



Summer Camp 2018 HEALTH HISTORY FORM

MISSION: Girl Scouting builds girls of courage, confidence and character, who make the world a better place.

CAMPER INFORMATION

Camp(s) Attending: Camp Pisgah Camp Ginger Cascades Keyauwee Program Center

Session(s) Name & Dates _____

Girl's Name _____
First *Middle* *Last*

Address _____ City _____ State _____ Zip _____

Home Phone _____ Date of Birth _____ Age at Camp _____

E-mail Address _____

Name of Mother/Guardian _____

Mother's Telephone _____
Work/Day *Cell*

Name of Father/Guardian _____

Father's Telephone _____
Work/Day *Cell*

Emergency Contact (if parents can't be reached) _____

Emergency Contact Telephone _____
Work/Day *Cell*

My daughter can be picked up from camp by either parent or her emergency contact: Yes No

If no, please list who is not authorized. Anyone picking up your child from camp should have a photo ID.

Health Insurance Information

Name of Company _____

Address _____ Policy or Certificate # _____

Policy Holder Name _____ Member/ID # _____

Insurance Company Phone Number _____

HEALTH HISTORY *(check all the apply)*

Allergies Animals _____ Food _____ Hay Fever - _____ Insect Stings - _____ Medicine/Drugs _____ Plants _____ Pollen _____ Other (specify) _____ _____	Chronic or Recurring Illness <input type="checkbox"/> Ear Infections <input type="checkbox"/> Heart Defect/ Disease <input type="checkbox"/> Seizures <input type="checkbox"/> Bleeding Disorders <input type="checkbox"/> Asthma <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Musculoskeletal Disorders <input type="checkbox"/> Other _____ _____	Suggestions from Parents <i>My daughter has permission to take or use the following:</i> <input type="checkbox"/> Tylenol/Acetaminophen <input type="checkbox"/> Advil/Ibuprofen <input type="checkbox"/> Sudafed/Decongestant <input type="checkbox"/> Benadryl/Antihistamine <input type="checkbox"/> Pepto Bismol <input type="checkbox"/> Tums/Antacid <input type="checkbox"/> Robitussin/Expectorant <input type="checkbox"/> Swimmer's Ear/Alcohol-vinegar solution <input type="checkbox"/> Dramamine								
Diseases <input type="checkbox"/> Chicken Pox <input type="checkbox"/> German Measles <input type="checkbox"/> Measles <input type="checkbox"/> Mumps	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">My daughter has menstruated?</td> <td style="width: 10%; text-align: center; padding: 5px;">Yes</td> <td style="width: 10%; text-align: center; padding: 5px;">No</td> <td style="width: 10%;"></td> </tr> <tr> <td style="padding: 5px;">If not, has she been told what to expect?</td> <td style="text-align: center; padding: 5px;">Yes</td> <td style="text-align: center; padding: 5px;">No</td> <td></td> </tr> </table>		My daughter has menstruated?	Yes	No		If not, has she been told what to expect?	Yes	No	
My daughter has menstruated?	Yes	No								
If not, has she been told what to expect?	Yes	No								

Comment below where applicable:

Fainting _____ Bed Wetting _____ Sleep Disturbances _____ Sickle Cell Trait/Disease _____	Motion Sickness _____ Constipation _____ Nosebleeds _____ Wears Contacts _____	Emotional Disturbances _____ Homesickness _____ Hearing Impairment _____ Wears Glasses _____
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Specific activities to be encouraged _____

Restricted activities _____

Special medical or dietary regimen to be followed (specify- including vegetarian diets, etc.) _____

ADDITIONAL INFORMATION

Name of Dentist _____ Phone _____

Name of Licensed Physician _____ Phone _____

Address _____ City _____ State _____ Zip _____

PARENT/GUARDIAN PERMISSION & AGREEMENT- *Parents Must Sign This Agreement*

The **health information stated in Section 1 and 3 of the “Summer Camp Health History Form” is correct for my child. Girl Scouts Carolinas Peaks to Piedmont (GSCP2P) has my permission to transport my child for programs that are off site or to the hospital/doctor for medical treatment should there an illness or injury. My child has permission to attend Girl Scouts Carolinas Peaks to Piedmont sponsored resident camps, participate in all phases of camp except as noted herein on the Health Form, to appear in photos for publicity purposes, including the GSCP2P website and related organization websites and to be registered as a Girl Scout if she is presently a non-Girl Scout. I have read the camp brochure and agree to cooperate with all policies. I understand that some campers will have the opportunity to participate in activities such as swimming, canoeing, archery, challenge courses, mountain biking, *horseback riding, overnights and trips off the camp premises. This is not a guarantee that my child will participate in all of the activities. Although care is given to greatly reduce risk through safety produces, education and equipment, I understand adventure programs are not without an element of danger. These risks include damage to property and temporary or long-term injury to the person. I understand the risks involved with this type of program, and I feel the benefits outweigh the potential hazards of the program.

*Under North Carolina Law, “an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant resulting exclusively from the inherent risk of equine activities.” – Chapter 99E of the North Carolina General Statutes

**Health history information will be handled by GSCP2P staff/volunteers that have a legitimate need to know as mandated by Federal Law. A complete copy of the council’s Privacy Policy can be found at www.girlscoutsp2p.org/privacy-policy

Signature of Parent/Guardian: _____

Date: _____

RECORD OF IMMUNIZATIONS

Campers are no long required to submit a record of their immunizations.

Instead, we just require the date of their last Tetanus Shot.

Last Tetanus Shot received: _____

IMMUNIZATIONS WAIVER

Please only complete this section if for religious, philosophical or medial grounds, your camper has not received their immunizations, including a Tetanus vaccine.

I release Girl Scouts Carolinas Peaks to Piedmont Council, the summer camps it operates: Camp Ginger Cascades, Camp Pisgah, and Keyauwee Program Center, and any medical personnel chosen by them, from liability due to exposure to any communicable disease (including any consequences from withholding of tetanus immunization should my child sustain a cut or puncture while at camp).

Signature of Parent/Guardian: _____

Date: _____

Please keep a copy of this form for your personal record. Once your form is complete, please upload it to your summer camp profile. If you need assistance, please call the Outdoor Experience Coordinator at 336-274-8491, x3109.