

Day Camp Camper Health History- Girl Scouts of Northern California

Name _____
 Unit or Group _____
 Date of Birth _____

Camper Name first _____ last _____ Dates attending camp _____
 Address _____
 Phone Number _____ Birth date _____ Age at camp _____
 Troop # _____ School attending in fall _____
 Parent/Guardian #1 Name _____
 Daytime Phone _____ Alternate/Cell Phone _____
 Parent/Guardian #2 Name _____
 Daytime Phone _____ Alternate/Cell Phone _____
 Emergency Contact Other than Parents/Guardians _____
 Daytime Phone _____ Alternate/Cell Phone _____
 Doctor's Name _____ Phone Number _____

Please check all of the illnesses/injuries/conditions that have occurred in the past 6 months:

- | | | |
|---|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Fainting | <input type="checkbox"/> Lyme disease |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Frequent headaches | <input type="checkbox"/> Mononucleosis |
| <input type="checkbox"/> Attention deficit disorder | <input type="checkbox"/> Head injury | <input type="checkbox"/> Motion sickness |
| <input type="checkbox"/> Bleeding/clotting disorder | <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Muscle injury |
| <input type="checkbox"/> Braces | <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Hospitalization | <input type="checkbox"/> Skeletal injury |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Joint injury | <input type="checkbox"/> Vision difficulties/wears glasses |
| <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Learning disability | |

Please provide explanations for any checked boxes.

Allergies- Please list all known and describe reaction.

Allergies to medication:

_____ Reaction _____
 _____ Reaction _____

Allergies to food:

_____ Reaction _____
 _____ Reaction _____

Other Allergies:

_____ Reaction _____
 _____ Reaction _____

Medications- Medications to be taken during camp need to be brought to camp in their original container accompanied by signed instructions from parent/guardian including dosage and time taken. **Please list medications being taken on a regular basis and the reason.**

Prescription Medications:

_____ Reason _____
 _____ Reason _____

Over the Counter Medications:

_____ Reason _____
 _____ Reason _____

***The day camp staff is not permitted to administer any medication without the above information. However, sometimes being in a different place without family and familiar surroundings can lead to physical stresses such as headaches or stomachaches. We will have non-Aspirin type pain reliever for headaches or other minor pain, topical Benadryl/Caladryl for minor itches and rashes caused by plants or insect bites, topical germ killers (like iodine or Purell) to clean minor cuts and scrapes, and medication for stomach upsets available to give to your child for these simple problems, along with a good dose of TLC (Tender Loving Care)! **Please indicate with a check if you do or do not want us to give these medications:**

_____ Yes _____ No

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Name

Please list any restrictions to food or activity for your child.

Please share any other information you feel the camp staff should have about your child's physical, emotional, or mental health.

My child's racial background is: (Please check all that apply.)

Black or African American Hawaiian or Pacific Islander American Indian or Alaskan Native
 White Asian Other

My child's ethnic background is:

Hispanic or Latino Not Hispanic or Latino

Immunization History- Please give the most recent dates for the following immunizations.

I have chosen **not** to immunize my child.

Vaccine:	Mo/Yr	Mo/Yr	Vaccine:	Mo/Yr	Mo/Yr
Polio	_____	_____	DTP	_____	_____
MMR	_____	_____	T/D(tetanus/diphtheria)	_____	_____
Or Measles	_____	_____	Tetanus	_____	_____
Or Mumps	_____	_____	Haemophilus influenza B	_____	_____
Or Rubella	_____	_____	Hepatitis B	_____	_____
			Varicella	_____	_____

My child has had: Chicken Pox Measles
 Mumps German Measles Hepatitis A Hepatitis B Hepatitis C

Health Information and Privacy Statement:

The Day Camp Health History is for health care concerns at the specified events only. All records will be handled by staff/volunteers whose job includes processing or using this information for the benefit of the participant. All medical records will be held in limited access by the health care supervisor of the specific event. Minimal necessary information may be shared with event staff/volunteers in order to provide adequate participant safety and health care. The health history record will be retained by the sponsoring council until it is destroyed. All forms/records with noted treatment will be retained for seven years past the age of maturity of the participant. Access to the information will be limited, but copies may be requested from the event sponsor, by the participant or their legal representative.

My signature below indicates:

I have read the above procedures for handling the health history record information and I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission for my child to receive emergency medical treatment as needed. My child may participate in all camp activities unless otherwise noted. All information given is complete and accurate to the best of my knowledge.

Parent/Guardian Signature _____ Date _____

Photo Release: I hereby give consent for my camper to appear in photographs taken and used by Girl Scouts of Northern California and its assigns or successors, in Girl Scout publication(s)/media and whatever ways they may desire, including audiovisual productions, television and electronic transmissions; furthermore, I hereby consent that such photographs and plates from which they are made shall be the property of the Photographer, and the Girl Scouts shall have the right to duplicate, reproduce and make other uses of such photographs and plates for Girl Scout publicity and publications as they may desire free and clear of any claim whatsoever on my part. The Photographer will not sell the photos without permission of the Girl Scouts of Northern California. I am of legal age, have the right to contract for the minor, and freely sign this release, which I have read and understood.

Parent/Guardian Signature _____ Date _____

Unit or Group

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