

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.**

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: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> 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:

Camper Name: _____

Date of Birth: _____

SECTION TWO – HEALTH HISTORY**ALLERGIES (Animals, Food, Hay Fever, Insect Stings, Medicine/Drugs, Plants, Pollen, etc)**

Allergen:	Reaction:
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Treatment Plan:

Allergen:	Reaction:
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Treatment Plan:

Allergen:	Reaction:
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Treatment Plan:

CHRONIC OR RECURRING ILLNESSES & (check all that apply)

<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Skin Problems	<input type="checkbox"/> Sickle Cell Trait or Disease
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Musculoskeletal Disorders	<input type="checkbox"/> Asthma
<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Joint Problems	<input type="checkbox"/> Immunodeficiency
<input type="checkbox"/> Motion Sickness	<input type="checkbox"/> Diabetes	<input type="checkbox"/> HIV
<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Fainting	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Constipation	<input type="checkbox"/> Heart Defect/Disease	<input type="checkbox"/> Other _____
<input type="checkbox"/> Sleep Disturbances	<input type="checkbox"/> Bleeding Disorders	_____
<input type="checkbox"/> Sleep Walking	<input type="checkbox"/> Hypertension	

Please describe any of the checked items above:

FEMINE HYGIENE

Has your girl menstruated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Abnormal Menstrual History	If no, does she know what to expect <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, does she have permission to use: <input type="checkbox"/> Maxi Pads <input type="checkbox"/> Tampons
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MENTAL, EMOTIONAL, & SOCIAL HEALTH (check all that apply)

<input type="checkbox"/> Homesickness	<input type="checkbox"/> Disordered Eating	<input type="checkbox"/> Emotional Disturbances
<input type="checkbox"/> Attention Deficit Disorder	<input type="checkbox"/> Obsessive Compulsive Disorder	<input type="checkbox"/> Other _____
<input type="checkbox"/> Depression	<input type="checkbox"/> Panic or Anxiety Disorder	_____
<input type="checkbox"/> Learning or Processing Challenge	<input type="checkbox"/> Substance Abuse	

Please describe any of the checked items above:

MEDICAL APPLIANCES (check all that apply)

<input type="checkbox"/> Wears Contacts	<input type="checkbox"/> Has Hearing Aids	<input type="checkbox"/> Other _____
<input type="checkbox"/> Wears Glasses	<input type="checkbox"/> Has Braces	_____

Please describe any of the checked items above:

ILLNESS HISTORY (check all that apply)

<input type="checkbox"/> Measles	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Head Injury
<input type="checkbox"/> German Measles	<input type="checkbox"/> Mumps	<input type="checkbox"/> Recent Hospitalization
<input type="checkbox"/> Mono	<input type="checkbox"/> Seizures	<input type="checkbox"/> Other _____

Please describe any of the checked items above:

Camper Name: _____

Date of Birth: _____

DIETARY RESTRICTIONS (check all that apply)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Nut Allergy | <input type="checkbox"/> No Eggs |
| <input type="checkbox"/> Vegan | <input type="checkbox"/> No Fish or Seafood | <input type="checkbox"/> No Poultry |
| <input type="checkbox"/> Kosher | <input type="checkbox"/> No Shellfish | <input type="checkbox"/> Special Diet |
| <input type="checkbox"/> Gluten Intolerance | <input type="checkbox"/> No Red Meat | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Lactose Intolerance | <input type="checkbox"/> No Pork | _____ |

Please describe any of the checked items above:

Special dietary regimen to be followed:

IMMUNIZATION HISTORY

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> All immunizations are up to date as required for school | Date of last tetanus shot (mm/yyyy) |
| <input type="checkbox"/> Camper has exemption from immunization (please attach) | |

PERMISSION FOR OTC MEDICATIONS (check all that apply) – Please do not send to camp.

- | | | |
|---|--|---|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Guaifenesin (Mucinex) | <input type="checkbox"/> Alcohol/Vinegar Solution (Swimmer's Ear) |
| <input type="checkbox"/> Ibuprofen (Advil) | <input type="checkbox"/> Dextromethorphan HBr/Guaifenesin (Robitussin) | <input type="checkbox"/> Triple Antibiotic Cream (Neosporin) |
| <input type="checkbox"/> Pseudoephedrine (Sudafed) | <input type="checkbox"/> Day Quil & | <input type="checkbox"/> Hydrocortisone (Cortizone) |
| <input type="checkbox"/> Diphenhydramine (Benadryl) | <input type="checkbox"/> Ny Quil | <input type="checkbox"/> Aloe Vera Gel |
| <input type="checkbox"/> Bismuth Subsalicylate (Pepto Bismol) | <input type="checkbox"/> Cough Drops | <input type="checkbox"/> Benzocaine (Orajel) |
| <input type="checkbox"/> Calcium Carbonate (Tums) | <input type="checkbox"/> Throat Lozenges | <input type="checkbox"/> Zinc Oxide (Desitin) |
| <input type="checkbox"/> Loperamide Hydrochloride (Immodium) | <input type="checkbox"/> Loratadine (Claritin) | <input type="checkbox"/> Saline Eye Drops |

PRESCRIPTION & OTHER DAILY MEDICATIONS

Does your girl take any prescription or other medications 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: _____

Camper Name: _____

Date of Birth: _____

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: _____

PHOTO 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 "Licensee"), 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.

Camper Name: _____

Date of Birth: _____