

GIRL SCOUTS OF CONNECTICUT

Laurel Resident Camp Confirmation Packet

Summer 2010



GSOFACT Registration Department
North Haven Service Center
20 Washington Avenue
North Haven, CT 06473

(800) 922-2770 (203) 239-2922 Fax (203) 234-6828
www.gsofact.org camp@gsofact.org

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Open House at Camp Laurel

If you or your camper(s) have never been to Camp Laurel, a pre-camp visit is highly recommended. Campers and their families are encouraged to visit camp during Open House on Sunday, May 2, 2010. Held rain or shine, Open House is a great opportunity to meet some of the staff, tour the facility, and get a feeling for how girls will enjoy nature and the great outdoors.

Directions to Camp

From Lebanon: Take Route 207 towards Colchester for about 3 miles. Take a right onto Clubhouse Road. Camp is 2 miles down Clubhouse Road on the left.

From Colchester: Take Route 16 northeast until it ends. Take a right on Route 207. Take first left onto Clubhouse Road. Camp is 2 miles down Clubhouse Road on the left.

Welcome!

Hello! The Laurel Resident Camp Staff is so excited that your girl is coming to camp this summer! We want you to know what camp is going to be like. Every summer is special and different; so even if she has been to camp before, you both may want to look over this information so she can be prepared. See you soon!

Getting Ready

- Visit camp early! Check out Camp Laurel at an open house on May 2 from 2:00 – 4:00 PM so your camper knows where she is going, what it will be like, and who the Camp Director is.
- Talk about camp ahead of time! Discuss what the following things will be like: group living, taking care of oneself, noises at night, new activities, making new friends, living outdoors. Also discuss her fears and assure her that camp is fun and safe, and that you will be excited to hear about all she has done.
- Practice for camp! Let her live out of a suitcase for a few days, address envelopes to mail to friends and relatives, count down the days to camp, go over the packing list, change her flashlight batteries.
- Remind your camper that she will be away from her television, cell phone, iPod, and other electronics. *Electronics and cell phones discovered at camp will be turned in to the camp office and returned to the camper on the last day of camp.*
- Remember that a prepared child is less likely to become homesick, but many campers can experience homesickness regardless.

Camp Activities

Programs are balanced with general activities and specific areas of concentration. Girls of the same age are grouped together in “units” and participate in small group activities, as well as in all-camp festivities. When a camper signs up for a particular program, every effort will be made to include those activities in her schedule for each day. **Unfortunately, we cannot control the weather, and some activities may be suspended because of rain, excessive heat, or thunderstorms, etc.** However, rest assured that your camper will continue to participate in a fun camp program, rain or shine.

Daily Schedule

Wake Up
Morning Flag Ceremony
Breakfast
Kapers (Chores)
Program Time
Lunch
Turtle Time (Me Time)
Program Time
Evening Flag Ceremony
Dinner
Evening Program Time
Unit Closing Activity
Taps (Bedtime)

Camp Theme Days

Camp Theme Days are what make camp special. They encourage camp spirit, generate excitement, and offer campers something to look forward to.

Special days this summer include:

Tuesday, June 29	Pirate Night
Thursday, July 1	Hawaiian Luau
Thursday, July 8	Candlelight Dinner
Tuesday, July 13	Halloween
Thursday, July 22	Superhero Carnival
Tuesday, July 27	Rockstar Concert
Thursday, August 5	Candlelight Dinner

Sleeping Accommodations

Accommodations at camp consist primarily of platform tents. Campers will be given housing assignments upon arrival. Assignments are made based on program and number of participating girls. It is recommended that each girl bring mosquito netting with her to camp.

Camp Buddies

Whenever possible we will honor a camper’s request to be with a friend if both girls request each other on the application (you may only have one buddy) and both girls are in the same program in the same session. Multiple buddies can cause the exclusion of other campers.

Homesickness

Be careful not to talk too much about how you will miss your camper. Campers sometimes feel guilty about leaving people or pets behind. Make sure to say, “I love you,” a lot and that you will be very excited to hear about her adventures. Send mail to camp for her. Be sure to encourage your camper to have fun and make new friends. Because many campers send letters home the first night requesting that you come pick them up immediately, don’t assume your camper still wants to be picked up days later. Usually, by the time you receive your camper’s letter, she has already adjusted and is having fun. Please do not call your camper’s cell phone. Instead, if you are unsure, feel free to call the Camp Director.

Mail

Frequent, cheerful, and supportive letters are important to campers. Mail service can be slow, so allow several days for delivery. We recommend writing letters to your camper and dropping them off in the box provided on opening day. Your camper’s name, her program name, and the desired delivery date should be written on the outside of each envelope.

Camper’s Name
Camper’s Program
Laurel Resident Camp
175B Clubhouse Road
Lebanon, CT 06249

Trading Post

During each camp session, campers have the opportunity to purchase t-shirts, stuffed animals, autograph pillows, and other camp items at the Trading Post. For many campers a trading post item is a nice way to remember both her camping experience and her new friends. Trading post accounts are created for each camper.

Unit Photos

During each camp session, unit photos will be taken by camp staff. The photo is a nice way to remember both her camping experience and her new friends. There is an opportunity to also purchase a staff photo. The cost of a photo is \$5.00.

July 4 Session

Camp is not open on July 4, 2010. Check-in will be on Monday, July 5, 2010. If your camper has chosen a session beginning on July 5, then your camper is eligible to receive a FREE hoodie. Fill out the information below, circle your camper’s hoodie size, and mail this portion of the confirmation in with your health forms.

Camper’s Name: _____ Program Name: _____

Child Small Child Medium Child Large Adult Small Adult Medium Adult Large Other: _____

Opening Day

Special Instructions for Campers

- Wear comfortable shoes.
- Keep all medications, money, bedding, and swim gear separate from luggage.
- Leave pets, food, and electronics, **including cell phones**, at home. *Electronics and cell phones discovered at camp will be turned in to the camp office and returned to the campers on the last day of camp.*

Check-In

- Check-in for 7-day sessions is always on Sunday. Check-in for 4-day sessions is on Sunday and Wednesday.
- **There is no camp on Sunday, July 4, 2010, so check-in is on Monday, July 5, 2010.**
- Check-in times are as follows:

2:00-3:00 p.m.	Campers with last names A-M and all 4-day-session participants
3:00-4:00 p.m.	Campers with last names N-Z

Upon arrival please be sure to follow these steps:

- Check in with the greeter just before the parking lot, and he/she will guide you to the parking lot and give you instructions about the check-in stations.
- Staff will direct the parking. Please back into your space. After parking, place your camper's luggage in her unit's designated area under the shelter. **She may choose to carry her bedding to set up when she arrives in the unit. She should take her swim gear because the swim test follows the check-in process.** The remainder of her luggage will be moved to her unit for her.

The check-in stations include:

- Parking Lot
- Health Center
- Dining Hall
- Camper's Unit

You should have the following items with you for check-in:

- All medications and vitamins, in their *original* containers
- Medication Administration Forms (one per medication)
- Behavior Agreement
- Camper Release Form
- Parent/ Camper Information Sheets
- Camper Mail

Closing Day

- Check-out is 9:00-9:30 a.m. on Saturday (or Wednesday for the 4-day sessions only). If you need to arrange another time, please do so on opening day.
- Check-out for Camp CEO is Wednesday at **3:00 p.m.**
- When you arrive, staff will direct you where to park. Please back into your space.
- The campers will be with their units gathered in the amphitheater near the parking lot.
- Find your camper and her counselor. You **must** sign her out of camp. At this time you will also collect her medications/vitamins, pictures (if you ordered one), and other important items.
- Let your camper say good-bye, then head back to the parking lot.
- You and your camper should find her luggage which has been delivered to the parking lot and placed by units. Be sure to have YOUR CAMPER look at everything before leaving to be sure nothing is missing, and she hasn't collected someone else's belongings.
- Check the Lost and Found before leaving camp.
- Fill out the Parent Evaluation form. We appreciate your feedback!

Healthy Camping

Camp takes place during the summer with sun, dirt, heat, and bugs. These things can remain minor issues by teaching girls preventative care to maintain their own wellness. Please send your camper with the following items and lessons:

- **Sunscreen** with an SPF 15 or greater. Teach her to put it on right away in the morning and to reapply it frequently. Show her how to put it on.
- **Bug repellent** (no aerosol cans). As with sunscreen, teach her about its importance and application.
- **Rain jacket or poncho**. This can be a matter of both health and comfort!
- **Water bottle**. Because we are so active at camp, we get dehydrated faster. Each person should drink at least three large water bottles per day, in addition to water at meals. Please send your camper with a large bottle, preferably one with a strap for easier carrying.
- **Ticks**. We do have ticks at camp. Please talk to your daughter about what a tick is and what it looks like. Teach her to check herself daily and to tell her counselor if she finds a tick. Her counselor will send her to the Health Center to have it removed. Ticks removed within 24 hours have less chance of causing health problems.
- **Showers**. Girls will typically shower every other day. Teach your camper how to keep clean, shower, and shampoo. Discuss how to dress and change in a room with other campers and still maintain modesty.
- **Swimwear**. Most campers swim and rinse every day. It is important to tell your camper that she should only wear her swimsuit when she is swimming. Wearing it all day can cause health problems.
- **Personal items**. Please send supplies if your camper has ever had her period or is about to start (sometimes physical activity and heat can cause girls to begin). Encourage your camper to talk to her counselor or the health care staff if she has any problems or needs supplies.

Medical Information

The laws of the state of Connecticut require every person at camp to have a Health Record or religious waiver on file at camp. Page 1 of the Health Record must be completed by the parent/guardian within three months of the start of camp. The physical examination and immunization record on Page 2 must be signed and dated by a licensed doctor no more than 24 months before the start of camp. **These forms must be mailed to the council before the camper arrives at camp. Please also make a copy for yourself. Health forms must be at camp for a camper to be at camp.**

Medications brought to camp must be in the original container. Except for inhalers and Epi-Pens, which may stay with the girl, medications are kept and distributed by the Healthcare Supervisor. Campers with inhalers are asked to bring two (2) so that one may be kept with the nurse. All medications, whether prescription or over-the-counter, require a doctor's order, as well as parent/guardian permission in order for camp staff to administer them. With permission from the camper's parent/guardian **and** physician, we administer prescription medications to the person named on the label according to the directions written on the pharmacist's label on the bottle.

Parent Notification

Parents/guardians will be notified by telephone in the following situations:

- Illness requiring the camper to be in the Health Center overnight;
- Illness requiring medical attention so that the parent/guardian may take the child to her own personal physician;
- Injury which requires outside medical attention;
- Injury which interferes with the camper's participation in her chosen program.

Frequently Asked Questions

Whom do I call when I have questions about registration or spaces left in a program?

You may call the Registration Department at (800) 922-2770.

Whom do I call for more information about camp and camp programs?

You may call the Camp Director at the council office at (800) 922-2770, x3344, or at Laurel Resident Camp at (860) 423-8461 during the camp season.

May I bring my puppy to visit camp on opening or closing days?

Unfortunately, the answer is no. Girl Scouts of Connecticut' policy states that no animals are allowed at any of the program areas/camp properties.

Can my camper make phone calls home? May I call my camper while she is at camp?

Your camper's happiness and welfare are of the utmost concern to the Camp Director and staff. One way to maintain happiness and welfare is to avoid interrupting a camper's adjustment. Campers do not receive or make phone calls during their stay at camp. Parents or guardians can call camp and speak with the Camp Director about their camper. Emergency messages will be delivered as soon as possible. If there is a problem or if your camper is not doing well, the Camp Director will contact you.

May we visit our camper during the camp session?

We ask that parents/guardians only come to camp on the opening and closing days of their camper's session to avoid disrupting her enjoyment of and adjustment to camp.

How much luggage should my camper bring?

A Packing List is enclosed. Girls should only bring what is needed, as space is very limited and there is no room for a large footlocker. Please label all personal gear, as well as luggage, to avoid loss. Leave valuables, food, pets, cell phones, and all electronics at home. **Girl Scouts of Connecticut cannot be responsible for campers' personal possessions.**

Is there a laundry service for my camper at camp?

There are no laundry facilities available to campers. Please be sure she has enough clean clothes, towels, washcloths, etc., to last the length of her stay. It is a good idea to include a laundry bag. The girls will be able to rinse out swimsuits and hang them on the line.

What is the camp's policy on Lost and Found?

Girl Scouts of Connecticut is not responsible for lost, damaged, or stolen items or medications. If you think your camper is missing anything, call Laurel Resident Camp at (860) 423-8461. Lost property is held five days after the close of camp. Please be sure to check Lost and Found before leaving camp on closing day.

May we leave mail at camp to be delivered to her each day?

Yes. Parents/guardians may leave mail at camp for their campers. A drop box will be available at check-in.

Packing List

Clothing and Supplies

- Pajamas
- Swimsuit (2 preferred)
- Sunscreen: SPF 15 or higher
- Insect repellent (no aerosol)
- Hat
- Bandanna
- Underwear (1 for each day, plus 2 spare)
- Socks (1 pair for each day, plus 2 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
- Sweatshirt or summer jacket
- 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
- Laundry bag for dirty clothes
- Plastic bag for wet or soiled items
- 2 towels
- Washcloths
- Flashlight *and extra batteries* (camp gets dark at night!)
- Water bottle (preferably 1 liter with strap)
- Day pack (book bag or backpack)
- NEW! Mess Kit**

Horseback Riding Program

- Long pants for riding
- Riding boots or tie shoe with hard sole and 1" heel

Optional

- Stationary and stamps
- Address book
- Camera and film (disposable)
- Mosquito netting
- Camp Theme Day attire

Leave at Home

- Cell phones
 - Duct tape
 - Electronics (personal music players, video games, etc.)
 - Food (snacks and meals will be provided)
 - Pets
 - Pocket knives or hazardous materials (such as matches)
 - Personal Sports Equipment
- The above items are prohibited and will be confiscated.

Bring to Check-In

(Do Not Pack in Luggage.)

- Camper Release Form
- Medication/vitamins in original containers (for both prescription and over-the-counter)
- Medication Administration Authorization Form (one per medication)
- Parent/camper information sheets
- Bedding
- Swimsuit
- Towel

Mail to GSOFCT before the camp session

Required Forms

- Behavior Agreement
- Liability Release Form
- Health Record (Page 1)
- Health Record Examination and Immunization (Page 2)

Girl Scouts of Connecticut Behavior Agreement

(This form **must** be signed by **both** Camper & Parent/Guardian and turned in on arrival at camp.)

Girl Scout camp is a community which comes together to help girls live together in the out-of-doors. Girl Scout program helps girls develop *Courage*, Confidence and the integrity of *Character* needed to live cooperatively as positive citizens in our ever changing world. We maintain this focus by following the Girl Scout Law and Promise everyday.

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 my self 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
- To help where I am needed
- To be friendly and considerate of both fellow Campers and Staff
- To ask for help
- To respect authority
- To use resources wisely
- To protect and improve the world around me
- To show respect for myself and others through my words and actions
- To follow the Girl Scout electronics policy as outlined in the parent handbook**

I understand that if I am unable to follow these rules that 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 child and feel that she understands what is to be expected of her while at Girl Scouts of Connecticut Summer Camp. I also understand that should she be unwilling or unable to live within these guidelines, I may be called to pick up my child at her camp. Parents must pick up their child within four hours at day camp, and within 24 hours at resident camp. If a parent fails to collect his/her child within this reasonable amount of time, the child will be reported as abandoned to the local police. I further acknowledge that should my camper be asked to leave due to her behavior there is no refund of tuition.

Parent/ Guardian Signature _____ Date _____

About My Camper
Girl Scouts of Connecticut

Name of Camp attending: _____

Camper's Name: _____

Program Name: _____

Camper's Age: _____ Grade: _____

Session Date: _____

Returning Camper? Yes ___ No ___

Guardian Phone Contact: _____

Guardian Email _____

Dear Parent /Guardian:

We want to be able to respond well to the needs of all of our campers this summer. In order to do this, we ask that you please take a moment to share information within your realm of comfort, about your child. This will help us prepare for your child so that she may have a safe, exiting, time where she will feels safe and cared for.. Thank you!

Sleep Habits:

Typical wake- up time: _____ Typical bedtime: _____ Wakes easily? Yes ___ No ___

Sleepwalks? Yes ___ No ___ Talks in sleep? Yes ___ No ___ First Time Camper? ___

Bedwetting? Yes ___ No ___

If yes to any, frequency or in what situations? _____

Has your child ever been away from home? If yes, for how long and in what setting? _____

Any other helpful information? _____

Food Habits:

Vegetarian? Yes ___ Vegan? _____ Ovo-lacto? _____ Religious? _____ No ___

Other Dietary Restrictions? Wheat? Dairy? Gluten? Religious? Other?

Details to help us: _____

Self Care:

Wearing clean clothes Does on own ___ Needs reminding ___

Washing hair Does on own ___ Needs reminding ___

Brushing teeth Does on own ___ Needs reminding ___

Any other helpful information? _____

Fears (check if yes):

Thunder ____ Dark ____ Being alone ____

Animals ____ Water ____ Other _____

Health/emotional issues or learning disabilities: _____

What unique qualities or abilities will your child contribute to the camp community? What do you particularly wish your child to gain from her stay at Camp ? _____

What activities does your child especially enjoy participating in? _____

Any recent changes in your family that may affect your child's behavior at camp (marriage, divorce, birth, death, move, etc): _____

How does she relate with children her own age? _____

How does she relate with children younger/older than she is ? _____

How does she relate with adults? _____

Does she have any siblings? What is her position in the family? _____

How does your child approach "something new"? _____

What creates stress for your child? How does she deal with stress? _____

Please share any other information you feel is important for us to know about your child: _____

Guardian Signature: _____ Date: _____

Please return this form to the North Haven Office, 20 Washington Avenue, North Haven, CT 06497 by June 15, 2009.



GIRL SCOUTS OF CONNECTICUT

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

RESIDENT CAMP AUTHORIZATION OF DROP-OFF AND PICK-UP

- ⚡ This document identifies people who are authorized to drop off/pick up the below-named child at camp.
- ⚡ This form must be signed at camp by the person dropping off/picking up the child.
- ⚡ Only authorized adults listed on this sheet may drop off or pick up the child from camp.
- ⚡ The individuals listed below will be asked to present proper identification before the child is released.
- ⚡ **Your child will not be able to participate in any program activities without this form.**

Parent/Guardian to complete, sign authorization, and bring to summer camp check-in.

Camper's Last Name	Middle Initial	Camper's First Name	Age Level <input type="checkbox"/> D <input type="checkbox"/> B <input type="checkbox"/> J <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> Boy <input type="checkbox"/> Non-Scout
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Program Name (i.e. Survivor)	Session Dates	Camp
------------------------------	---------------	------

Camper lives with: Mother Father Both Other (please specify):

I authorize the following people to drop off/pick up the camper. Should the camper need to leave camp when I am on vacation or otherwise unreachable, these persons are authorized and instructed to pick up this camper. Please list parent(s) and/or legal guardian(s).

1 st Parent/Guardian's Name	Home Phone	Work Phone	Cell Phone	Email
--	------------	------------	------------	-------

2 nd Parent/Guardian's Name	Home Phone	Work Phone	Cell Phone	Email
--	------------	------------	------------	-------

Names of Other Authorized Individuals	Relationship to Camper	Day Phone	Evening Phone
---------------------------------------	------------------------	-----------	---------------

3 rd			
-----------------	--	--	--

4 th			
-----------------	--	--	--

5 th			
-----------------	--	--	--

For Early Departures and Special Circumstances

	Day and Date	Anticipated Time
--	--------------	------------------

I need to pick-up my camper early on:		
---------------------------------------	--	--

I will bring my camper back to camp on:		
---	--	--

I need to pick-up my camper early on:		
---------------------------------------	--	--

I will bring my camper back to camp on:		
---	--	--

Parent/Guardian to sign authorization of above-named individuals for drop-off and pick-up of camper.

Print name of Parent/Guardian	Signature of Parent/Guardian	Date
-------------------------------	------------------------------	------

Camp Use Only (Please do not write below this line.)

Camper Drop-Off

I am dropping off the above-named camper at camp.

Signature of Person dropping off child: _____ Date Signed: _____

Staff Witness:

Camper Pick-Up

I am picking up the above-named camper at camp.

Signature of Person picking up child: _____ Date Signed: _____

Staff Witness:



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



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"/> 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 (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 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

Girl Name (Last, First, Initial)	Date of Examination
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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 checked="" type="checkbox"/> Not Examined: <input checked="" type="checkbox"/>			The applicant is under the care of a physician for the following conditions:		
Nose	Genitalia		Current Treatment (include current medications):		
Throat	Hernia		Explanation of any reported loss of consciousness, convulsion or concussion:		
Teeth	Skin				
Heart	Musculoskeletal				
Lungs	Physical/ emotional status				
Abdomen	Urinalysis*		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		

* 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.

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
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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 from 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

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) _____

Camper may self administer this medication YES NO Prescriber's Initials _____

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 (____) _____

Camper may self administer this medication YES NO Parent's Initials _____

Signature of Parent/Guardian _____ Today's Date ___/___/___

Name of Camp Staff Receiving Written Authorization and Medication _____

Title/Position _____ Signature (in ink) _____