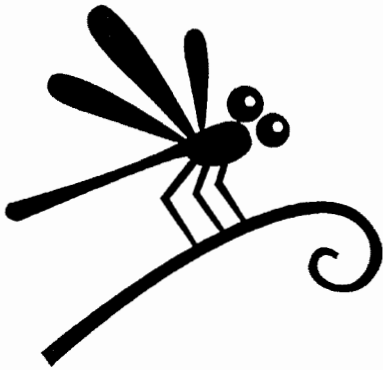


# Laurel Day Camp



**Parent's Handbook**

**Summer 2009**

**Girl Scouts of Connecticut**  
North Haven Service Center  
20 Washington Avenue  
North Haven, CT 06473  
(203) 239-2922  
(203) 239-7220 fax  
[www.gsofct.org](http://www.gsofct.org) [camp@gsofct.org](mailto:camp@gsofct.org)

## ***The Girl Scout Promise***

*On my honor, I will try:  
To serve God and my country,  
To help people at all times,  
And to live by the Girl Scout Law.*

## ***The Girl Scout Law***

*I will do my best to be  
honest and fair,  
friendly and helpful,  
considerate and caring,  
courageous and strong, and  
responsible for what I say and do,  
and to  
respect myself and others,  
respect authority,  
use resources wisely,  
make the world a better place, and  
be a sister to every Girl Scout.*



# Laurel Day Camp

860-423-8461



Dear Parent or Guardian,

Welcome to Laurel Day Camp. We are glad that you have decided to send your daughter to day camp. Our staff is busy planning and training so that our campers will have ample opportunities to try new skills, make new friends and have lots of fun.

This booklet was written to answer the most frequently asked questions. Please read it and keep it handy for reference. If you have questions that are not answered here, please call me at (203) 239-2922 ext 3344 or call (800) 922-2770 and ask for my extension. Leave a message including your name, phone number and a good time to reach you.

Our camp staff subscribe to the philosophies of Girl Scouting and the American Camp Association. As always, we are committed to providing a fun, safe, and exciting setting for your camper to enjoy.

Sincerely,

Candice "Candy" Olson  
Resident Camp Manager  
colson@gsofct.org

**Absenteeism** If your child is going to be absent, please call the camp office at 860-423-8461 before 9:30 a.m. We try to place a follow-up call for any unverified absentees.

**Activities** Campers and unit staff work together to plan unit activities. These activities include arts & crafts, games, hikes, swimming (where available), etc. It is helpful if you can discuss with your child some of the things she might like to try at camp and encourage her to participate in unit discussions.

**Alcohol** No alcoholic beverages are allowed at camp.

**Busses** Please review proper bus conduct with your daughter whether or not she rides a bus during the school year:

- A. Wait for the bus in a safe location, and let it stop completely before approaching.
- B. Tell the bus monitor your first and last name.
- C. Find a seat quickly and stay seated.
- D. Hands, heads and other items are to remain inside the bus.
- E. Sing songs, talk with your friends, and enjoy the ride, but please do not distract the driver.
- F. No eating food on the bus.

**Monitors are on our busses, but bus stop changes, changes in arrangements, or problems must be handled through the camp office at 860-423-8461.**

If your camper is to walk home from her bus stop, please send a note to camp to that effect. Campers who are not met at the bus stop and for whom we do not have notes, will be taken back to camp. You will have to pick up your camper there.

All busses start at their first stop about 7:30 a.m. and arrive at camp about 8:50 a.m. Afternoon routes are run in reverse order and leave camp about 4:00 p.m. Bus stops and times are currently available on the website. **Please note:** Actual enrollment may necessitate changes in routes. You will be notified in the June 1st mailing, if changes need to be made. Please remember to be at stops at least 10 minutes early and be patient. Traffic, weather conditions, etc., can result in delays. Your camper's safety is our foremost concern.

**Camper Behavior** The Girl Scout Promise and Law are used as standards of behavior for staff and campers alike. The Director and staff will do everything possible to help campers adjust to camp life. However, Girl Scouts of Connecticut reserves the right to send home a camper who consistently exhibits unsuitable behavior or endangers the camp community, or whose behavior towards others is unacceptable. The parent/guardian is responsible for picking up the camper within 4 hours of notice. See Behavior Agreement for further details. There is no refund for early dismissal. All campers are required to sign and bring the Behavior Agreement on the first day of camp.

**Camper ID Cards** Please fill out and return the Camper ID Card 3-weeks prior to camp session. This information will enable camp to better serve your child. Be sure to have all persons authorized to pick up your camper listed on the card (especially if you are carpooling).

**Camp Staff** Camp staff, male and female, are recruited through an application process. References are checked and interviews held. All applicants submit to background checks and drug screenings. Staff then participate in a minimum of 24 hours of training.

**Cancellations** Camp continues rain or shine, but should there be an emergency cancellation we will attempt to call your home phone number. It will also be posted to our website, [www.gsocfct.org](http://www.gsocfct.org) or you may call (800) 922-2770 ext. 3100.

**Child Care** The Federal Tax ID number is located on the receipt mailed to you through registration. This number may be needed for parents who use camp for child care.

**Clothing** Campers should play and have fun, so please dress your camper accordingly. She must wear socks that cover her ankles and shoes or sneakers (no sandals, flip-flops, crocs, heelys, or open toe/back shoes). Tuck a raincoat and a sweatshirt or sweater into her pack in case the weather turns rainy or cool. Please do not allow your camper to wear jewelry to camp.

**Cookouts** Every unit will participate in cooking outdoors. This is not a full meal, so please send lunch every day to ensure your daughter has something to eat.

**Cup** Every camper should bring an unbreakable cup daily. Please mark it with her name as we do not want campers sharing cups. We provide fresh water all day in water jugs and a drink with snack.

**Driving/Carpool** Please call the Camp Manager for instructions about driving and carpooling to camp.

*Please drive carefully and slowly. Children can do the unexpected.*

We reserve the right to make changes, if needed.

**Early Pickup / Late Arrival** If it is necessary to pick up or drop off your camper at a time other than normal, you must park in the visitor's parking lot and walk into camp. Follow signs to camp office. The camp office will assist you signing your camper out or in. Picture identification may be required when picking up campers.

**Electronics** Campers should not bring cell phones, beepers, other electronics, radios, TVs, Gameboys, hair dryers, etc., to camp. Camp is not responsible for them and they disrupt the serenity of camp. Electronics will be confiscated. **No cell phones, without camp director approval, even on overnights!**

**Emergency Contacts** Should your child become sick while at camp, we will try to contact parents first. If we are unable to contact them, camp will call the emergency contacts. Camp assumes that the people whom you list in this section of the Camper ID card have your permission to pick up your child should we need to call them. Be sure to secure emergency contact person's permission to be listed.

**Evaluations** A Parent's Evaluation Form will be sent home with your camper on Monday of each session. Please keep the form handy and mail it to the Girl Scouts of Connecticut, 20 Washington Avenue, North Haven, CT 06473, at the end of your daughter's day camp experience.

- Financial Aid** Financial aid is given on the basis of need. All application information is confidential. To apply, call the Girl Scouts of Connecticut at (203) 239-2922 x 3310 and ask for an application.
- Hats or Bandanas** Our camp is heavily wooded. Campers are encouraged to wear a hat or bandana.
- Health Examination / Health History** *According to state health laws, any camper who does not have current medical records on file cannot be allowed into camp. This will be strictly enforced.* A current school or other examination can be used. To be current, the date of the examination must be **no more than 24 months** prior to the camper's last day of camp. Each camper **must** have a current health history (within 6 months). Please mail the appropriate record to the Girl Scout council office **three (3) weeks** prior to the camp session. If the health exam / history is not received three weeks prior, your daughter's space may be given away at our discretion.
- Hint: Due to the large number of children needing summer physicals, appointments can be difficult. Schedule your daughter's physical now. Due to the volume of physicals, doctors may need extra time to fill out forms.*
- If you desire to use this health form next year or for other programs you must make and maintain the copy.
- Horseback Program** Horseback riding requires proper attire. Campers need long pants, a close fitting shirt (T-shirts are acceptable), and boots with a minimum of a 1 inch heel. Soles should be smooth.
- Illness** Please do not send your child to camp when she shows signs of illness. If your child becomes ill during the day at camp, arrangements must be made to pick her up at camp. While day camp is equipped to handle emergencies, it is not a full infirmary, and does not have facilities for extended care of sick children. If your child has had a fever, please do not send her back to camp until she is free of fever for 24 hours.
- If your child contracts any of the following communicable diseases, please inform us, so we may be alert to symptoms appearing in other campers: strep throat, scarlet fever, chicken pox, conjunctivitis (pink eye), or head lice.
- Insect Repellant** Campers may bring insect repellant that is not spray or aerosol. They should be instructed not to share with other campers. Some children are allergic to certain brands. The nurse has insect repellant available for children who forget theirs.
- Insurance** All campers are covered by a secondary medical insurance policy from the time of arrival until departure. This is a secondary policy to cover what a camper's own personal medical insurance does not cover. Campers who require a visit to the doctor's office or hospital must have a claim form filled out by the health and safety supervisor concerning the nature of the complaint, the attending doctor's statement about the treatment, and the parent's signature. All claims should be filled out and returned to us within 72 hours of the injury.
- Kapers** These are temporary jobs that enable campers to help make camp a safe and fun place to be. They include flag ceremonies, cabin sweepers, fire builders during cookouts, latrine care, etc. Kapers are supervised by unit staff.
- Latrines** Campers are asked to help clean the latrine they use. They sweep, restock supplies and help keep it clean. Latrine maintenance is handled by staff.
- L.E.A.D.s** Leadership, Education, Adventure, Development. This program is designed for older girl campers who are sharing their skills i.e. songs, crafts, games, with younger campers. They are entering grades 8-12 and have received extensive training. They also submit an application and are interviewed by the camp director.
- Lost and Found** All items sent to camp should be marked with camper's name. One week after camp season, items are donated to local charities. We are not responsible for lost items. Lost and Found is located on the porch at the main office.
- Lunch** A non-perishable lunch with drink should be brought every day. Campers who play hard are often hungry, but food must be eaten at lunch and remnants thrown away, so please pack accordingly. Lunches should come in a zip-loc bag marked with camper's name. Lunches will be refrigerated. No glass containers, lunch boxes, or coolers.
- Medications** If your child needs any medications (over the counter or prescription) while at camp they must come in the original containers and be accompanied by a medication administration form found in this packet or available at your doctor's office.

**Overnights** An optional fee program is available for girls 4th grade or older. An equipment list will be sent home on the Monday of each session. All items needed can be secured from the home. Campers bring their equipment on the bus. They must be able to carry their own gear, so help them choose items wisely. Two small bags may be better than one huge bag.

**Overnight Dates** July 14, 2009 to July 15, 2009

August 4, 2009 to August 5, 2009

**Payments** The balance of the fee is due 4 weeks prior to the start of camp. Payments can be made by cash, check, Visa, or MasterCard. If payment has not been received by this date, your camper's space may be canceled and your \$50.00 deposit will not be refunded.

**Persons Authorized to Pick Up Child** People authorized to pick up your camper are parents/guardians and persons listed under that section on the Camper ID Card. Emergency contacts are not authorized unless a camp emergency exists, or they are included in the list of authorized people. You may add additional people by sending a signed note.

**Pets** Do not allow your camper to bring her pets. In return, we will try to be sure she doesn't bring home any new ones!

**Questions?** Call (203) 239-2922 ext 3344 and leave a message.

**Refunds** The \$50.00 registration deposit will be refunded if a girl cannot be placed or cannot attend because financial aid is not granted. The balance of the fee is refunded only 1) if written notice is received at least 14 days before session begins, or 2) illness or injury prevents attendance and the council office is notified before the first day of the session accompanied by certification of a physician. No refund will be given once a child is in camp. No fee reduction is made for late arrival, early departure, or absenteeism.

**Release of Personal Information** Any information on campers shall be treated as confidential and released only to those persons designated by the Camp Director or Outdoor Program Director.

**Snack** Camp provides a snack daily.

**Staff Children** Staff children, who are preschoolers and boys, enjoy their own units and activities.

**Swimming** Swimming levels are according to American Red Cross swimming program. Campers are swim tested at the beginning of each session. They are given a colored bathing cap to wear based on their swimming level.

**Sun screen** All campers should bring their own sun screen. Campers will be reminded to reapply after swimming and as needed throughout the day. They should be instructed not to share with other campers. Some children are allergic to certain brands.

**T-Shirts** Camp T-Shirts may be purchased at the Trading Post.

**Ticks** We perform routine tick checks after hikes and at the close of day. We encourage you to check your camper upon arrival home and at bath time.

**Trading Post** Trading Post is located at camp. Trading Post inventories are sent out on Monday. If you wish to pay by check, make it payable to Girl Scouts of Connecticut.

**Tie-Dye** Some units choose to tie-dye. A notice is sent home one or two days before this unit activity with more information on the activity.

**Unit Leaders** Unit leaders are 21 years of age and older. Assistant Unit Leaders are 18 years of age and older. Junior counselors are 16 and 17 years of age. All participate in pre-camp training.

**Valuables** Do not allow your camper to bring valuables to camp. Camp cannot be responsible for any valuables.

**Visitors** We do not encourage visitors. But if you wish to visit, park in the visitor's parking lot and walk into camp. Sign in

at the camp office. The office staff will assist you. Cross over bridge, sign in at the main office, the brown building to the left at the top of the hill.

**Water Bottles** Every camper should arrive at camp with a refillable water bottle. During times of extreme heat, campers need to drink enough water to remain hydrated throughout the day. Campers can refill their bottle throughout the day as needed.

**Weather** Day camp continues rain or shine. There are several cabins and covered porches where activities can take place. Also many activities can take place in the rain. Remember to pack rain gear every day.

**We reserve the right to make changes, and will notify you of those changes that affect you and your camper.**

## **Directions to Laurel Day Camp**

From Lebanon: Take route 207 toward Colchester for about 3 miles. Take a right onto Club House Road. The camp entrance is 2 miles down on the left.

From Route 66: Follow Route 66 to Hebron. Turn onto Route 85 South. Within a mile take a left onto Route 207. Follow past Williams Pond on left and a small cemetery on right (3-4 miles).

From Colchester: Take route 16 Northeast until it ends. Take a right onto Route 207; take the first left onto Club House Road. The camp entrance is 2 miles down on the left.

## **Forms to Mail:**

**Camper ID Card**

**Health Form (2 pages)**

**General Liability Release**

**Special Activity Forms (as applicable)**

## **Forms to Bring to Camp:**

**Behavior Agreement**

**Medication Administration Form  
(1 per med) with medications**

Mail COMPLETED forms to:

Girl Scouts of Connecticut  
20 Washington Avenue  
North Haven, CT 06473

Attn: «Camp Name» Manager

# Laurel Day Camp

## 860-423-8461

### DAILY CHECKLIST

	Week 1					Week 2				
	M	T	W	T	F	M	T	W	T	F
Lunch										
Water Bottle										
Plastic Cup										
Sunscreen										
Insect Repellant										
Sweatshirt										
Rain Gear										
Hat or Bandana										
Swimsuit and towel										
* Boots with 1" heel										
* Long pants										
** Tennis Racket										

\* For horseback riding programs only.  
 \*\* For tennis programs only.

## HORSEBACK RIDING HISTORY AND SKILL LEVEL QUESTIONNAIRE

- Fill out completely and mail with horseback riding release.
- All campers enrolling in the horseback riding camp program must fill out this form.

### Information

Camper's Name

Program Name

Resident Camp

**Laurel Day Camp**

### Questions

Have you ever ridden a horse before?  Yes  No

If Yes, how many years?  less than 2 years  2-4 years  4-6 years  6+ years

How many times per month?  less than 2 times  2-4 times  4-6 times  6+ times

Have you been in a riding program before?  Yes  No

Have you been in a GSOFCT riding program before?  Yes  No

If you have been in a GSOFCT riding program before, please write the name(s) of the program center(s) here: \_\_\_\_\_

If you remember, please write the name(s) of the program(s) here: \_\_\_\_\_

### Can you do the following on a horse?

Walk?  Yes  No

Trot?  Yes  No

Do you know your diagonals?  Yes  No

Canter?  Yes  No

Do you know what a lead is?  Yes  No

Jump?  Yes  No

Height: \_\_\_\_\_ feet \_\_\_\_\_ inches

Trail Ride?  Yes  No

### Riding Level (Please check the riding level you think you are.)

**Level 1** Rider has taken less than five riding lessons.

**Level 2** Rider is able to independently lead horse, walk and halt. Rider is starting to trot with assistance.

**Level 3** Rider is able to walk and trot independently and is familiar with diagonals.

**Level 4** Rider is able to walk, trot and canter independently, knows diagonals and is familiar with leads.

**Level 5** Rider is able to walk, trot, canter and knows leads. Rider can do simple lead changes. Rider is able to perform simple arena exercises. If rider is jumping they can complete a course of small jumps. Rider feels comfortable on short trail rides.

**Level 6** Rider is comfortable at all gaits on the flat. Rider is able to complete more advanced arena exercises. If rider is jumping they can perform over a set of 8-10 jumps at 2'6". Rider is comfortable riding outside of the ring on rough terrain.



**GIRL SCOUTS OF CONNECTICUT**

(800) 922-2770 [www.gsofct.org](http://www.gsofct.org)

**CONSENT TO PARTICIPATE AND RELEASE – HORSEBACK RIDING**

**Camper's Name (Please Print)** \_\_\_\_\_

**Camp Program/Activity** \_\_\_\_\_

**Camp** \_\_\_\_\_

Some of the programs and activities provided by Girl Scouts of Connecticut include a variety of rigorous physical activities. By signing this consent to participate, you acknowledge that your child's participation in the activity listed above requires an acceptance of possible serious injury to your child. You have made your own judgment that your child is capable of participating in this activity. You also are representing to the 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 a sport.

In *horseback riding*, 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 the *horseback-riding* program. The inherent risks involved in participation in the *horseback-riding* program 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.

I will instruct my daughter to follow all safety instructions given by staff during *horseback riding* programs. I understand that while involved in *horseback-riding* programs, all riders must wear appropriate apparel, including shoes with 1: heels and an ASTM/SEI-approved helmet (personal one brought from home or supplied through camp program), at all times. I also understand that without this signed form, my daughter may not participate in *horseback-riding* programs.

My child is in good health and does not have any health condition or disability that might affect her ability to participate in the *horseback-riding* program. Please check: Yes No.

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 the *horseback-riding program* on the terms described above and state that I have completed the form truthfully to the best of my knowledge and ability.

\_\_\_\_\_  
Parent/Guardian's Name (Please Print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date Signed

# Summer Camp 2009

Girl Scouts of Connecticut - Camper ID Card

Camper's Name (last, first)		Phone Number		Camp Attending
Camper's Address		City	Zip Code	Grade entering
Parent/Guardian		Relationship	Phone Number H	Age
Address (if different)			W Cell	Non-Scout
Second Parent/Guardian		Relationship	Phone Number H	Scout
Address (if different)			W Cell	Troop #
Persons to notify in emergency if parent can not be reached:				Bus Stop Location
Name		Relationship	Phone Number	◇ This camper will NOT be riding the bus
1				
2				Previous Camping Experience Please check all that apply ◇ Family ◇ Troop ◇ Day ◇ Resident ◇ Other (describe)
Persons authorized to pick up child at the bus stop				
Name		Relationship	Phone Number	
1				
2				
3				
4				
<i>Persons authorized to pickup child at camp</i>				
Is your child a returning GSOFCCT Day Camp camper?    ___ No    ___ Yes    If yes, how many years? _____ Which camps? _____				
It is our goal for your child to have a fun, safe and exciting day camp experience. If there is information that you would like our staff to know to help us help her achieve this goal, please share it here..				
Race/Ethnicity (for statistics only) Please check as applicable.    ___ Asian    ___ Black or African American (Non Hispanic or Latino)    ___ Hispanic or Latino    ___ Native Hawaiian or Pacific Islander (Non Hispanic or Latino)    ___ White (Non Hispanic or Latino)    ___ Native American or Alaska Native (Non Hispanic or Latino)    ___ Two or more races (Non Hispanic or Latino)				
<b>Return this form to:</b>		<b>Girl Scouts of Connecticut</b> <b>Summer Camp</b> <b>20 Washington Avenue</b> <b>North Haven, CT 06473</b>		



CAMP NAME: \_\_\_\_\_  
 SESSION DATES: \_\_\_\_\_



**GIRL SCOUTS OF CONNECTICUT**  
 www.gsofct.org 1-800-922-2770

**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 GSOFCT. GSOFCT 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 accept full responsibility for the costs of any medical care/treatment I have hereby authorized.	

**Health History** (Check all that apply.)

<b>Diseases</b>		<b>Allergies</b>		<b>Chronic or Recurring Illness</b>			
<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"/> Medicine <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"/> Benadryl/antihistamine	<input type="checkbox"/> Hydrocortisone Cream
<input type="checkbox"/> Antibiotic Ointment/Bacitracin/Bactoban	<input type="checkbox"/> Antidiarrheal	<input type="checkbox"/> Hydrogen Peroxide
<input type="checkbox"/> Antacids	<input type="checkbox"/> Tums/antacid	<input type="checkbox"/> Epinephrine
<input type="checkbox"/> Calamine/Caladryl	<input type="checkbox"/> Robitussin/expectorant	<input type="checkbox"/> Advil/ Ibuprofen
<input type="checkbox"/> Wound Wash	<input type="checkbox"/> Swimmer's Ear/alcohol-vinegar solution	<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"/>
2. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	10. Have a history of bedwetting?	<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"/>
4. Ever passed out during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	12. Have problems with diarrhea/constipation?	<input type="checkbox"/>
5. Have problems with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have severe menstrual cramps?	<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"/>
7. Had an operation or serious injury?	<input type="checkbox"/>	<input type="checkbox"/>	15. Ever been hospitalized?	<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 (GSOFCT) 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 GSOFCT 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 \_\_\_\_\_  
 Form #2230 Summer Camp 08 Girl/Staff Health Record 02-10-09



## GIRL SCOUTS OF CONNECTICUT

[www.gsofct.org](http://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		
<b>Health Examination</b> (This part is to be filled in by physician after review of health history with parent/guardian.)					
Height		Weight		Blood Pressure	
Eyes: Without Glasses		Left: 20/___		Right: 20/___	
Eyes: With Glasses		Left: 20/___		Right: 20/___	
Color Vision:			<b>Physician's Comments</b>		
Ears: Hearing: Right: _____ Left: _____			The applicant is under the care of a physician for the following conditions:		
<b>Code:</b> Satisfactory: <input checked="" type="checkbox"/> Not Satisfactory: <input checked="" type="checkbox"/> Not Examined: <input checked="" type="checkbox"/>					
Nose		Genitalia		Current Treatment (include current medications):	
Throat		Hernia			
Teeth		Skin		Explanation of any reported loss of consciousness, convulsion or concussion:	
Heart		Musculoskeletal			
Lungs		Physical/ emotional status		Does the applicant have epilepsy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Abdomen		Urinalysis*		Does the applicant have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
* 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.					
<b>Record of Immunizations</b>					
<b>Immunization</b>	<b>Year Primary Series Completed</b>	<b>Year of Last Booster</b>	<b>Immunization</b>	<b>Year Primary Series Completed</b>	<b>Year of Last Booster</b>
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		
<b>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.</b>					
<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)	
<b>Physician's Recommendations</b>					
Has the applicant been on any medication within the last six (6) months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:					
<i>For female:</i> Has this person menstruated? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, has she told you about it? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is her menstrual history normal? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Physician's Recommendations and Restrictions While at Camp</b>					
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:					
<b>This person is in satisfactory condition and may engage in all usual activities, except as noted.</b>					
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).**



## MEDICATION ADMINISTRATION AUTHORIZATION for Summer Camp Only

In Connecticut, licensed camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the CT State Statutes and Regulations. **Parents/guardians requesting medication administration to their child from camp staff shall provide the program with appropriate written authorization(s) and the medication before any medications are dispensed. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication will be destroyed if not picked up within one week following the camper's departure at the end of camp.**

In Massachusetts, all medications are administered in accordance with 105 CMR 430.160.

### 105 CMR 430.160(A)

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over-the-counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.

### 105 CMR 430.160(C)

Medication shall only be administered by the health supervisor\* or by a licensed health care professional authorized to administer prescription medications. The health care consultant shall acknowledge in writing the list of medications administered at the camp. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.

### 105 CMR 430.160(D)

When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

*\*Health Supervisor – A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.*

### Instructions to Parents/Guardians

**Page 2 of this Medication Administration Authorization form must be completed and signed by both you and the authorized Prescriber (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse) for EVERY medication – whether over-the-counter (e.g., Advil) or prescription (e.g., Albuterol) – and each medication must have its own form.**

**Self-Administration Authorization applies to asthma and Epi-Pen medication only.**



MEDICATION ADMINISTRATION AUTHORIZATION CAMP Page 2 of 2

Authorized Prescriber's Order (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse)
Only one medication per form, please.

Name of Camper Date of Birth Age Today's Date
Medication Name Controlled Drug? YES NO
Dosage Method Time of Administration/Frequency
Specific Instructions for Medication Administration (e.g., on empty stomach, with milk, etc.)
Specify Precautions
Medication Administration: Start Date Stop Date Quantity Received
Expiration Date of Medications Received Special Storage Requirements
Relevant Side Effects/Adverse Reactions
Plan of Management for Side Effects
Known Food or Drug: Allergies? YES NO Reactions to? YES NO Interactions with? YES NO
If "yes" to any of the above, please explain
Diagnosis (at parents discretion)
Prescriber's Name Business Telephone
Prescriber's Signature Prescriber's Emergency Telephone
Prescriber's Address Town/State/Zip

Parent/Guardian Authorization

I hereby authorize that medication be administered to my child as described and directed above and in accordance with CT State Statutes and Regulations and MA 105 CMR 430.160.

Name of Camp where medication administration will occur
Camp Program (if applicable) Dates Attending
Child's Name Address Town
Name of Parent/Guardian Authorizing Administration of Medication
Relationship to Child: Mother Father Guardian/Other (explain):
Address Town Home Telephone
Business Telephone Emergency Telephone
Signature of Parent/Guardian Today's Date

Name of Camp Staff Receiving Written Authorization and Medication
Title/Position Signature (in ink)



# Behavior Agreement

(This form **must** be signed by **both** camper and Parent/Guardian and given to camp staff upon arrival at camp.)

Girl Scout Camp is a community formed each session by the girls and staff that enables girls to come together and experience the out-of-doors. The Girl Scout Program helps girls develop personal *Courage* and *Confidence*, and the integrity of *Character* needed to live cooperatively as positive citizens at camp and in our ever-changing world. We maintain this focus by following the Girl Scout Law and Promise each and every day.

**The Girl Scout Promise**  
On my honor I will try,  
To serve God and my country,  
To help people at all times,  
And to live by the Girl Scout Law.

**The Girl Scout Law**  
I will do my best  
To be honest and fair,  
Friendly and helpful,  
Considerate and caring,  
Courageous and strong,  
And responsible for what I say and do,  
And to respect myself and others,  
Respect authority,  
Use resources wisely,  
Make the world a better place,  
And be a sister to every Girl Scout.

## Camper Agreement

I, \_\_\_\_\_, agree to follow the Girl Scout Promise and Law while at Girl Scouts of Connecticut Summer Camp and on the bus traveling to and from camp. I will do this by doing my best to:

- Be honest and fair,
- Help where I am needed,
- Be friendly and considerate of both fellow campers and staff,
- Ask for help,
- Respect authority,
- Use resources wisely,
- Protect and improve the world around me, and
- Show respect for myself and others through my words and actions.

I understand that if I am unable to follow these rules, my Parents/Guardian will be contacted and I could be sent home from camp at any time by the Camp Director.

Camper Signature \_\_\_\_\_ Date \_\_\_\_\_

## Parent/Guardian Agreement

I, \_\_\_\_\_, have discussed the above with my child and feel that she understands what is expected of her while at Girl Scouts of Connecticut Summer Camp. I also understand that if she is unwilling or unable to live within the stated guidelines, I may be called to pick her up at camp. I understand that if I am so notified, I must pick my child up within four hours of the notice at day camp, and within 24 hours of the notice at resident camp. I further understand that if I fail to collect my child within this reasonable amount of time, she will be reported to the local police as abandoned. I acknowledge that if my camper is asked to leave due to her improper behavior, there is no refund of any camp fee paid.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_