

# Merrie-Wood Day Camp

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## Parent's Handbook

**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.*

# Merrie-Wood Day Camp

860-649-4209



Girl Scouts®  
of Connecticut

Dear Parent or Guardian,

Welcome to Merrie-Wood 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 (860) 444-8195 ext 3429 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. As always, we are committed to providing a fun, safe, and exciting setting for your camper to enjoy.

Sincerely,

Elizabeth "Piglet" Lee  
Day Camp Manager  
llee@gsofct.org

**Absenteeism** If your child is going to be absent, please call the camp office at 860-649-4209 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 860-649-4209.**

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.gsfcct.org](http://www.gsfcct.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. All campers need appropriate waterproof footwear for brook-stomping. 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** In the morning, please arrive between 8:45 a.m. and 8:50 a.m. In the afternoon, please arrive after 4:05 p.m. Busses leave at 4:00 p.m. and need the lot for loading.

***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.
- Extended Care** Before-camp care is available from 7:00 a.m. to 9:00 a.m. on a limited basis. Registration for this program must be done through the registration department.
- 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.
- 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 Repellent** Campers may bring insect repellent 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 repellent 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 at the 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.
- 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 (860) 444-8195 ext 3429 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.
- 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.
- 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 Merrie-Wood Day Camp**

From Hartford: Take 84 East to Exit 59 (East Hartford). Take I-384 East to Exit 3 - Main Street, Route 83. At stop sign at end of the ramp, go left onto Route 83 South (towards Glastonbury). Just past the Manchester Country Club on left, take the next left onto Fern Street. At fork in the road, bear left. At the end of Fern Street, turn right onto Gardner Street. The camp entrance is on the right.

### **Forms to Mail:**

**Camper ID Card**

**Health Form (2 pages)**

**General Liability Release**

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

**Behavior Agreement**

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

### **Special Activity Forms (as applicable)**

Mail COMPLETED forms to:

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

Attn: «Camp Name» Manager

# Merrie-Wood Day Camp

## 860-649-4209

### 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.

# 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>		
			 <b>Girl Scouts®</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.)		
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"/> Medicine <input type="checkbox"/> Asthma <input type="checkbox"/> Penicillin	<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"/> Drugs <input type="checkbox"/> Plants <input type="checkbox"/> Pollen <input type="checkbox"/> Other (Specify) _____	<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)
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Restrictions (The following restrictions apply to this individual.)	
Does not eat: <input type="checkbox"/> Red meat <input type="checkbox"/> Pork <input type="checkbox"/> Dairy products <input type="checkbox"/> Poultry <input type="checkbox"/> Seafood <input type="checkbox"/> Eggs <input type="checkbox"/> Peanuts <input type="checkbox"/> 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 \_\_\_\_\_



**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		
<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:			The applicant is under the care of a physician for the following conditions:		
Ears: Hearing: Left:			Current Treatment (include current medications):		
<b>Code:</b> Satisfactory: <b>S</b> Not Satisfactory: <b>X</b> Not Examined: <b>O</b>					
Nose		Genitalia		Explanation of any reported loss of consciousness, convulsion or concussion:	
Throat		Hernia		Does the applicant have epilepsy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Teeth		Skin		Does the applicant have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heart		Musculoskeletal			
Lungs		Physical/ emotional status			
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)
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**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).**



## 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 ( ) \_\_\_\_\_