

Girl Scouts Carolinas Peaks to Piedmont
2010 Summer Camp Health/Permission Form
 (Additional forms are available at www.girlscoutsp2p.org)

2-Sided Form!

INSTRUCTIONS:

Please Note: NO girl will be allowed to attend any camp, including resident camp, day camp, and troop camp, without a completed and signed Summer Camp Health/Permission Form. Sections 1, 2 & 3 of this form are REQUIRED each year.

1. Must Complete Sections 1, 2, & 3 every year.
2. MUST have a physical examination within 24 months of the date of the camp; if not, then Section 4 MUST be completed by a licensed physician before your first confirmed camp session.
3. **Submit this form to the council by May 15, 2010.**
4. **PLEASE make a copy of this form and keep it for your records; bring it with you on the first day of camp.**

SECTION ONE (must be completed every year for ALL campers)

CAMPER INFORMATION

Camp(s) Attending:		Session(s) Name & Date(s):		
Camper Name (First)	(Middle)	(Last)	Home Phone () ()	Date of Birth
Address		City	State	Age at Camp
Email Address				

PARENT INFORMATION

Name of Mother/Guardian	Work/Day Phone () ()	Cell Phone () ()
Name of Father/Guardian	Work/Day Phone () ()	Cell Phone () ()

EMERGENCY CONTACT (if parents can't be reached)

Name		
Day Phone () ()	Evening Phone () ()	Cell/Other Phone () ()

INSURANCE INFORMATION (if participant is covered by another provider, please complete the following):

Name of Company	Address	Policy or Certificate #
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HEALTH HISTORY: (Check all that apply)

<p>Allergies</p> <input type="checkbox"/> Animals _____ <input type="checkbox"/> Food _____ <input type="checkbox"/> Hay Fever _____ <input type="checkbox"/> Insect Stings _____ <input type="checkbox"/> Medicine/Drugs _____ <input type="checkbox"/> Plants _____ <input type="checkbox"/> Pollen _____ Other (specify) _____ _____	<p>Chronic or Recurring Illness</p> <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 _____	<p>Suggestions from Parents:</p> My daughter has permission to take or use the following: <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"/> Swimmers' Ear/alcohol-vinegar solution My daughter has menstruated? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, has she been told what to expect? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Diseases</p> <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Measles <input type="checkbox"/> German Measles <input type="checkbox"/> Mumps		

Please describe conditions and give dates (if applicable)

Operations or serious injuries _____
 Hospitalizations _____
 Other diseases/disabilities _____

Comment where applicable:

<input type="checkbox"/> Fainting	<input type="checkbox"/> Motion Sickness	<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Bed Wetting
<input type="checkbox"/> Constipation	<input type="checkbox"/> Wears Contacts	<input type="checkbox"/> Wears Glasses	<input type="checkbox"/> Sleep Disturbances	<input type="checkbox"/> Emotional Disturbances
<input type="checkbox"/> Sickle Cell trait or disease	<input type="checkbox"/> Homesickness			

COMMENTS:

Specific activities to be encouraged	Restricted
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Special medical or dietary regimen to be followed (specify - included vegetarian diets, etc.)

ADDITIONAL INFORMATION

Name of Dentist	Phone:
Name of Orthodontist	Phone:
Name of Eye Doctor	Phone:
Licensed Physician's Name	
Address:	City: St: Zip: Phone:

Health/Permission Form, Side B

Camp(s) Attending: _____ Session(s) Name & Dates: _____

Camper Name: (First) _____ (Middle) _____ (Last) _____

SECTION TWO (must be completed every year for ALL campers)

PARENT/GUARDIAN PERMISSION AND AGREEMENT – Parents Must Sign This Agreement

The **health information stated in Section 1 and 3 of the "Summer Camp Health/Permission Form" is correct for my child and Girl Scouts Carolinas Peaks 2 Piedmont has my permission to transport my child to the hospital or doctor for medical treatment should there be an illness or injury. My child has permission to attend Girl Scouts Carolinas Peaks 2 Piedmont, sponsored resident camp, participate in all phases of camp except as noted herein on the Summer Camp Health/Permission Form, to appear in pictures for publicity purposes, including the Girl Scouts Carolinas Peaks 2 Piedmont 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 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 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.

Signature of Parent/Guardian: _____ Date: _____

SECTION THREE (must be completed every year for ALL campers)

RECORD OF IMMUNIZATIONS

All immunizations listed below are up-to-date Immunization Record is attached (otherwise, complete the following)

Immunization	Year Primary Series Completed	Year of Last Booster
D.T.P. Diphtheria Pertussis (Whooping Cough) Tetanus (<i>must be within last 10 years</i>)	_____	_____
Td	_____	_____
Oral Polio	_____	_____
Measles	_____	_____
Mumps	_____	_____
Rubella	_____	_____
Hep B	_____	_____
Tuberculin test given (most recent)	Date: _____	Result: _____
Other _____	_____	_____

SECTION FOUR -- Please read carefully

LICENSED PHYSICIAN'S HEALTH EXAMINATION (Exam must be within last 24 months)

Date of Examination _____ Physician Name (please print) _____

Height _____ Weight _____ B.P. _____ Appearance – Nutrition _____

Eyes: *Without Glasses* R 20/____ L 20/____ *With Glasses* R 20/____ L 20/____

<i>Use these codes for the information to the right of this box:</i> / Satisfactory X Unsatisfactory O Not Examined	Nose _____ Throat _____ Teeth _____ Abdomen _____
	Heart _____ Lungs _____ Hernia _____ Genitalia _____
	General physical and emotional status _____

Urinalysis* _____ HGB* _____

**Not required for every health examination. Girls ages 6 – 11 should have had this test upon entering school. Girls ages 12 – 18 should have this test if they have not had it since entering puberty.*

Licensed physician's comments and recommendations. Give details or indicate management of significant illness _____

This person is in satisfactory condition and may engage in all usual activities except as noted.
 Licensed Physician's Signature: _____ Date: _____

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

FAX IT TO: 336-369-7476 OR MAIL IT TO:
Girl Scouts Carolinas Peaks 2 Piedmont, Attn: Summer Camp Registration,
8818 W Market St., Colfax, NC 27235
Questions? Call: 1-800-672-2148