

**Community Camper Health History
& Consent to Treat**

Camper's Full Name: _____ Date of Birth: _____

Site of Girls Scout Camp: ☐ Camp Lyle McLeod ☐ Pan Handle 4H ☐ Camp Towhee

Community Camp Name: _____ Program Dates: _____

*Please attach extra sheets inside if you need more room to write.***Allergies**

- ☐ No known allergies
- ☐ This camper is allergic to (*please list allergy and reactions-use additional sheets if necessary*):
- ☐ Food
- ☐ Medications
- ☐ Environment (plants, insects)
- ☐ Other (chemical, latex, etc)

☐ Check here to request follow up for Action Plan development with the Camp Nurse.**Diet and Nutrition**

- ☐ This camper eats a regular diet
- ☐ This camper eats a regular vegetarian ☐ /vegan ☐ diet (please check which one)
- ☐ This camper has special food needs (*please describe below, attach sheet as needed*)

Mental, Emotional and Social Health: Check "yes" or "no" for each statement

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)? **Yes** ☐ **No** ☐
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?
Yes ☐ **No** ☐
3. During the past 12 months, see a professional to address mental/emotional health concerns?
Yes ☐ **No** ☐
4. Had a significant life event that continues to affect the camper's life? (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, other)

Please Explain: **Yes** ☐ **No** ☐

Camper Name: _____

Unit: _____

Community camp: _____

General Health History

If any of the following statements apply to the camper, Please check the box to indicate

"Yes." Has/Does the camper:

1. Ever been hospitalized? <input type="checkbox"/>	11. Had fainting or dizziness? <input type="checkbox"/>
2. Ever had surgery? <input type="checkbox"/>	12. Passed out/had chest pain during exercise? <input type="checkbox"/>
3. Have recurrent/chronic illnesses? <input type="checkbox"/>	13. Had mononucleosis ("mono") in the past 12 months? <input type="checkbox"/>
4. Had a recent infectious disease? <input type="checkbox"/>	14. Started menstruation? Any problems? <input type="checkbox"/>
5. Had a recent injury? <input type="checkbox"/>	15. Have problems with falling asleep or sleep walking? <input type="checkbox"/>
6. Ever had back/joint problems? <input type="checkbox"/>	16. Had asthma/wheezing/shortness of breath? <input type="checkbox"/>
7. Have diabetes? <input type="checkbox"/>	17. Have a history of bedwetting? <input type="checkbox"/>
8. Had seizures? <input type="checkbox"/>	18. Have problems with diarrhea/constipation? <input type="checkbox"/>
9. Had headaches? <input type="checkbox"/>	19. Wears glasses, contacts or protective eyewear? <input type="checkbox"/>
10. Have any skin problems? <input type="checkbox"/>	20. Traveled outside the country in the past 9 months? <input type="checkbox"/>

Please explain any "Yes" answers in the space below, noting the number of the question(s)

Use additional sheets if necessary.

Note: Campers that have any serious illness, injury or surgery in the last 18 months need a physical exam. The Physician's Health Exam form can be found on our website www.girlscoutsww.org.

Restrictions

- ☐ I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
- ☐ I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations: _____

Anything else? *Please provide on a separate sheet* any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program.

Immunizations

Give the dates (year) of the last immunization or booster, or attach a copy of official immunization record.

_____ Tetanus _____ Chicken Pox _____ Measles/Rubella _____ Mumps _____ Covid 19
_____ Flu _____ Diphtheria/Pertussis (DTaP/DT) _____ Hepatitis A _____ Hepatitis B

If your camper has not been fully immunized, please sign the following statement:

I understand and accept the risks to my child from not being fully immunized.

☒ **Signature of Custodial Parent/Guardian:** _____ **Date:** _____

Contact the Community Camp Director:

Health Care Providers

Name of Camper's Physician _____ Phone _____

Name of Camper's Dentist _____ Phone _____

Medical Insurance Information:**This camper is covered by family medical/hospital insurance Yes No****Include a copy of your insurance card if appropriate; copy both sides so the information is able to be read.**

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number _____

Medications

- ☐ This camper will not take any daily medications while attending camp
- ☐ This camper will take the following medications while at camp (Please list below. Attach an additional sheet as needed). Please include dosage and times.

Please remember to send medications with a provided Medication Form, in the original containers, with physician prescription details. Medications in other containers, such as daily pill reminders, will not be accepted.**Non-Routine Medications**

Occasionally, campers contract minor medical conditions that can be treated by non-prescription medications. These are stocked in the camp Health Center and are used on an as needed basis under the Health Procedures signed by our Health Care Provider. Medications may be generic or the store brand equivalent. Medications that come in tablet form can also be administered in liquid form. **Please mark anything we CANNOT give your camper.**

For Pain: Acetaminophen, Ibuprofen**For Cough/Cold/Congestion:** Pseudoephedrine, Lozenges, or Dextromethorphan HBr**Insect bites or Poison Oak:** Diphenhydramine tablets or cream, Calamine/Caladryl lotion, Hydrocortisone Cream ≤ 1%**Digestive Upsets:** Bismuth subsalicylate, Calcium Carbonate, Magnesium Hydroxide, Simethicone or Peppermints**Cuts, Scrapes, Splinters:** Bacitracin / Neomycin / Polymyxin ointment**Sunburn & Sunscreen:** Please pack for camper's favorite brand clearly MARKED with first and last name**Note:** Campers displaying symptoms of head lice will need to be treated at home and can return to camp when they are nit-free (usually 24 hours)**Parent/Guardian Authorization for Health Care:**

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize secure proper treatment for and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a 'need to know' basis with camp staff. I give permission to photocopy this form. In addition the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's adult volunteer about my child's health status.

☒ Signature of Custodial Parent/Guardian: _____ Date: _____*If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.*

Emergency/ Family & Alternate Contact

Child's Name: _____
Last MI First

Address: _____
Street Apt City State Zip

	Parent / Guardian #1	Parent / Guardian #2
Name		
Address		
City, State, Zip		
Home Phone		
Work Phone		
Cell Phone		
Email		

Where can you be reached **during camp**? _____
If you plan to be out of town, please attach your itinerary and contact numbers.

Emergency Contact – *In the event that the parents above cannot be reached, list 2 contacts to whom your child can be released during the session for whatever reason, and can make health care decisions on your behalf.*

	Emergency Contact #1	Emergency Contact #2
Name		
City, State, Zip		
Home phone		
Cell Phone		
Email		
Relationship		

Camper Essential Functions:

In order to attend our camps, campers must meet the following essential functions:

- Capable of mainstream in the public school system (does not require 1 on 1 guidance)
- Moves independently from place to place
- Effectively interacts in group-based and community living
- Is able to meet personal needs (bathing, toileting, dressing, diet mgmt., etc.)
- Capable of self-management of health needs.

If you have questions regarding your camper please contact the camp director. Accommodation for special needs, allergies, or current health complications may require physician exam and physician approval to participate, with additional action planning and support documentation with the camp health team.

CONSENT OF PARENT OR GUARDIAN:

As parent/guardian having legal custody of the camper named, who is voluntarily enrolled as a participant in the Girl Scouts of Western Washington community resident camp program. I agree to instruct my child to observe rules and regulations governing the activities. I understand that camping programs involve inherent risk and possible injury because of the nature of the activity, even when conducted in a safe manner. I give permission for her to attend camp and participate in all phases of the program including related transportation.

I understand that a statement of her good health is required before she may attend. As the parent or legal guardian of the above child, I have read the statements above, understand the information and agree to allow my daughter/ward to participate in camp.



SIGNATURE OF PARENT OR LEGAL GUARDIAN

Date

Please save a copy of this document for your records (update as necessary prior to camp start date)
MUST PRINT AND PHYSICALLY SIGN to submit to the Camp.

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Girl Scouts of Western Washington
Community Camp Camper Release Information

Camp Location: ☐ Camp Lyle McLeod ☐ Panhandle 4H ☐ Camp Towhee

Camp Unit _____ Community Camp _____

In Girl Scouting, the health and safety of your camper is our most important concern. For this reason, we ask that you complete the form below and read the information that follows very carefully. This procedure was implemented to ensure the safety of all campers in resident camping programs and is required by Girl Scouts of Western Washington. The people listed below will be required to show photo identification at camp, and sign for your camper before she will be released. Please complete this form, then print and sign with original signature, and submit to the Camp team.

Campers will NOT be released to anyone who:

1. Is not listed on this form.
2. Does not have photo identification.

Camper's Name (please print) _____

Parent/Guardian's name: _____ ☒ _____

Parent/Guardian Signature

Day Phone _____ Home Phone _____ Cell Phone _____

Email: _____

Print the Name of the Adults (age 18 and older) who are permitted to pick up your camper.*
(List all that my apply, even in the case of an emergency)

**All changes must be made in writing to the Camp Director with parent/guardian signature.*

Is there anyone who is NOT permitted to pick up your camper?

Please print name(s): _____

Are there legal custodial issues we should be aware of? ☐ Yes ☐ No If yes, please explain.

For camp use only:

Name of adult who picked up camper: _____

Signature: _____

If camper needs to leave and return during their stay at camp, have an adult listed above sign them out here:

Name of adult: _____ Signature: _____

Time & Date left: _____

Name of adult: _____ Signature: _____

Time & Date returned: _____

Camper Name: _____
Last _____ MI _____ First _____
Unit: _____
Community camp: _____

left blank intentionally

GSWW Share Your Camper & Camper Letter to Leaders

Girl Scout Camp Facility Attending: Camp Lyle McLeod Panhandle 4H Camp Towhee

Community Camp Name _____ Program Dates: _____

Camper Name: _____ Nickname (if any) _____ Age _____ Birthday _____ # of years as Girl Scout _____

1) Has your camper ever been away from home without members of her family? Yes No

2) Has your camper been to camp before? If so, where, when, and for how many years: _____

3) Why have you and your camper chosen our Community Camp? (circle all that apply)

Returning camper from _____ (year) Friend Attending Local marketing
 Heard about it from previous camper Specialty program Other _____

4) Do you have any special goals for her camp experience? _____

5) Do you feel your camper is shy? _____ Do you feel your camper is a leader or follower? _____

My Camper:	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Sure
Asks questions about the world around her.					
Listens to others.					
Solves problems on her own.					
States her opinion on issues.					
Likes to do things on her own.					
Teaches others things she has learned.					
Puts other's needs in front of her own.					
Wants to learn about nature.					
Leaves a place better than she finds it.					
Is kind to others who are different from her.					

6) Does your camper have any special needs or behaviors of which our camp staff should be aware? _____

7) Does your camper have any dietary needs/concerns or allergies of which our staff should be aware? _____

8) Is there anything else you would like our camp staff to know? _____

Dear Unit Leaders:

Hi! My name is _____ and my friends call me _____. I decided to come to camp because _____

This will be my _____ summer at Camp _____ and my _____ summer attending camp.

When I attended camp before, my favorite part was _____

I'm excited to come to camp because _____

While at camp, I would like to try: (circle two or three):

Cooking Outdoors	Crafts	Hiking	Singing	Archery	Nature Activities	Boating	Swimming	Evening Programs	Other:
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	Agree a lot	Agree a little	Disagree a little	Disagree a lot	Not Sure
I know what I'm really good at.					
When I feel happy about something, I tell people.					
I am good at a lot of things.					
If I try hard, I think I can learn anything.					
I feel comfortable being outdoors at camp.					
I like it when other kids join in a group I'm playing with.					
I think I will have fun meeting new friends at camp.					
Nature is important to me.					
I know how to take care of myself.					
I like to try things I've never done.					

Something I really want my counselors to know is: _____

Parent Signature _____ Camper Signature _____ Date _____



Girl Scouts of Western Washington
Community Camper Code of Conduct

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Camper Name: _____

Community Camp Name _____ Program Dates _____

I understand that I play an important role in the enjoyment of every camper at camp. My attitude and behavior are critical to my success and to others' success at camp this summer. Therefore, for the good of all—other campers, volunteers, staff and visitors to camp, I agree to abide by the following while at camp or on a trip sponsored by camp:

- I will abide by the Girl Scout Promise and Law.
- I will respect the places and the people with whom I come in contact, including privacy and property of others.
- I will be sensitive to the needs of others in my group.
- I understand that the use of alcohol, tobacco, or drugs will not be tolerated. Possession or use of these at camp will result in immediate expulsion from my camp program, with no refund of fees.
- I understand that weapons at camp will not be tolerated. Possession or use of these at camp will result in immediate expulsion from my camp program, with no refund of fees.
- I will act and speak positively and kindly to all campers and staff (i.e.: no swearing, lewd jokes, racial/ethnic jokes or slurs, etc.)
- I will be responsible for my personal belongings and equipment. I understand that GSWW is not responsible for items I lose or give away to other campers.
- I will use safety equipment provided for my use for my own safety and will follow all safety rules.
- I will treat all equipment provide for my use with care. I understand that I will be assessed for damages to any equipment due to my negligence.
- I agree to take my share of daily responsibilities by performing duties including but not limited to unit and cabin clean up, dining hall set up or clean up and other camp "kapers."
- I understand that social cruelty (bullying, teasing, put-downs) and physical violence (hitting, fighting, restraining) will not be tolerated. Engaging in these behaviors will result in immediate expulsion from my camp program.
- I understand that if I am a victim of social cruelty or violent behavior I should seek help immediately from a counselor, health supervisor, camp director or any camp adult volunteer member to make sure that I am physically and emotionally safe at camp.
- I understand that I am to leave electronics at home, including iPods, MP3 players and cell phones. I understand that if I bring these things to camp, they will be confiscated and stored in a safe place and returned to my parent/guardian at the end of camp.
- I understand that I am to leave all pets at home. I understand that if I bring a pet to camp it will be held in a safe place until my parent/guardian arrives to take it home within 24 hours.
- I understand that if I do not abide by the guidelines above, the camp director will notify my parents/guardians and I will be sent home and that all arrangements and expenses will be the responsibility of my parents/guardians. I also understand that if I am sent home early due to misconduct, I will not receive a refund. Violations of these agreements may also jeopardize my ability to return to camp next year.

Camper Signature _____ Date _____

I have read, understand and agree with the above responsibilities of my daughter/ward.

Parent/Guardian Signature

Date

Please send in forms #1-4 along with your camper registration form to complete your camp application