Girl Scouts in Flight

Service Unit 084 Daycamp

June 13th-17th, 2022 9:00 am – 3:00 pm

June 17, Parent program will begin at 3pm

Billy Dunlop Park

Give Registrations to leader or mail to arrive May 1

Day Camp Registrar, SU 084

3846 Yeager Ct

Clarksville, TN 37042

Camper name:

Date of birth: Grade in **Fall 2022**:

Camper is in custodial care of: \_\_\_Both parents \_\_\_Mother only \_\_\_Father only \_\_\_Other:

Custodial parent/guardian name:

Address: City, State, Zip:

Daytime phone: E-mail address:

*Please check one: \_\_\_*I am a member of Girl Scouts Middle TN or \_\_\_Other council:   
*My camper is currently a registered Girl Scout?* \_\_­­­­\_\_\_\_\_\_­­­\_

*T-shirt size?* (circle one) Child Medium Child Large Adult Small Adult Medium Adult Large Adult XL

**Enclosed is my payment of $65**

*Sibling Discounts for each sibling $5. Tagalong Camp for camp volunteers $15. Program Aides no fee*

*\*\*\*\** Included in Camp Program Fees is daily snack, supplies, t-shirts, and patches. Activities include camping and outdoor living skills, songs, skits, archery, arts and crafts and much more.

**What to bring daily:** Sunscreen, Bugspray, waterproof sit-upon, hat or visor, plastic drinking cup with handle and sack lunch with drink. Campers are encouraged to bring a back pack. Dress for the weather. Tennis Shoes and Socks only. No open toed shoes.

**** I will not allow my camper to attend if she becomes exposed to any contagious disease or if for any reason I do not consider her to be in good physical condition.

**** I authorize the camp to administer first aid treatment, to secure the services of a physician, and to notify me. I have completed the Girl Health Record.

**** Yes **** No Any photographs or films taken in which my daughter/ward appears may be used for promotion

or as deemed appropriate by the Girl Scout council free of any claims on my part.

**Parent /guardian signature Date\_\_\_\_\_\_**

**EMERGENCY CONTACT INFORMATION**

Name

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I can be reached at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_any time during camp.

*I wish to volunteer at camp and my registration is also enclosed. Yes No (please circle) (Please complete a separate form) (volunteer is no fee)*

Name of Camper\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #\_\_\_\_\_\_\_\_\_\_\_

**HEALTH INFORMATION PRIVACY STATEMENT**

The Girl /Adult Health Record is for health care concerns at the specified event 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 form will be retained by the sponsoring council or GSUSA until it is destroyed. All forms/records with noted treatment will be retained for seven years (for minors, 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. I have read the above procedures for handling the health form information and I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

INSURANCE INFORMATION

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| --- | --- | --- |
| Policy Holder | ID Number | Group Number |
| Member Services Phone Number | Address | |

Medications will only be given at camp as discussed by parent and first aid provider. Medication list is needed in event of needing to seek medical treatment.

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| --- | --- | --- | --- | --- | --- |
| Name of Medicine/indication | Date prescribed | Dosage | Other comments | | |
|  |  |  |  | | |
|  |  |  |  | | |
|  |  |  |  | | |
|  |  |  |  | | |
| Date of last health exam:  Are immunizations current? Yes No Date of last tetanus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Please note any yes answers in space below. | | | | YES | NO |
| Since the last health exam, has participant had any injury or medical attention? | | | |  |  |
| Are there any allergies? | | | |  |  |
| Are there any food allergies? | | | |  |  |
| Are there any physical limitations your camper has? | | | |  |  |
| Are there any health conditions the camp should know about? | | | |  |  |
|  | | | | | |

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| --- |
| For Minor Participants  This health history is complete and accurate. I know of no reason(s), other than the information indicated on this form, why my daughter should not participate in prescribed activities except as noted. If this information changes before camp, l will notify the leader in writing. I hereby give permission to the adult in charge to provide routine health care, administer proscribed medications and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the adult in charge to arrange necessary related transportation for my child.  Signature of parent or legal guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date this form was signed\_\_\_\_\_\_\_\_\_\_\_\_ |
| For Adult Participants  This health history is complete and accurate. I am able to participate in prescribed activities as noted. If this information changes before camp, I will notify the leader in writing.  Signature of adult participant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date this form was signed\_\_\_\_\_\_\_\_\_\_\_\_ |