Summer Camp 2019

HEALTH HISTORY AND PERMISSION FORM

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

girl scouts carolinas peaks to piedmont

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

List those individuals who are NOT authorized to pick up your child from camp. 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)

My daughter will be taking daily medication while at camp: **Yes** **No**

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins, natural remedies and topical cream. Please ensure ALL medication is in original packaging/containers with labels that show your daughter's name and how medication should be given. Provide enough of each medication to last the entire time the camper will be at camp. If you need more space, forms will be available at camp check in.

My daughter will take the following daily medications while at camp:

Name of medication:	Date started:	Reason for taking it:	When is it given:	Amount or dose given:	How it is given:
			Breakfast Lunch Dinner Bedtime Other: _____		
			Breakfast Lunch Dinner Bedtime Other: _____		
			Breakfast Lunch Dinner Bedtime Other: _____		
			Breakfast Lunch Dinner Bedtime Other: _____		

Suggestions from Parents

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. My daughter has permission to take or use the following:

___ Tylenol/Acetaminophen ___ Advil/Ibuprofen ___ Sudafed/Decongestant
___Benadryl/Antihistamine ___ Pepto Bismol ___ Tums/Antacid
___Robitussin/Expectorant ___Dramamine ___ Swimmer's Ear/Alcohol-vinegar solution

My daughter has menstruated.
Yes No
If not, has she been told what to expect?
Yes No

Please circle "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does your daughter:

1. Ever been hospitalized? Yes No
2. Ever had surgery? Yes No
3. Had a recent infectious disease? Yes No
4. Had a recent injury? Yes No
5. Has asthma/wheezing/shortness of breath? Yes No
6. Get nosebleeds? Yes No
7. Have diabetes? Yes No
8. Had seizures? Yes No
9. Had headaches? Yes No
10. Wear glasses, contacts, or protective eyewear? Yes No
11. Has a hearing impairment/wears hearing aids? Yes No
12. Has fainting or dizziness? Yes No
13. Passed out/had chest pain during exercise? Yes No
14. Had mononucleosis ("mono") during the past 12 months? Yes No
15. Had problems with periods/menstruation? Yes No
16. Had problems with falling asleep/sleepwalking? Yes No
17. Ever had back/joint problems? Yes No
18. Had a history of bedwetting? Yes No
19. Had problems with diarrhea/constipation? Yes No
20. Had any skin problems? Yes No

Check all that apply:

___Chicken Pox __German Measles __Measles __Mumps

Please explain "yes" answers in the space below, noting the number of the question.

Allergies

Animals _____ Food_____
Hay Fever _____ Insect Stings_____
Medicine/Drugs _____ Plants_____
Pollen _____
Other / Specify_____

Chronic or Recurring Illness

__ Ear Infections __ Heart Defect/ Disease
__ Seizures __ Bleeding Disorders
__ Asthma __ Hypertension
__ Diabetes __ Musculoskeletal Disorders
__ Other / Specify _____

Mental, Emotional, and Social Health:
Circle "Yes" or "No" for each statement.

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder? Yes No
3. During the past 12 months, seen a professional to address mental/emotional health concerns? Yes No
4. Had a significant life event that continues to affect the camper's life? Yes No

(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Comment below where applicable:

Specific activities to be encouraged_____

Restricted activities _____

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

_____

Health-Care Providers

Name of Licensed Physician_____ Phone _____

Address _____ City _____ State _____ Zip _____

Name of Dentist _____ Phone _____

PARENT/GUARDIAN PERMISSION & AGREEMENT- *Parent/Guardian must sign this agreement.*

The health information** stated in this Summer Camp Health History Form is correct for my camper and accurately reflects the health status of the camper to whom it pertains. Girl Scouts Carolinas Peaks to Piedmont (GSCP2P) has my permission to transport my camper for programs that are off site, and to provide routine health care; to administer medications; to order X-rays, routine tests, and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary emergency services for me/or my child if there is a medical illness or injury.

I hereby give permission to the physician selected by GSCP2P to secure proper treatment for, and order injection, anesthesia, or surgery, including hospitalization, for my child *should immediate treatment be required*. I understand this completed form may be photocopied for trips out of camp. My child has permission to attend GSCP2P sponsored day camp or resident camp and participate in all phases of camp except as noted herein on the Summer Camp Health History Form. I have read the camp brochure and parent packet and agree to cooperate with all policies. I understand that some campers will have the opportunity to participate in activities such swimming, canoeing, archery, challenge courses, 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 procedures, 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 Statuses

**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

My daughter is up to date on all immunizations required for school. Yes No

Date of my daughter's last Tetanus Shot: _____

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 records. Once your form is complete, please upload it to your summer camp profile. If you need assistance, please call the Outdoor Experience Coordinator at 800-672-2148, x3109.