationship to Camper		Emergency Contact **Cellular** Number	

Terms of Enrollment Agreement

1. Campers and parents/caregivers agree to abide by rules and regulations set by Directors for health, safety, and welfare of campers.
2. Camp is not responsible for camper's equipment or personal belongings.
3. Directors reserve the right to deny, cancel, sever, or suspend a child's enrollment if deemed for the best interest of the camper or the camp, in which case the unused camp fee will be refunded.
4. The camp fee must be paid in full upon registration. No reduction or allowance will be made for late arrival or early withdrawal of a camper. No allowance will be made for any interruption in the camp week due to illness, family vacation, etc. Payments are refundable prior to May 22. After May 22, the deposit will be refunded less $50. There is a $35.00 fee for returned checks.
5. Parent/Caregiver signature further gives camper permission to participate in all camp activities. I understand that part of the camping experience involves activities, group arrangements, and interactions that may be new to my child. These things come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free and so I have instructed my child on the importance of abiding by the camp's rules. My child and I both agree that he or she is familiar with these rules and will obey them.
6. Parent/Caregiver signature further gives camp permission to use camper's likeness or image in camp publications including but not limited to FAACT's website, brochures, social media platforms, and other on-line postings.

X **Parent/Caregiver Signature: _____ Date: _____**

Payment Method

❑ Please pay for your Camp TAG Registration via PayPal on FAACT's "Donate" Page. Click "Other" then enter your total payment for registration, and then click the "Donate Now" button to complete registration:

❑ **1st Camper - $500** ❑ **2nd Camper - $500** ❑ **3rd Camper - $500** Total - $_____

Please Email Application & Health Form to Eleanor.Garrow@FoodAllergyAwareness.org or Fax to FAACT at (513) 342-1239 *Date Received:* _____

FAACT Camp TAG Nashville - HEALTH FORM [One per CAMPER]

Child's Name _____ Height _____ Weight _____ Age _____
Address _____ Date of Birth _____

Does your child have physical, medical, or emotional problems? ❑Yes ❑No
If yes, describe: _____

Does your child take any medications on a daily basis? ❑Yes ❑No
If yes, list medications: _____

Does your child have any known allergic reactions to the following? ❑Peanuts ❑Tree Nuts
❑Milk ❑Egg ❑Wheat ❑Soy ❑Shellfish ❑Fish ❑Sesame ❑Bee Sting ❑Penicillin
❑Other Foods_____
❑Other Drugs _____ ❑Seasonal Allergens _____ ❑Other _____

What is your child's usual reaction? ❑Anaphylaxis ❑Hives ❑Rash ❑Other _____

Does the nurse have permission to administer Antihistamine (e.g., Benadryl) if needed for nonspecific rashes or minor allergic reactions? ❑Yes ❑No (Dosage based on child's age or weight.)

Does the nurse have permission to administer (Circle preference) Tylenol / Motrin / Aleve / Advil / Tums for headaches or minor discomforts? ❑Yes ❑No Does your child need Liquid or Pill? (Circle preference)

HEALTH HISTORY: (Please check all that apply)

❑ Asthma	❑ Kidney Trouble	❑ Chicken Pox	❑ Eosinophilic Disorders
❑ Celiac Disease	❑ Measles	❑ Bronchitis	❑ Mumps
❑ Heart Trouble	❑ Whooping Cough	❑ Sinusitis	❑ Tuberculosis
❑ Abscessed Ears	❑ Convulsions	❑ Poliomyelitis	❑ Diabetes/Diabetic Episodes
❑ Stomach Upset	❑ Serious Ivy, Oak, Sumac Poisoning		

❑ Operations/Serious Injuries _____
❑ Any Special Needs _____
❑ Any Behavior/Learning Problems: Explain _____
❑ Recommendations/Restrictions (Diet, medicine, swimming, running, etc.) _____

IMMUNIZATIONS: (Write approx. date of immunizations) DPT Series _____ Tetanus _____

Is child up to date with Tetanus vaccine or Tetanus booster shot? ❑Yes ❑No

Polio _____ Measles (MMR) _____ Haemphilis (Hib) _____

Medical exam not required. **Physician's exam is only necessary** if medical clearance is required to participate in camp activities. Otherwise, we do not need a physician signature.

Physician's Name _____ Physician's Phone_____
Physician's Signature_____ Date of Last Physical Exam _____

In case of emergency, I understand every effort will be made to contact parents/caregivers of camper. In the event that I cannot be reached, I hereby give permission to the physician selected by the Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named above.

Parent/Caregiver Signature _____ **Parent/Caregiver Name Printed** _____

If your child needs to take medication during the camp day, please give the medication to the Camp TAG staff. The envelope should be labeled with your child's name, and it will be forwarded to the nurse. To give your child any prescribed medication we need the following:

1. Medication in its original container.
2. Camper's name clearly labeled on the container.
3. If the prescription is not in the original container, please send in a doctor's note prescribing the medication with time and dosage.

I hereby request that my child, _____, take medication during camp, including administering epinephrine in case of a severe reaction or anaphylaxis, in the presence of the Nurse at YMCA Camp Widjiwagan. The name and dosage of the medication is _____and the time and day it is to be given is _____.

For Nurse's Use Only:
Medication Name: _____Prescription #_____ # of Tablets Received: _____