



# Application Form and Medical Release

### For your information, we expect each camper to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

I, the camper, have read the rules of conduct, the above evaluation of my health, and permission to participate in camp group activities. I agree to abide by the stated personal limitations and code of conduct to the best of my ability.

Camper signature: (if possible) \_\_\_\_\_ Date: \_\_\_\_\_

### What to Wear: Casual clothing to allow for movement

#### Food: (Please check preferences)

Check preferences :  Water only    Soft drink regular    Soft drink No Caffeine    Cookies    NO cookies

Activities may include, but are not limited to, eating, walking, singing, use of craft materials, such as glue or finger paint, group activity photographs: *If you desire to limit your camper's participation in any event, please submit your wishes in writing to the camp director prior to that event.*

\_\_\_\_\_ has my permission to attend all camper activities  
NAME OF CAMPER

### Thompson Station Church (hereinafter "Church")

sponsored by \_\_\_\_\_  
NAME OF ORGANIZATION

for (indicate date you wish to come) : \_\_\_\_\_  
DATE DATE

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the camper named above, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the camper named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the ministries staff member.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Deliver or Mail application to:**  
**Thompson Station Church,**  
**2604 Thompson Station Road,**  
**Thompson Station, TN 37179**  
**Attn: \_\_\_\_\_**  
**Phone: 615-791-8319**

# Stone Soup

FRIENDS OF ALL ABILITIES

## Stone Soup Student Information

**PARENTS' NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**STUDENT'S NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **STUDENT'S DOB:** \_\_\_\_\_

**FATHER'S CELL PHONE:** \_\_\_\_\_ **MOTHER'S CELL PHONE:** \_\_\_\_\_

**STUDENT'S SPECIAL NEED:** \_\_\_\_\_

**PARENT'S CONNECT GROUP BIBLE STUDY CLASS AND LOCATION:** \_\_\_\_\_

**FAMILY'S WORSHIP HOUR AND SEATING LOCATION:** \_\_\_\_\_

**SHORT HISTORY/BACKGROUND OF STUDENT:** \_\_\_\_\_

**LIST ANY SPECIAL NEEDS:** \_\_\_\_\_

**ARE THERE SPECIFIC SITUATIONS WHICH WILL TRIGGER A BEHAVIOR ONSET OR SEIZURE?** \_\_\_\_\_

**RESULT/IS MEDICAL ATTENTION REQUIRED (BE VERY SPECIFIC):** \_\_\_\_\_

**INTERVENTION TO STOP PROGRESSION:** \_\_\_\_\_

**CHRONIC MEDICAL CONDITIONS:** \_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

**SNACK/EATING ISSUES:** \_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT GOALS FOR THE STUDENT AND FAMILY:** \_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT GOALS FOR THE WHOLE FAMILY SO THAT ALL ARE CONNECTED WITH CONNECT GROUP BIBLE STUDIES:** \_\_\_\_\_  
\_\_\_\_\_

**DECISION-MAKING:** \_\_\_\_\_  
\_\_\_\_\_

**COMMUNICATION:** \_\_\_\_\_  
\_\_\_\_\_

**RESTROOM NEEDS OR ASSISTANCE:** \_\_\_\_\_  
\_\_\_\_\_

**COGNITIVE LEVEL:** \_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION THE SUPPORT SYSTEM SHOULD KNOW (LIKES/DISLIKES, PLEASE BE SPECIFIC):** \_\_\_\_\_  
\_\_\_\_\_

**DOES YOUR FAMILY HAVE A COMMUNITY SUPPORT SYSTEM (CLOSE EXTENDED FAMILY, IN-HOME HEALTHCARE GIVER, ETC.)?** \_\_\_\_\_  
\_\_\_\_\_

**HEALTH RISKS FOR THE STUDENT:** \_\_\_\_\_  
\_\_\_\_\_



# MEDICINE FORM

Complete this form if your camper is using any medications, both prescription and / or over-the-counter.

All medications must be in original container(s) with the proper dosage listed on the label – this includes both prescription and over-the-counter medications.

Camper Name

\_\_\_\_\_

Special Need (simple description)

\_\_\_\_\_

When is / are the next medication(s) due today/tonight? AM \_\_\_\_\_ PM \_\_\_\_\_

Describe Medications used (if applicable)

Medications _____	Dosage _____	AM _____	PM _____
_____	Dosage _____	AM _____	PM _____
_____	Dosage _____	AM _____	PM _____
_____	Dosage _____	AM _____	PM _____

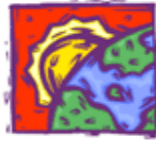
Have medications been administered on schedule this week? Yes / No

Have medications been administered on schedule today? Yes / No

Any special instructions? \_\_\_\_\_

\_\_\_\_\_

Signature of Responsible person \_\_\_\_\_ Date \_\_\_\_\_



@ THOMPSON STATION CHURCH  
[www.stonesoupnews.com](http://www.stonesoupnews.com)

Dear Parent,

Welcome to Stone Soup—Friends of All Abilities @ TSC! Stone Soup builds community with families who have a child or young adult with special needs. We are glad you have chosen to participate in Stone Soup @ TSC. Our prayer is that you will help us build a community of “friends of all abilities” to be blessed and to be a blessing to all.

Please contact me with any questions or needs you may have.

**Melissa Davis, Director, 615.221.9974 or e-mail: [tscstonesoup@gmail.com](mailto:tscstonesoup@gmail.com)**  
Brad Goodin, Assistant, 615.302.0913

### Policies and Guidelines

Our purpose is to establish healthy long-term relationships as friends to all who are involved with Stone Soup. To that end the following is helpful:

- Parents of campers and siblings must complete a Stone Soup application and medical release form to be accepted into the Stone Soup community. See back page for instructions on downloading the Application - or - request one.
- All campers (and siblings) must have a security tag on before entering Stone Soup. Campers will only be released to the parent or caregiver with the numbered security tag.
- Parents must sign in their camper each time they attend Stone Soup and leave a valid emergency contact phone number on the sign-in sheet.
- Do not bring a sick camper to Stone Soup. See Healthy Camper Guidelines on the back of this page.
- ALL belongings must be labeled with the name of the camper—coats, snack boxes, special equipment, backpacks, etc.
- A snack for the camper must be provided for each Stone Soup visit. Water will be available, any other drink must be provided by the parent.
- The first time a camper attends Stone Soup Friday Night parents or caregivers are welcome to observe the activity area and may remain in the “Community” room to be close by for any part of the evening on Friday Night.

A parent or caregiver must remain on campus during Stone Soup on Sunday.

- **We ask that parents not enter the room(s) for Stone Soup on Sunday. If a greeter is not present at the doorway, then lightly knock on the door and a teacher will greet you and your camper.**

# FRI DAY NIGHT!

Stone Soup Friday Night is a monthly respite held on the **1st Friday of the month from 6:30PM to 10:00PM.** Children and young adults with special needs and their siblings are welcome for a fun evening of activities, crafts, circle games, drama, and conversation.

**Parents or caregivers have a night out!**

Monthly confirmation is required **no later than** the Sunday before the 1st Friday.

**Holiday  
Camp @  
Christmas**

**December 6th  
Saturday  
10AM to 3:00PM**

# Stone Soup

FRIENDS OF ALL ABILITIES

@ Thompson Station Church, 2604 Thompson Station Road, Thompson Station, TN 37179 615.791.8319

## Stone Soup on Sunday

is a weekly activity-centered Bible discovery time which includes games, art, drama, music, conversation, and an illustrated Bible story. We assess your camper to determine if they are to be mainstreamed or reverse mainstreamed.

**Times: 8:00AM / 9:15AM / 10:45AM**

**Call Melissa Davis, Director, at 615.221.9974 to determine a best time for your camper to attend Stone Soup on Sunday.**

## Registration & Info

[www.stonesoupnews.com](http://www.stonesoupnews.com)

**A COMPLETED APPLICATION & ACCEPTANCE IS REQUIRED BEFORE ATTENDING STONE SOUP.**

**Go to the web-site.** Click on **Location**. Then Click on **Thompson Station Church**. Then click on **Application pdf** to download and print application. If you have questions please feel free to call our Director.

## Behavior and Sensory Needs Policy

■ The parent of any camper with sensory or behavior challenges needs to provide any special accessories to be used.. (For example: a weighted blanket or vest, earphones) If the accessory is used by prescription, then a copy of that prescription is to be attached to the Application. If you have a Care Plan for behavior or sensory needs prepared by a specialist that would show appropriate care for your camper in a church campus setting please attach it to the Application.

■ Communicate any specific behavior challenges about your camper with the director AND on any given Stone Soup visit where it would be helpful for the director / assistants to know. This could include practical observations that are pertinent for that particular day. (For example, hard day at school, headache, menstrual period, general irritability, etc.)

## Medicines

■ Any medications specified on the Medicine Form to be given during a Stone Soup visit must be brought in the original container with prescribed dosage on the label. This includes any over-the-counter medicines as well.

■ Allergy Information: If your camper carries an EpiPen or Benadryl please place these items in their backpack in a labeled Ziploc bag with written instructions.

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## Healthy Camper Guidelines

If your camper has any of the following symptoms, we ask that you keep them home.

■ Fever over 99.1 within the last 24 hours. ■ Vomiting or diarrhea within the last 24 hours.  
■ Runny nose with yellow or green drainage. A doctor's note will clear your camper if he/she has the symptoms but is not contagious. ■ Skin rashes or eruptions, including measles, chicken pox, impetigo, foot & mouth, etc. ■ Strep throat (Campers should be on an antibiotic 24 hours before Stone Soup) ■ Conjunctivitis (pink eye) ■ Parasites, lice, mites or ringworm. These are not common but are very contagious when present.

*Stone Soup reserves the final decision regarding a camper's attendance and asks for gracious understanding from parents and caregivers, as we work to build a healthy community of friends of all abilities.*