



Girl Scouts - North Carolina Coastal Pines

# Day/Twilight Camp Health & Permission Form

Please submit this completed form no later than two weeks prior to start of camp.

## SECTION ONE - CONTACT INFORMATION

### PARTICIPANT INFORMATION

Name of Camp:		Camp Dates:	
Camper's Full Name:		Home Phone: (    )	Date of Birth:
Address	City	State	Zip
Email Address			

### PARENT/GUARDIAN INFORMATION

Participant is under the custodial care of:  
 Both Parents/Guardian  
 Mother/Female Guardian Only  
 Father/Male Guardian Only  
 Other

Name of Parent/Guardian:		Relationship:
Email:	<input type="checkbox"/> Permission to pick-up camper	Cell Phone (    )
Name of Parent/Guardian:		Relationship:
Email:	<input type="checkbox"/> Permission to pick-up camper	Cell Phone (    )

### EMERGENCY CONTACT (must be guardian with legal rights to receive private health information)

Primary Emergency Contact:		Relationship:
Email:	Work/Day Phone (    )	Cell Phone (    )
Secondary Emergency Contact:		Relationship:
Email:	Work/Day Phone (    )	Cell Phone (    )

### APPROVED TO PICK UP CAMPER (other than guardian)

Full Name (on government-issued identification):	Relationship:	Cell Phone (    )
Full Name (on government-issued identification):	Relationship:	Cell Phone (    )

## SECTION TWO - HEALTH HISTORY

### ALLERGIES (Animals, Food, Hay Fever, Insect Stings, Medicine/Drugs, Plants, Pollen, etc)

Allergen:	Reaction:
Treatment Plan:	
Allergen:	Reaction:
Treatment Plan:	

Camper's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Allergen:	Reaction:
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Treatment Plan:

**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 in detail any dietary restrictions or special dietary regimens:

**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:

**FEMININE HYGIENE**

Has your girl menstruated? <input type="checkbox"/> Yes <input type="checkbox"/> No	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
<input type="checkbox"/> Abnormal Menstrual History		

**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:

Is there other health information that would be relevant during Day/Twilight Camp? Medical appliances, illness history, etc.

**IMMUNIZATION HISTORY**

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

It is recommended that participants are up to date on immunizations and vaccinations prior to camp. For more information, please consult the Vaccines & Immunizations information from the Centers for Disease Control and Prevention for recommended immunizations based on your travel destination.

- All immunizations and vaccinations are up to date  Participant has exemption from immunization

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Date of last tetanus shot (mm/yyyy)

**PERMISSION FOR OTC MEDICATIONS FOR MINORS (check all that apply) - All prescription and OTC medications must be given to the camp health supervisor.**

**Written parental consent is required before a minor (under 18) Girl Scout may be given any medication or treatment of any kind.** During trips or at events, minors may need medication for ailments such as headaches, stomachaches, diarrhea, or a low-grade fever. They might need sunscreen, insect repellent or Chapstick. You **MUST** send any over-the-counter medication your minor may need in the original bottle/package (INCLUDING ASPIRIN, TYLENOL, ETC.). Prescription drugs must be in the original bottle/package with the physician's instructions for administering them. Put all drugs in their original bottle/package in a Ziploc bag and label it with your minor's name. Medication will be available from the adult in charge of first aid and can be given as specified by instructions on the label for prescription drugs or by written instructions from parents/guardians for over-the-counter drugs.

Minors may keep asthma sprays, epi-pens, insect repellent, or sunscreen with them if they know how to use them with prior written permission from parents/guardians or from the adult in charge of first aid. All other medication must be turned into the adult in charge of first aid, unless the minor has a note signed by a physician stating otherwise.

- Acetaminophen (Tylenol)  Ibuprofen (Advil)  Pseudoephedrine (Sudafed)  Diphenhydramine (Benadryl)  
 Calcium Carbonate (Tums)  Loperamide Hydrochloride (Imodium)  Bismuth Subsalicylate (Pepto Bismol)  
 Guaifenesin (Mucinex)  Dextromethorphan HBr/Guaifenesin (Robitussin)  Day Quil  Ny Quil  
 Throat Lozenges  Cough Drops  Fortamine (Claritin)  Triple Antibiotic Cream (Neosporin)  Aloe Vera Gel  
 Hydrocortisone (Cortizone)  Benzocaine (Orajel)  Zinc Oxide (Desitin)  Saline Eye Drops  Sunscreen  
 Insect Repellent  Chapstick  Alcohol/Vinegar Solution (Swimmer's Ear)

I give my permission for my minor, \_\_\_\_\_, to take the medications listed above.

Signature of Parent or Legal Guardian \_\_\_\_\_

**PRESCRIPTION & OTHER DAILY MEDICATIONS**

Does your girl take any prescription or other medications on a daily basis?  Yes  No

*If yes, please fill out the Medication Form below*

**MEDICATIONS**

**CURRENT MEDICATIONS**

Medication	Dosage	When Given	Reason
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____ <input type="checkbox"/> <b>Needs to be dispensed at camp</b>	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____ <input type="checkbox"/> <b>Needs to be dispensed at camp</b>	
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____ <input type="checkbox"/> <b>Needs to be dispensed at camp</b>	

Camper's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____ <input type="checkbox"/> <b>Needs to be dispensed at camp</b>	
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**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 healthcare, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests, or seeking out professional mental health in emergencies. I agree to the release of any records necessary for insurance purposes. I give permission for the camp to arrange necessary related transportation for me/my camper. 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 camper's special needs and the camp's 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.

**SIGNATURES**

- Permission to Treat
- Photo Release for Minors
- Camper Behavior Agreement
- Assumption of Risk Communicable Diseases
- Assumption of Risk Activities

My signature below confirms that I have read and agreed to each marked agreement as outlined above and on subsequent pages of this document.

*Signature of Parent or Legal Guardian* \_\_\_\_\_ *Date* \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## 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 "Release"), 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.

## 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 violation of the Behavior Agreement, the Camp Director will call the parent/guardian(s) listed above. The parent/guardian(s) will be informed of the violation at camp and will be asked to pick up the camper. If the parent/guardian cannot come to camp, it remains the parent/guardian's responsibility to make arrangements for someone else to pick up the camper, as soon as possible. If the parent/guardian is unable to arrange pickup, the Camp Director, or their designee, will contact the emergency contact person(s) listed on the camper's health form to make arrangements. If the Camp Director or their designee cannot locate the emergency contacts or the emergency contact 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, 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, vapes, 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 GS-NCCP or any other outsider responsible for the loss or damage due to my negligence or neglect.
- I will treat equipment provided by GS-NCCP or any other person with care.
- I will use safety equipment furnished by GS-NCCP 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 and will need to be picked up in a reasonable time frame. I also understand that if I am sent home early due to misconduct, I will not receive a refund.

## ASSUMPTION OF RISK - COMMUNICABLE DISEASES

Health/Safety Note: Communicable diseases, such as COVID-19, may spread easily through person-to-person contact. As with any social activity, participation in in-person Girl Scouts activities could present the risk of contracting such diseases. While GS-NCCP takes safety and preventative precautions, GS-NCCP can in no way warrant that infection will not occur through participation in GS-NCCP programs or troop activities. Prior to any Girl Scout program or activity, discuss appropriate health/safety protocols with your camper.

## ASSUMPTION OF RISK - ACTIVITIES

I give permission for my camper (named above) to participate in activities as outlined in the day camp plans. 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 camper being allowed to participate in this activity.

I willingly assume the risk associated with my camper's participation in these activities. In the event of an emergency, I request that the program leaders/camp directors secure emergency medical services to aid my camper, if it is in their judgment that such services are necessary.