Girl Scouts of Southeast Florida, Inc.

Summer Camp Health/Permission Form

2-Sided Form!

INSTRUCTIONS:
Please Note: NO girl will be allowed to attend any camp, including resident camp, day camp, and weekend camp, without a completed and signed Summer Camp Health/Permission Form. This Summer Camp Health/Permission Form is REQUIRED each year.

1. Complete Sections 1, 2 & 3. (See details for Section 4.)
2. A girl MUST have had a physical examination within 24 months of the first date of the camp. Section 4 MUST be completed by a licensed physician before a girl can attend her first confirmed camp session OR you MUST supply written documentation of a physical examination, completed by a licensed physician, and must be submitted with this form as a substitute for Section 4 which includes identical information.
3. Make a copy of this form and keep it for your records; bring this original form (documentation) 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	Age at Camp
Address	City		State	Zip
Email Address				

PARENT INFORMATION

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

EMERGENCY CONTACT *(other than parents, named above)*

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 #

HEALTH HISTORY: *(Check all that apply)*

Allergies:
- ❐ Animals ______________________
- ❐ Food ________________________
- ❐ Hay Fever ____________________
- ❐ Insect Stings __________________
- ❐ Medicine/Drugs ________________
- ❐ Plants _______________________
- ❐ Pollen _______________________
- ❐ Peanuts ______________________
- ❐ Other (specify) ________________

____

Diseases:
- ❐ Chicken Pox
- ❐ Measles
- ❐ German Measles
- ❐ Mumps

Chronic or Recurring Illness:
- ❐ Ear Infections
- ❐ Heart Defect/Disease
- ❐ Seizures
- ❐ Bleeding Disorders
- ❐ Asthma
- ❐ Respiratory
- ❐ Hypertension
- ❐ Diabetes
- ❐ Musculoskeletal Disorders
- ❐ Sickle Cell trait or disease
- ❐ Other________________

My child has permission to take or use the following, per package instructions:
- ❐ Tylenol/acetaminophen
- ❐ Advil/ibuprofen
- ❐ Sudafed/decongestant
- ❐ Benadryl/antihistamine
- ❐ Pepto Bismol
- ❐ Tums/antacid
- ❐ Robitussin/expectorant
- ❐ Swimmers' Ear/alcohol-vinegar solution

My child has menstruated? ❐ Yes ❐ No
If not, has she been told what to expect? ❐ Yes ❐ No

Please describe conditions that you feel are applicable for your child, her summer camp experience and our staff:

Operations or serious injuries:____

Hospitalizations: ____

Other diseases/disabilities: ____

Select any that are applicable:
- ❐ Fainting
- ❐ Motion Sickness
- ❐ Nosebleeds
- ❐ Hearing Impairment
- ❐ Bed Wetting
- ❐ Separation Anxiety
- ❐ Constipation
- ❐ Wears Contacts
- ❐ Wears Glasses
- ❐ Sleep Disturbances
- ❐ Emotional Disturbances

COMMENTS:

Specific activities to be encouraged:	***Restricted:***

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:

Please list all prescription and over the counter medications: (Use a separate sheet if necessary)

Example: Name/Dose

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

PARENT/GUARDIAN PERMISSION AND AGREEMENT – Parent/Guardian MUST initial/sign this agreement

The **health information stated in Section 1 and 3 of the "Summer Camp Health/Permission Form" is true and correct for my child. ________ (initial)

In addition, Girl Scouts of Southeast Florida has my permission to transport my child to the hospital or doctor for medical treatment should there be an illness or injury. ________ (initial)

My child has permission to attend Girl Scouts of Southeast Florida, sponsored camp program, 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 of Southeast Florida website and related organization websites, and to be registered as a Girl Scout if she is presently a non-Girl Scout. ________ (initial)

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, 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 freely allow my child to participate in these activities.

Signature of Parent/Guardian: ____ Date:___________________________

IMPORTANT: If signed by an individual other than a parent, please indicate nature of the relationship and attach all applicable documents.

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.	___________________________	
Diptheria		
Pertussis (Whooping Cough)		
Tetanus ***(must be within last 10 years)***		
Td (Tetanus)	___________________________	___________________________
TdaT (Tetanus & Pertussis)	___________________________	___________________________
Oral Polio	___________________________	___________________________
Measles	___________________________	___________________________
Mumps	___________________________	___________________________
Rubella	___________________________	___________________________
Hepatitis B	___________________________	___________________________
Tuberculin test given (most recent)	___________________________	___________________________
Seasonal Flu	___________________________	___________________________
H1N1	___________________________	___________________________
Other _______________________________	___________________________	

SECTION FOUR -- Please read carefully. Reference "Instructions #2" on page 1.

LICENSED PHYSICIAN'S HEALTH EXAMINATION

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/_____

Use these codes for the information to the right of this box:
/ 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 AND Office Stamp REQUIRED.

Licensed Physician's Signature: Date: