*Girl Scouts - North Carolina Coastal Pines*

**Summer** Day Camp **Health & Permission Form**

Please Note: NO girl will be allowed to attend any camp without a completed and signed Summer Camp Health/Permission Form on file.

1. For Day Camp: This form will need to be either mailed or emailed to your day camp **PRIOR** to the start of camp- See camp confirmation packet for details
2. All Day Campers and Resident Campers whose programs will not be traveling off site overnight, **please complete sections 1-3**.

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| **SECTION ONE – CONTACT INFORMATION** | | | | | | | | | | | |
| **CAMPER INFORMATION** | | | | | | | | | | | |
| Camp(s) Attending: | | | | | | Session Name(s) & Date(s): | | | | | |
| Camper Name (First) (Middle) (Last) | | | | | | Home Phone  ( ) | | | Date of Birth | | Age at Camp |
| Address | | | | City | | | | | State | | Zip |
| Email Address | | | | | | | | | | | |
| **PARENT & GUARDIAN INFORMATION** | | | | | | | | | | | |
| Camper is under the custodial care of:  ❒ Both Parents ❒ Mother Only ❒ Father Only ❒ Other | | | | | | | | | | | |
| Name of Parent/Guardian: | | | | | | | | | | Relationship: | |
| Email: | | | | | | Work/Day Phone  ( ) | | | | Cell Phone  ( ) | |
| Name of Parent/Guardian: | | | | | | | | | | Relationship: | |
| Email: | | | | | | Work/Day Phone  ( ) | | | | Cell Phone  ( ) | |
| **EMERGENCY CONTACT *(if parents can’t be reached)*** | | | | | | | | | | | |
| Primary Emergency Contact: | | | | | | | | | | Relationship: | |
| Email: | | | | | | Work/Day Phone  ( ) | | | | Cell Phone  ( ) | |
| Secondary Emergency Contact: | | | | | | | | | | Relationship: | |
| Email: | | | | | | Work/Day Phone  ( ) | | | | Cell Phone  ( ) | |
| **HEALTH INSURANCE INFORMATION** | | | | | | | | | | | |
| Name of Insurance Company | | Address | | | | | | Insurance Company Phone Number | | | |
| Policy Holder Name | | Member or ID # | | | | | | Policy or Certificate # | | | |
| **HEALTHCARE PROVIDER INFORMATION** | | | | | | | | | | | |
| Name of Physician: | | Address: | | | | | | Phone Number: | | | |
| Name of Dentist: | | Address: | | | | | | Phone Number: | | | |
| **SECTION TWO – HEALTH HISTORY** | | | | | | | | | | | |
| **ALLERGIES *(Animals, Food, Hay Fever, Insect Stings, Medicine/Drugs, Plants, Pollen, etc)*** | | | | | | | | | | | |
| Allergen: | Reaction: | | | | | | | | | | |
| Treatment Plan: | | | | | | | | | | | |
| Allergen: | Reaction: | | | | | | | | | | |
| Treatment Plan: | | | | | | | | | | | |
| Allergen: | | | | | Reaction: | | | | | | |
| Treatment Plan: | | | | | | | | | | | |
| **CHRONIC OR RECURRING ILLNESSES & *(check all that apply)*** | | | | | | | | | | | |
| ❒ Ear Infections  ❒ Hearing Impairment  ❒ Nosebleeds  ❒ Motion Sickness  ❒ Bed Wetting  ❒ Constipation  ❒ Sleep Disturbances  ❒ Sleep Walking | | | ❒ Skin Problems  ❒ Musculoskeletal Disorders  ❒ Joint Problems  ❒ Diabetes  ❒ Fainting  ❒ Heart Defect/Disease  ❒ Bleeding Disorders  ❒ Hypertension | | | | ❒ Sickle Cell Trait or Disease  ❒ Asthma  ❒ Immunodeficiency  ❒ HIV  ❒ Hepatitis  ❒ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Please describe any of the checked items above: | | | | | | | | | | | |
| **FEMININE HYGIENE** | | | | | | | | | | | |
| Has your girl menstruated?  ❒ Yes ❒ No  ❒ Abnormal Menstrual History | | | If no, does she know what to expect  ❒ Yes ❒ No | | | | If yes, does she have permission to use:  ❒ Maxi Pads ❒ Tampons | | | | |
| **MENTAL, EMOTIONAL, & SOCIAL HEALTH *(check all that apply)*** | | | | | | | | | | | |
| ❒ Homesickness  ❒ Attention Deficit Disorder  ❒ Depression  ❒ Learning or Processing Challenge | | | ❒ Disordered Eating  ❒ Obsessive Compulsive Disorder  ❒ Panic or Anxiety Disorder  ❒ Substance Abuse | | | | ❒ Emotional Disturbances  ❒ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Please describe any of the checked items above: | | | | | | | | | | | |
| **MEDICAL APPLIANCES *(check all that apply)*** | | | | | | | | | | | |
| ❒ Wears Contacts  ❒ Wears Glasses | | | ❒ Has Hearing Aids  ❒ Has Braces | | | | ❒ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Please describe any of the checked items above: | | | | | | | | | | | |
| **ILLNESS HISTORY *(check all that apply)*** | | | | | | | | | | | |
| ❒ Measles  ❒ German Measles  ❒ Mono | | | ❒ Chicken Pox  ❒ Mumps  ❒ Seizures | | | | ❒ Head Injury  ❒ Recent Hospitalization  ❒ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Please describe any of the checked items above: | | | | | | | | | | | |
| **DIETARY RESTRICTIONS *(check all that apply)*** | | | | | | | | | | | |
| ❒ Vegetarian  ❒ Vegan  ❒ Kosher  ❒ Gluten Intolerance  ❒ Lactose Intolerance | | | ❒ Nut Allergy  ❒ No Fish or Seafood  ❒ No Shellfish  ❒ No Red Meat  ❒ No Pork | | | | ❒ No Eggs  ❒ No Poultry  ❒ Special Diet  ❒ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Please describe any of the checked items above: | | | | | | | | | | | |
| Special dietary regimen to be followed: | | | | | | | | | | | |
| **IMMUNIZATION HISTORY** | | | | | | | | | | | |
| ❒ All immunizations are up to date as required for school  ❒ Camper has exemption from immunization (please attach) | | | | | Date of last tetanus shot (mm/yyyy) | | | | | | |
| **PERMISSION FOR OTC MEDICATIONS *(check all that apply)* – Please do not send to camp.** | | | | | | | | | | | |
| ❒ Acetaminophen (Tylenol)  ❒ Ibuprofen (Advil)  ❒ Pseudoephedrine (Sudafed)  ❒ Diphenhydramine (Benadryl)  ❒ Bismuth Subsalicylate (Pepto Bismol)  ❒ Calcium Carbonate (Tums)  ❒ Loperamide Hydrochloride (Immodium) | | | ❒ Guaifenesin (Mucinex)  ❒ Dextromethorphan HBr/Guaifenesin  (Robitussin)  ❒ Day Quil &  ❒ Ny Quil  ❒ Cough Drops  ❒ Throat Lozenges  ❒ Loratadine (Claratin) | | | | ❒ Alcohol/Vinegar Solution (Swimmer’s  Ear)  ❒ Triple Antibiotic Cream (Neosporin)  ❒ Hydrocortisone (Cortizone)  ❒ Aloe Vera Gel  ❒ Benzocaine (Orajel)  ❒ Zinc Oxide (Desitin)  ❒ Saline Eye Drops | | | | |
| **PRESCRIPTION & OTHER DAILY MEDICATIONS** | | | | | | | | | | | |
| Does your girl take any prescription or other mediations on a daily basis? ❒ Yes ❒ No  ***If yes, please fill out attached Medication Form*** | | | | | | | | | | | |
| **ACTIVITY RESTRICTIONS** | | | | | | | | | | | |
| Specific activities to be encouraged: | | | | | | | | | | | |
| Specific activities to be restricted: | | | | | | | | | | | |
| **ADDITIONAL INFORMATION** | | | | | | | | | | | |
| Special medical regimen to be followed: | | | | | | | | | | | |
| Other pertinent information for Healthcare Supervisor: | | | | | | | | | | | |
| **PERMISSION TO TREAT** | | | | | | | | | | | |
| This health history, including prior pages, is correct and accurately reﬂects the health status of the camper to whom it pertains. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission the camp to arrange necessary related transportation for me/my child. I understand that providing a safe and positive experience to all campers is of utmost importance to the council and that they reserve the right to make decisions of participation based on the extent of the girl’s special needs and our ability to meet those needs in the camp setting and other factors as deemed appropriate. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for the person named above. This completed form may be photocopied for trips out of camp.  Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **SECTION THREE – PERMISSIONS & AGREEMENTS** | | | | | | | | | | | |
| **CAMPER BEHAVIOR AGREEMENT** | | | | | | | | | | | |
| Each camper is required to abide by the Camper Code of Conduct. Campers who violate this contract will be sent home. Upon a violation of the Behavior Agreement, the Camp Director will call the parent/guardian(s) listed above. The parent/guardian will be informed of the violation at camp and will be asked to pick up the camper. If the parent/guardian cannot come to Day Camp, it remains the parent/guardian’s responsibility to make arrangements for someone else to pick up the camper, as soon as possible. In those instances, the parent/guardian must also call the Camp Director to inform her of who will be picking up the camper.  If the parent/guardian is unable to arrange pick up, the Camp Director or designee, will contact the emergency contact person listed on the camper’s health form, to make arrangements. If the Camp Director or designee cannot locate the emergency contact person or the emergency contact person also is unable to pick up the camper, the parent/guardian will be called again to make other arrangements.    I understand that my attitude and behavior are critical to my success and to the success of camp this summer. Therefore, for the good of all, I agree to abide by the following:   * I will try to be sensitive to the needs of each camper by performing my assigned duties, including but not limited to: unit kapers, all-camp kapers, dining hall cleanup, participating in all-camp activities, etc. * I will respect the places and the people with whom I come in contact. * I understand that the use of alcohol, tobacco, profane and/or threatening language, or drugs will not be tolerated, and that usage during camp will result in expulsion from my camp program. * I will be responsible for my personal belongings and equipment and will not hold Girl Scouts- North Carolina Coastal Pines or any other outsider responsible for the loss or damage due to my negligence or neglect. * I will treat equipment provided by Girl Scouts- North Carolina Coastal Pines or any other person with care. * I will use safety equipment furnished by Girl Scouts- North Carolina Coastal Pines for my own safety. * I will treat other campers and staff with respect and courtesy. * I understand that if I do not abide by the guidelines listed above, the Camp Director will notify my parents/guardians, and I will be sent home. I also understand that if I am sent home early due to misconduct, I will not receive a refund.     Camper Signature: Date:  Parent/Guardian Signature: Date: | | | | | | | | | | | |
| **PHOT0 RELEASE FOR MINORS** | | | | | | | | | | | |
| I hereby grant to Girl Scouts – North Carolina Coastal Pines (“GS-NCCP”), and others working for GS-NCCP or on its behalf, and each of its respective licensees, successors and assigns (each a “Releasee”), the irrevocable, royalty-free, perpetual, unlimited right and permission to use, distribute, publish, exhibit, digitize, broadcast, display, modify, create derivative works of, reproduce or otherwise exploit my name, picture, likeness and voice (including any video footage of the same) (collectively, “Media”), or to refrain from so doing, anywhere in the world, by any persons or entities deemed appropriate by GS-NCCP, for any purpose (except defamatory) including, without limitation, any use for educational, advertising, non-commercial or commercial purposes in any manner or media whatsoever (whether known or hereafter devised) including, without limitation, on the Internet, in print campaigns, in-store and via television. I agree that I have no interest or ownership in any of the Media.  I shall have no right of approval, no claim to compensation and no claim (including, without limitation, claims based upon invasion of privacy, defamation or right of publicity) arising out of any use, alteration, blurring, illusionary effect or use in any composite form of my name, picture, likeness and voice. I agree that nothing in this Release will create any obligation on GS-NCCP to make any use of the Media or the rights granted in this Release. I hereby release and hold harmless Releasees from any claim for injury, compensation or negligence resulting or arising from any activities authorized by this Release and any use of the Media by GS-NCCP.  Name of Parent/Guardian (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/Guardian Signature: Date: | | | | | | | | | | | |
| **Assumption of Risks** | | | | | | | | | | | |
| If you are not yet 18 years of age, your parents or legal guardian must complete the following:  I/We (parents or guardian names) give permission for our child (name) to participate in climbing or swinging on the Alpine Tower at Camp Mary Atkinson, the ropes course at Camp Graham, horseback riding, paddle boarding, mountain biking, kayaking, canoeing, sailing, and any other high adventure activities. I fully comprehend the responsibilities and risks associated with participation in these programs, which include but are not limited to fire ant and other insect bites and stings, uneven ground, falling limbs, splinters, rope burn, scrapes and scratches, and depending on group members for safe spotting and belaying. In consideration of my/our child being allowed to participate in this activity,  I/We willingly assume the risk associated with my/our child’s participation in these activity. In the event of an emergency, I/We request that the program Leader(s) secure emergency  medical services to aid our child, if it is in their judgment that such services are necessary.  Parent/Guardian Signature: Date: | | | | | | | | | | | |

**PLEASE KEEP A COPY OF THIS FORM FOR YOUR PERSONAL RECORDS**.

For Day Camp- please refer to your camp confirmation packet for who to mail form into prior to day camp session.