

GIRL SCOUTS OF CONNECTICUT

Family Camp Confirmation Packet

Camp Candlewood



Girl Scouts.

(800) 922-2770 (203) 239-2922 Fax (203) 239-7220
www.gsofct.org camp@gsofct.org

Table of Contents

Family Camping Opportunities	3
General Information	4
Check-in and Check-out Procedures	5
Directions.....	6
Packing List.....	7
Adult Health History	8



Share the Magic with the whole Family!

Family Camp at Camp Candlewood

Information Packet

**End of Summer Family Camp Weekend Labor Day Weekend - Arrive Friday September 3,
Depart Monday September 6
Arrival Friday after 4 pm and departure Monday by 2 pm.**

However you define family. You are invited to enjoy Camp Candlewood during Labor Day weekend with other families. A single adult, two adults, one adult and children, two adults with children, grandparents, aunts uncles are all included in this end of summer weekend. We welcome you to family camp at Camp Candlewood. You'll share a wonderful camp experience, meet other families, and make new friends! This holiday weekend is a wonderful occasion to use the facilities of Camp Candlewood. We will be serving meals in the dining hall. If camping means you just have to have a cook out, then you may use one of our fire circles and have your cook out. We have planned activities to complement your weekend of leisure. Lifeguards and small craft instructors will be on duty at the waterfront for swimming, canoeing, sailing, and kayaking! We will have arts and crafts archery, and field games.

Staff will be on hand to run programs such as nature hikes, and arts & crafts, boating, archery, and more!

Unfortunately, we cannot control the weather, and some activities may be suspended because of severe weather. Otherwise, we have all programs available. Rain or shine we will have a great time at Camp Candlewood.

General Information

Families will be camping in a semi-primitive setting. There will be bugs and other critters out in the woods, and it gets dark at night. None of the "unit" sleeping areas has electricity, so flashlights and extra batteries are a must. A battery operated lantern is a plus.

Families will be grouped together in "units" with other families. Families within a unit will share the group picnic shelter and fire circles.

What's Happening?

Families will receive the daily schedule of events as "News at Noon". Clip boards with sign up for activities will be posted in the dining hall.

Accommodations

Accommodations at Candlewood consist of rustic A-frames, structures with wooden roofs and canvass sides which sleep four, and a few bunk houses which sleep 8. Camp Candlewood has five units, of varying sizes. Each unit has a near by washstand. There are latrines and/or porta potties at each unit and at program areas around camp .

Meals

Meals will be served in the dining hall beginning with a light supper on Friday and concluding with lunch on Monday.

Family Buddies

Whenever possible we will honor a family's request to be with another family if: both families request one another on the application.

Children:

Unless a child is in the Pixie Program, S/he is the responsibility of his / her parent or designated guardian. Though we have lifeguards on duty, the adult must also watch the child.

Animals

There are many wild animals which make their home at Camp Candlewood. We ask that you not disturb their habitat by bringing pets to camp.

Electronic zone: Families that choose to bring "canned music" to camp will be grouped together in one of the more remote units. Please indicate your preference for the electronics zone on your registration form.

What to Bring

A packing list is enclosed. Please label all personal gear as well as luggage to avoid loss. www.candlewood.mabel.ca **Girl Scouts of Connecticut cannot be responsible for campers' personal possessions.**

Trading Post

The trading post will have t-shirts and sweat shirts as well as other collectable items. It will be open daily after dinner. The trading post will accept cash or checks, we are not able to process credit cards.

Lost and Found Policy

Girl Scouts of Connecticut is not responsible for lost, damaged, or stolen items or medications. If you think you are missing anything, call the council office: 203.239.2922, outdoor program department. Lost property will not be held long as this is the end of our summer season. Please be sure to check Lost and Found before leaving camp on closing day.

Medical Information

ACA and Girl Scout policy require that everyone have a health history form on file. The Health History form for a child should be completed by the parent or guardian. These forms should be checked for accuracy as of your arrival. You can find the form on the website www.gsofct.org in the forms library. Medications are the sole responsibility of parents/guardians. Please keep in a secure box.

Please read this information packet carefully so that you do not miss any of the fun or any important information. It contains how to check in, direction to camp, packing list, emergency contact information and important safety information you need to know about camp.

Check in information

Check in is between 4:00 and 8:00 pm on Friday. Please eat dinner before you arrive if you will arrive after 6 pm..

- Wear Comfortable Shoes
- Keep all medications, money, bedding, and swim gear separate from luggage.
- Most of us enjoy camp as an unplugged time. If you intend to bring radios or music please indicate so on your registration and we will put all such families in the same area.
- Check-In:

When you arrive:

- When you arrive at camp drive to the Parking Lot and Park. (Cars are not allowed past the Parking Lot in camp for the safety of all in camp) .
- Your first stop is at our Singing court (dining hall if it is raining) to check in and receive your unit and Cabin assignments.
- Bring your Luggage to your unit and settle in
- Return to Dining Hall for our first meal, a light dinner at 6 pm. Followed by our: all camp orientation meeting, at 7:30 pm
-

If you have any question about the weekend please contact our summer camp office at (203) 746-3497 or Anne Gair-MacMichael via email agair-macmichael@gsofct.org

You will receive a camp map and your first “News at Noon” at the orientation meeting.

There is a centralized shower house in Catamaran, Male and Female hours will be posted. Please respect the privacy of others.

All of the meals will be served in the Dining Hall: Breakfast is served at 8:00am, Lunch at 12:30 and dinner at 6:00. If you plan to cook out instead please let the kitchen know so that they will not prepare too much food.

The contact number for camp is (203) 746-3497, The phone is not available for personal use except in emergencies. Mobile phones do work on property, though most of us choose to be “unavailable” while attending this getaway weekend.

Pixies: Pixies are between the ages of 3 and 10. There will be a Pixie program from 10 - 12 and from 3 - 5 on Saturday and Sunday, please sign your child up for the age appropriate program if you wish them to participate. Only one session / day is included in your fee.

Checkout will be by 2 pm on Monday. Following Girls Scout Tradition: please ensure your area is “cleaner than you found it.”

- Please check your cabin twice for your belongings. Extra brooms are available in the Unit Shelters.

Directions to Camp Candlewood

29 Bogus Hill Road, New Fairfield, CT 06812

From the East: Take I-84 West to Exit 6. Turn right onto Route 37. (get in the left lane to stay on route 37 past the North Street Shopping Center) Continue past the Federal Prison on your right and Halas' Vegetable Market on your left. Continue on 37 to New Fairfield Center. At the traffic light in the Center, turn right on Route 39. Follow Route 39 through Candlewood Corners, where Route 39 takes a sharp left turn. You will then begin to see the lake on your right.

*Continue on Route 39. Go over the causeway. Squantz Pond will be on your left and Candlewood Lake on your right. Immediately after the causeway, take a right onto Bogus Hill. This is now also called Bogus Hill Road. Follow the road to the top of the hill. Enter the camp gate on your left.

From the South: Go North on Route 7, which merges with I-84 at the Danbury Fair Mall. Continue on I-84 East/Route 7 North to Exit 5. Go straight at the traffic light and continue to Route 37. As you go under I-84 you want to be in the left lane and follow Route 37 past the North Street Shopping Center. Continue on Route 37 to New Fairfield Center. Turn right at the traffic light onto Route 39. Follow Route 39 to Candlewood Corners. You will then begin to see Candlewood Lake on your right.

Follow from * above.

From the Northwest: Take US 7 South to CT 55 Webatuck Road. Turn Left on Route 39, then turn right on Routes 37 and 39. Take the left fork onto Route 39. Route 39 will follow the shores of Candlewood Lake on your left, (though not visible from the road) then Squantz Pond on your right. At the point where Route 39 makes a sharp turn right to head over the causeway between Lake Candlewood and Squantz Pond, go straight or slightly left onto Bogus Hill Road. Follow the road to the top of the hill and enter the camp gate on your left.

From New Haven: Take Route 34 West to I-84 West. Then follow directions from the East at the top of this page.

From Poughkeepsie: Take route 55 East to route 22 South. Turn left on Haviland Hollow Road. Follow Haviland Hollow Road into Connecticut. At its terminus turn right on route 37. Follow route 37 to New Fairfield Center. Turn LEFT on route 39. Follow route 39 through Candlewood Corners, where Route 39 takes a sharp left turn. You will begin to see the lake on your right. Follow from * above.

Camp Emergency telephone number: (203) 746-3497

Packing List

- Pajamas
- Swimsuit
- Sunscreen: SPF 15 or higher
- Insect repellent (no aerosol)
- Hat
- Bandana
- Underwear (1 for each day plus two spare)
- Socks (1 for each day plus two spare)
- Sturdy Shoes/Sneakers (closed toes and closed heels)
- 1 pair of wet shoes (for boating)
- Jeans or long pants
- Raincoat or poncho
- Toilet Articles (soap, shampoo, toothbrush and paste, comb, hair ties)
- Shorts
- T Shirts
- Polar Fleece for boating and evening warmth
- Shower Shoes (these can be flip flops, but are only to be worn in the shower.)
- Fitted sheet (twin size) and/or flat sheet
- Sleeping bag or blanket and sheets
- Pillow
- Towel

- Washcloth
- Flashlight and extra batteries (Camp gets dark at night!)
- Water bottle (preferably 1 Liter with strap.)
- Day Pack (book bag or backpack)
- Battery operated Lantern
- Hot beverage mug with cover

Optional

- Camera and Film (disposable)
- Mosquito netting
- Headlamp
- Money for Trading post and pictures

Leave at Home

- Pets
- Alcoholic beverages (including beer)
- Illegal drugs
- cigarettes

****Keep Medications in a secure box.

- All Medication/Vitamins should be brought in original containers (prescription and over-the-counter)

Please note the things that we do not allow in camp for the health and safety of camper and camp

- No Cars/driving about camp
- No chewing Gum
- No Smoking on Girl Scouts of Connecticut Property
- No Alcohol on camp property.
- No pets allowed on camp property (this includes dogs on leashes and in cars)

CAMP CANDLEWOOD FAMILY CAMP ADULT HEALTH HISTORY

Please print all information.

First Name: _____ Last Name: _____

In the event of an emergency and you cannot give directions regarding your treatment, the following information is requested.

Do you suffer from any chronic or recurring illness or disability? (Please circle) Yes No
If yes, please describe (example: convulsions, diabetes, asthma, mobility impairment, etc.)

Does the above limit your activities in any way? (Please circle) Yes No
If yes, please describe.

Date of your last Tetanus Shot: _____ Month _____ Year _____

Please list any allergies (example: penicillin, insect bites, aspirin, specific foods, etc.):

Do you normally carry any medication? (Please circle) Yes No
If yes, please list what it is and how it should be administered.

EMERGENCY CONTACTS:

1) Name: _____
Phone: Day: _____ Eve: _____ Cell: _____

2) Alternate Name: _____
Phone: Day: _____ Eve: _____ Cell: _____

Name of Physician: _____ Phone: _____
Hospital preferred _____ Insurance Carrier _____ Policy # _____

In the event that the persons listed above cannot be reached, would you give permission to have necessary medical treatment administered? (Please circle) Yes No

Health Information Privacy Statement: The Girl Scout Adult Health Record is for health care concerns at Girl Scout activities and programs 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 supervising volunteers/staff. Minimal necessary information may be shared with activity staff/volunteers in order to provide adequate participant safety and health care. The health form will be retained by the designated Girl Scout representative until it is destroyed. 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.

Signature: _____ Date: _____



GIRL SCOUTS OF CONNECTICUT

www.gsofct.org 1-800-922-2770

CAMP NAME:
SESSION DATES:

GIRL/STAFF HEALTH RECORD - HEALTH HISTORY

- To be completed by parent/guardian or staff member, as applicable.
- This form should provide current information for summer camp.
- If you wish to use this form for other purposes, you should copy it prior to sending it to GSOFACT. GSOFACT maintains forms as required by law, but requires new submission of form annually.

Mail completed health record to:
Girl Scouts of Connecticut
Outdoor Program Department
20 Washington Avenue
North Haven, CT 06473

Participant Information					
Name (Last, First, Initial)		Parent/Guardian		Birth date	Age
Address			City	ST	Zip
Home Phone ()	Work Phone ()	Cell Phone ()			
In Emergency Notify	Relationship to Girl	Cell Phone ()	Home Phone ()	Work Phone ()	

Insurance Information (List your primary policy. This information may be released, if necessary, for insurance purposes.)		
Carrier	ID Number	Group Number
Member Services Phone Number	Address	<i>I accept full responsibility for the costs of any medical care/treatment I have hereby authorized.</i>

Health History (Check all that apply.)		
Diseases	Allergies	Chronic or Recurring Illness
<input type="checkbox"/> Chicken Pox <input type="checkbox"/> Measles <input type="checkbox"/> German Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Kidney	<input type="checkbox"/> Animals <input type="checkbox"/> Food <input type="checkbox"/> Hay Fever <input type="checkbox"/> Insect Stings <input type="checkbox"/> Medicines <input type="checkbox"/> Asthma <input type="checkbox"/> Penicillin	<input type="checkbox"/> Drugs <input type="checkbox"/> Plants <input type="checkbox"/> Pollen <input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Ear Infections <input type="checkbox"/> Heart Defect/Disease <input type="checkbox"/> Seizures/Convulsions <input type="checkbox"/> Bleeding Disorders <input type="checkbox"/> Asthma <input type="checkbox"/> Mononucleosis <input type="checkbox"/> Fatigue		
<input type="checkbox"/> Bed Wetting <input type="checkbox"/> Diabetes <input type="checkbox"/> Musculoskeletal Disorders <input type="checkbox"/> Arthritis <input type="checkbox"/> Sinusitis <input type="checkbox"/> Frequent Headaches <input type="checkbox"/> Other _____		

My daughter has permission to take or use the following, if available or if provided by me in their original container. During summer camp, over-the-counter medications may only be administered in an emergency when an R.N. is the camp's Director of First Aid and according to the Camp Physician's Standing Orders.

<input type="checkbox"/> Tylenol/Acetaminophen <input type="checkbox"/> Antibiotic Ointment/Bacitracin/Bactoban <input type="checkbox"/> Antacids <input type="checkbox"/> Calamine/Caladryl <input type="checkbox"/> Wound Wash	<input type="checkbox"/> Benadryl/antihistamine <input type="checkbox"/> Antidiarrheal <input type="checkbox"/> Tums/antacid <input type="checkbox"/> Robitussin/expectorant <input type="checkbox"/> Swimmer's Ear/alcohol-vinegar solution	<input type="checkbox"/> Hydrocortisone Cream <input type="checkbox"/> Hydrogen Peroxide <input type="checkbox"/> Epinephrine <input type="checkbox"/> Advil/ Ibuprofen <input type="checkbox"/> Epi-Pen Jr. (up to 9 years of age) <input type="checkbox"/> Epi-Pen (over 9 years of age)
--	--	---

Restrictions (The following restrictions apply to this individual.)

Does not eat: Red meat Pork Dairy products Poultry Seafood Eggs Peanuts Other (describe)

Explain any restrictions to activity (e.g., what cannot be done, what adaptations or limitations are necessary). Attach explanation, if needed.

General Questions (Please explain any "yes" answers, noting the number of the questions. Attach explanation, if needed.)					
Has/does the participant:	Yes	No	Yes	No	
1. Had any recent injury, illness, or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	9. Have frequent nosebleeds?	<input type="checkbox"/>	<input type="checkbox"/>
2. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	10. Have a history of bedwetting?	<input type="checkbox"/>	<input type="checkbox"/>
3. Wear glasses, contacts, or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>	11. Have any skin problems (e.g., itching, rash)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever passed out during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	12. Have problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have problems with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have severe menstrual cramps?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had emotional difficulties for which professional help was sought?	<input type="checkbox"/>	<input type="checkbox"/>	14. Have an orthodontic appliance being brought to activity?	<input type="checkbox"/>	<input type="checkbox"/>
7. Had an operation or serious injury?	<input type="checkbox"/>	<input type="checkbox"/>	15. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
8. Had a chronic or recurring illness or medical condition?	<input type="checkbox"/>	<input type="checkbox"/>			

Health Information Privacy Statement

The Girl/Staff Health Record is for health care concerns at summer camp 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 during summer camp. Minimal necessary information may be shared with camp staff 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 past the age of maturity of the participant. Access to the information will be limited, but copies may be requested from the event coordinator by the participant or her 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.

This health history is complete and accurate. My child has permission to engage in all prescribed activities, except as noted by me and/or the examining physician. I hereby authorize the Girl Scouts of Connecticut (GSOFACT) and any medical personnel selected by the Camp to provide medical assessment and routine medical treatment/services to my child, including hospitalization, and necessary related transportation, and in case of an emergency, authorize the provision of medically necessary treatment/services, including transfer to a hospital or facility for emergency treatment/services. I release GSOFACT and its officers, directors, employees, personnel, agents, and contractors, from and against any and all claims and liability arising from or related to the provision, authorization and administration of medical treatment, services and medication to my child. My child has not had any serious illness, injury or operation since the day of her last medical examination.

Signature of Parent/Guardian/Staff Member	Date
---	------



GIRL SCOUTS OF CONNECTICUT

www.gsofct.org 1-800-922-2770

GIRL/STAFF HEALTH RECORD - HEALTH EXAMINATION AND IMMUNIZATION P2

- **To be filled in by physician** after review of health history with parent/guardian/staff member.
- This form must be completed within the 24 months preceding a girl's participation in summer camp.
- If you wish to use this form for other purposes, you should copy it prior to sending it to GSOFC. GSOFC maintains forms as required by law, but requires new submission of form annually.

Mail completed health record to:
Girl Scouts of Connecticut
Outdoor Program Department
20 Washington Avenue
North Haven, CT 06473

Girl Name (Last, First, Initial)	Date of Examination
----------------------------------	---------------------

Health Examination (This part is to be filled in by physician after review of health history with parent/guardian.)

Height	Weight	Blood Pressure	Appearance-Nutrition
Eyes: Without Glasses	Left: 20/___	Right: 20/___	With Glasses Left: 20/___ Right: 20/___
Color Vision:			Physician's Comments
Ears: Hearing: Right: _____ Left: _____			
Code: Satisfactory: <input checked="" type="checkbox"/> Not Satisfactory: <input type="checkbox"/> Not Examined: <input type="checkbox"/>			
Nose			
Throat			
Teeth			
Heart			The applicant is under the care of a physician for the following conditions: Current Treatment (include current medications): Explanation of any reported loss of consciousness, convulsion or concussion: Does the applicant have epilepsy? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lungs			
Abdomen			
Urinalysis*			

* Not required for every health examination. A girl 5-10 should have this test if she has not already had it, either when entering school or at any time since. A girl 11-18 should have this test if she has not had it since entering puberty.

Record of Immunizations

Immunization	Year Primary Series Completed	Year of Last Booster	Immunization	Year Primary Series Completed	Year of Last Booster
DTaP			Oral Polio		
Diphtheria			Measles		
Pertussis (Whooping Cough)			Mumps		
Tetanus			Rubella		
Hep B**			Chicken Pox		
Td***			Meningitis		

Tuberculin test - year last given	Result
-----------------------------------	--------

Other _____
 **Effective January 1, 1999, for all children born on or after January 1, 1992, three doses of Hepatitis B vaccine are required (105CMR430.155(4)).
 ***Adult tetanus-diphtheria toxoid

When an R.N. is the camp Director of First Aid, I give permission to administer the medication marked below, according to the Camp Physician's Standing Orders.

<input type="checkbox"/> Tylenol/Acetaminophen <input type="checkbox"/> Antibiotic Ointment/Bacitracin/Bactoban <input type="checkbox"/> Antacids <input type="checkbox"/> Calamine/Caladryl <input type="checkbox"/> Wound Wash	<input type="checkbox"/> Benadryl/antihistamine <input type="checkbox"/> Anti-diarrheal <input type="checkbox"/> Tums/antacid <input type="checkbox"/> Robitussin/expectorant <input type="checkbox"/> Swimmer's Ear/alcohol-vinegar solution	<input type="checkbox"/> Hydrocortisone Cream <input type="checkbox"/> Hydrogen Peroxide <input type="checkbox"/> Epinephrine <input type="checkbox"/> Advil/ Ibuprofen <input type="checkbox"/> Epi-Pen Jr. (up to 9 years of age) <input type="checkbox"/> Epi-Pen (over 9 years of age)
--	---	---

Physician's Recommendations

Has the applicant been on any medication within the last six (6) months? Yes No If yes, please explain:

For female: Has this person menstruated? Yes No If not, has she told you about it? Yes No If yes, is her menstrual history normal? Yes No

Physician's Recommendations and Restrictions While at Camp

Any treatment to be continued at camp: _____

Any Medications to be administered at camp (specific dosages): _____

Any medically prescribed meal plan or dietary restrictions: _____

Any allergies (food, drug, plants, insects, etc.): _____

Any physical activity to be restricted? _____

Additional health information: _____

This person is in satisfactory condition and may engage in all usual activities, except as noted.

Licensed physician's name	Licensed physician's signature
---------------------------	--------------------------------

City	ST	Zip Code
------	----	----------

Phone _____	Date _____
-------------	------------

If over-the-counter or prescription medications may be taken at summer camp, PLEASE COMPLETE, SIGN, AND ATTACH THE CAMP MEDICATION ADMINISTRATION AUTHORIZATION FORM. INCLUDE DOSAGE AND ANY POTENTIAL HARMFUL INTERACTIONS (e.g., food, medications, environmental).



GIRL SCOUTS OF CONNECTICUT

(800) 922-2770 www.gsofct.org

CONSENT TO PARTICIPATE AND RELEASE

Camper's Name (Please Print) _____ Camp _____

Girl Scouts of Connecticut camps and outdoor program centers frequently have rustic facilities and uneven terrain that may include hills, woodlands, and waterfront areas whose navigation may require concentrated physical exertion (such as walking, hiking, or swimming). Many of the programs/activities described in camp or program literature and provided by Girl Scouts of Connecticut include a variety of rigorous physical activities in the outdoors. By signing this consent for your child to participate, you acknowledge that your child's participation in the program activities, as described in the camp brochure and other materials, requires an acceptance of possible serious injury to your child. You have made your own judgment that your child is capable of participating in activities at camp. You also are representing to Girl Scouts of Connecticut that your child has no undisclosed condition that might affect her fitness or ability to participate with or without reasonable accommodation. Please list below any conditions that might affect your child's ability to participate fully in a particular activity and identify any medical restrictions. We are requesting this information so that we can work with you to determine an appropriate level of participation. Disabilities or medical restrictions will not automatically exclude your child from participating in an activity.

In any program/activity at summer camp, there is always some risk of personal injury or property damage. In return for the agreement to permit your child to participate, you agree that you will not sue Girl Scouts of Connecticut (hereafter the "Council") and its members, employees, agents, assigns, or volunteers for any injury to your child that results from or is aggravated by the inherent risks of your child's participation in a program/activity at summer camp. The inherent risks involved in participation in any program/activity include those injuries which result from circumstances or actions of persons who are not employees or agents of the Council.

Please read this agreement carefully and make certain that you understand it fully before signing it. By signing below you may be giving up substantial rights that belong to you and your child. You agree that you are signing this consent freely and voluntarily.

My child is in good health and does not have any health condition or disability that might affect her ability to participate in:

- | | Yes | No |
|---|--------------------------|--|
| General activities (All camps) | <input type="checkbox"/> | <input type="checkbox"/> Please initial: _____ |
| Challenge Course and Climbing Wall activities
(Candlewood, Pattagansett, Timber Trails) | <input type="checkbox"/> | <input type="checkbox"/> Please initial: _____ |
| Horseback Riding activities
(Aspetuck, Katoya, Laurel, Timber Trails) | <input type="checkbox"/> | <input type="checkbox"/> Please initial: _____ |

If No, please identify the health condition or disability. Please include such items as allergies, medical restrictions, inability to read directions at an age-appropriate level, or similar factors that employees, agents, assigns, or volunteers of the Council should keep in mind when working with your child.

I certify that I, as parent/guardian with legal responsibility for _____, do consent and agree to her participation in camp programs as described in the camp brochure or other Girl Scout program literature on the terms described above and state that I have completed the form truthfully to the best of my knowledge and ability. I understand that without this form, my camper may not participate in any programs/ activities at summer camp. I agree to instruct my camper to follow all safety instructions given by staff during programs/ activities.

Parent/Guardian's Name (Please print)

Parent/Guardian's Signature

Date Signed