

GIRL SCOUTS OF MIDDLE TENNESSEE

2012 SUMMER CAMP CAMPER HEALTH HISTORY AND EXAMINATION FORM

Health history section pages 1 and 2: To be completed by the camper's parent/guardian AND then reviewed AND signed by doctor or nurse practitioner.

A COPY (FRONT AND BACK) OF CAMPER'S HEALTH INSURANCE CARD MUST ACCOMPANY THIS FORM.

Camper Name: _____

Camp attending: Camp Holloway Camp Sycamore Hills

Camper date of birth: ___/___/___ Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

PARENT/GUARDIAN #1:

Name: _____ Email address: _____

Phone 1: (_____) _____ Phone 2: (_____) _____

PARENT/GUARDIAN #2:

Name: _____ Email address: _____

Phone 1: (_____) _____ Phone 2: (_____) _____

EMERGENCY CONTACT (OTHER THAN PARENT OR GUARDIAN)

Name: _____ Relationship to camper: _____

Phone 1: (_____) _____ Phone 2: (_____) _____

PARENT/GUARDIAN AUTHORIZATION FOR HEALTHCARE

The camper described on this form has permission to participate in all camp activities, except as noted by me and/or her doctor.

I give permission to the doctor 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 the contact listed above cannot be reached in case of an emergency, I give my permission to the doctor to hospitalize, secure proper treatment, and order injection, anesthesia, or surgery for this camper.

I understand the information on this form may be shared with camp staff on a need to know basis. I give permission to copy this form. Camp has permission to obtain my child's health records from health care providers and discuss her health status with them.

Parent/Guardian name: _____

Parent/Guardian signature: _____ Date: _____

A COPY (FRONT AND BACK) OF CAMPER'S HEALTH INSURANCE CARD MUST ACCOMPANY THIS FORM.

RETURN THIS FORM BY MAY 11.

MAIL:

OR FAX:

OR EMAIL:

**GIRL SCOUTS OF MIDDLE TENNESSEE (615) 460-0238
4522 GRANNY WHITE PIKE
NASHVILLE, TENNESSEE 37204**

CAMPFORMS@GSMIDTN.ORG

Camper name: _____ Camp attending: ____ Camp Holloway ____ Camp Sycamore Hills

Program name: _____ Dates attending camp: _____

HEALTH HISTORY - CHECK ALL THAT APPLY TO CAMPER

- Fainting/dizzy spells
- Bedwetting (frequency: _____)
- Sleep disturbances
- Constipation/Diarrhea
- Menstruation cramps/irregularities
- Nosebleeds
- Headaches/Migraines
- Bleeding disorders
- Phobias
- Sinusitis
- Sore throats
- Diabetes
- Heart problems
- Mononucleosis
- Asthma/respiratory problems
- Ear infections
- Seizures
- High/low blood pressure
- Musculoskeletal disorders
- ADD or ADHD
- Eating disorder
- Emotional/social disorders (explain in attached document)

AS NEEDED MEDICATIONS

Camp health care team uses these medications. Please mark the medications you DON'T want your child to be given.

- Tylenol/Acetaminophen
- Advil/Ibuprofen
- Sudafed/Decongestant
- Benadryl/Antihistamine
- Robitussin/Expectorant
- Pepto Bismol
- Tums/Antacid
- Calamine Lotion
- Antibiotic Cream
- Swimmer's Ear Solution
- Aloe
- Bugspray
- Sunblock
- Hydrocortisone (bug bites)
- Anti-nausea medication
- Pain relief cream (sore muscles)
- Antacids or magnesium hydroxide (constipation)

EXPLAIN ALL ITEMS CHECKED ABOVE: _____

ALLERGIES

No known allergies
Allergic to: Food Medicine Environment (insect stings, hay fever, etc) Other
Please explain reactions: _____

DIET/NUTRITION

Eats a regular diet Eats a regular vegetarian diet Has other dietary needs
Please explain: _____

Parent/Guardian signature: _____ Date: _____

Camper Name: _____ Camp attending: ___ Camp Holloway ___ Camp Sycamore Hills
 Program name: _____ Dates attending camp: _____

PARENT/GUARDIAN AUTHORIZATION FOR HEALTHCARE (COMPLETED BY A HEALTHCARE PROFESSIONAL)
EXAMINATION SECTION: TO BE COMPLETED BY A HEALTHCARE PROFESSIONAL

The camper's doctor or nurse practitioner must fill out designated areas and sign. Girl Scout program standards require a physical exam within 24 months of attending camp. Date of last physical examination: ____/____/____

IMMUNIZATION HISTORY (*Copies of immunization records may be attached*)

IMMUNIZATION	DATE PRIMARY SERIES COMPLETED	DATE OF LAST BOOSTER
DTaP (diphtheria, tetanus, pertussis)	_____	_____
dT or TdaP (tetanus booster)	_____	_____
MMR (mumps, measles, rubella)	_____	_____
Hepatitis B	_____	_____
IPV (polio)	_____	_____
HIB (haemophilus influenza type B)	_____	_____

MEDICATION

___ This camper will not take daily medications while attending camp _____ (Initial and date)

___ This camper will take the following medication(s) while at camp _____ (Initial and date)

Medication Name	Reason for taking	Time Given	Dose Given	How Given
		___ Breakfast ___ Lunch ___ Dinner ___ Bedtime		
		___ Breakfast ___ Lunch ___ Dinner ___ Bedtime		
		___ Breakfast ___ Lunch ___ Dinner ___ Bedtime		

HEALTH CARE PROFESSIONAL INFORMATION

Do you feel this camper will require restrictions while at camp? ___ No ___ Yes

Please provide instructions on limitations and restrictions and attach to this document.

I have reviewed this camper's Health History Form and discussed with her parent/guardian the camper's participation in the activities and environment that camp entails. It is my opinion that the camper is physically and emotionally fit to participate in an active camp program, except as noted in limitations and restrictions attached.

Doctor/Nurse Practitioner: _____
 Print Signature Date

Office address: _____ Phone: (_____) _____

GIRL SCOUTS OF MIDDLE TENNESSEE

2012 SUMMER CAMP CAMPER PERSONAL RECORD FORM

TO BE COMPLETED BY THE CAMPER'S PARENT/GUARDIAN.

CAMPER INFORMATION

Camper name: _____ Camper nickname: _____
First Middle Last

Camper attending: Camp Holloway Camp Sycamore Hills

Program name: _____ Dates attending camp: _____

Date of birth: ____/____/____ Religious preference: _____

Does your daughter menstruate? Yes No If no, have you prepared her for this? Yes No

FAMILY AND FRIENDS

Indicate the adult members of the family living in the home: Mother Father Grandparent Other: _____

Indicate the children and ages living in the home: Brother(s) ages: _____
Sister(s) ages: _____

What responsibilities does your camper have at home? _____

Are her friends her own age? Yes No If no, are they: Younger Older

CAMP EXPERIENCE

Has she attended day camp? Yes No

Is this the first time she will be away from home and parents for any length of time? Yes No

If no, how long of a period has she been away previously? _____

Has she been to Camp Sycamore Hills or Camp Holloway?
 Camp Sycamore Hills Camp Holloway Both

Has she ever been to any other overnight camp? Yes No

If yes, when and for how long? _____

What does your camper most want to do at camp? _____

What do you want your camper to gain from this experience? _____

Have any life changes occurred in your camper's life in the last six months to a year? _____

How did you find out about this camp?

She's a registered Girl Scout She has attended before Friend Newspaper Camp fair
 Other _____

Please add any additional information that will help the camp staff to understand your camper's needs: _____

GIRL SCOUTS OF MIDDLE TENNESSEE

2012 SUMMER CAMP CAMPER RELEASE INFORMATION FORM

TO BE COMPLETED BY THE CAMPER'S PARENT/GUARDIAN.

Camper name: _____

Camp attending: _____ Camp Holloway _____ Camp Sycamore Hills

Program name: _____ Dates attending camp: _____

CAMPER RELEASE INFORMATION

List ALL authorized adult(s) to whom the camper may be released **including parents:**

1. Name: _____ Cell phone: (_____) _____ Relationship: _____

2. Name: _____ Cell phone: (_____) _____ Relationship: _____

3. Name: _____ Cell phone: (_____) _____ Relationship: _____

4. Name: _____ Cell phone: (_____) _____ Relationship: _____

I understand that any authorized adult listed above, including parents, must present valid photo identification upon release of my child from camp. Any changes to this list of authorized adults must be submitted in writing by the parent and include a signature.

Signature of Parent/Legal Guardian of Participant _____ Date _____

CAMP USE ONLY

Date of release: ____/____/____ Time of release: _____ a.m. p.m.

Reason for release: ___ illness/injury ___ behavioral ___ camper choice ___ family emergency ___ check out

Print name of authorized adult: _____ Identification type and number: _____

Signature of authorized adult: _____ Date _____

I have verified that releasing the camper to the above named adult has been authorized by the camper's parent/legal guardian. I have checked the photo identification of the above named adult. The camper was with the authorized adult at the time of signature.

Camp staff name: _____ Signature: _____ Date: _____

Date of release: ____/____/____ Time of release: _____ a.m. p.m.

Reason for release: ___ illness/injury ___ behavioral ___ camper choice ___ family emergency ___ check out

Print name of authorized adult: _____ Identification type and number: _____

Signature of authorized adult: _____ Date _____

I have verified that releasing the camper to the above named adult has been authorized by the camper's parent/legal guardian. I have checked the photo identification of the above named adult. The camper was with the authorized adult at the time of signature.

Camp staff name: _____ Signature: _____ Date: _____

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2012 SUMMER CAMP CODE OF CONDUCT AND INTERNET SOCIAL NETWORKING AND BLOGGING POLICY FORM

TO BE COMPLETED BY CAMPER AND CAMPER'S PARENT/GUARDIAN.

Camper name: _____ Camp attending: ___ Camp Holloway ___ Camp Sycamore Hills

Program name: _____ Dates attending camp: _____

SUMMER CAMP CODE OF CONDUCT

- I will treat each camper and staff member with respect and dignity.
- I will use appropriate language and avoid cursing, teasing or bullying while at camp.
- I will respect the personal property of campers and staff.
- I will respect the privacy and personal space of campers and staff.
- I will respect the buildings, furnishings and facilities of the camp itself.
- I will keep myself or others safe while at camp and avoid risky behavior.
- I will leave weapons of any kind, including a pocketknife at home.
- I will not bring drugs or alcohol to camp.
- I will commit to being a part of the camp community by leaving my cell phone and/or pager at home.
- I will refrain from bringing food or drink to camp.
- I will remain with my group at all times.
- I agree to abide by the internet and social networking and blogging policy.

I understand that failure to comply may result in one of the following courses of action: 1. Being prohibited from participating in specific activities; 2. Requiring immediate pick up by parent/guardian; 3. Creating a behavior action plan with parent/guardian.

INTERNET SOCIAL NETWORKING AND BLOGGING POLICY

Girl Scouts of Middle Tennessee respects the right of our campers to use social networking websites (e.g., MySpace.com or Facebook.com), personal websites and weblogs as a medium of self-expression. At the same time, camper safety is of utmost importance to us. Our camp requires, as a condition of participation in the camp, that campers observe the following guidelines when referring to the camp, its programs or activities, other campers and/or employees, in a blog or on a website.

- Campers must be respectful in all communications and blogs related to or referencing the camp, other campers and/or employees.
- Campers must not use blogs or personal websites to disparage the camp, other campers, or employees of the camp or engage in any activity that is offensive based on race, color, religion, gender, national origin or age.
- Campers must not use blogs or personal websites to harass, bully, or intimidate other campers or employees.
- Campers must not use blogs or personal websites to discuss engaging in conduct that is prohibited by camp policies or state or federal law.
- Campers must not post pictures of other campers or employees on a website.

Signature of camper: _____ Date: _____

Signature of parent/guardian: _____ Date: _____

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