



GIRL SCOUTS OF SOUTHWEST INDIANA
RESIDENT CAMP WEEKENDS CAMP KOCH 2017
GIRL INFORMATION & PERMISSION FORM

Emergency Contact Info:

Girl's Name _____ Home Phone _____

Address _____ City _____ Zip _____

Birth Date _____ Current Grade _____ School _____ Troop # _____

Name of Custodial Parent/Guardian _____

Home Address _____

Street & Number City State Zip

Home Phone _____ Work Phone _____ Cell Phone _____

Area/Number Area/Number Area/Number

Name of Second Custodial Parent/Guardian _____

Home Address _____

Street & Number City State Zip

Home Phone _____ Work Phone _____ Cell Phone _____

Area/Number Area/Number Area/Number

If not available in an emergency, notify:

Name _____ Relationship _____

Home Address _____

Street & Number City State Zip

Home Phone _____ Work Phone _____ Cell Phone _____

Area/Number Area/Number Area/Number

Allergies/Dietary Restrictions (list all known): Describe reaction and management of the reaction.

Current treatment including medications: _____

Any treatment to be continued at camp? _____

Physical exam must take place within 12 months prior to the girl's attendance at camp.

***Note: If your daughter is attending a "5 or 9 Night Camp" a separate Medical History Form included in this mailing MUST be completed and signed by her physician to attend camp.

Date of examination: _____ Name of family physician: _____ Phone _____

Name of dentist/orthodontist: _____ Phone _____

Operations or serious injuries (include dates) _____

Privacy Information:

This record is used for camp only and will be handled by staff/volunteers whose job includes processing or handling this information for the benefit and safety of the participant. All records will be held in limited access by health supervisor of the event. Records are retained by the council for 3 years unless a medical incident occurs where the record is held until the child is the age of 22. Then, records are destroyed. I have read the above privacy information and agree to the release of any records necessary for treatment and billing or insurance purposes.

Parent/Guardian Initials _____

Parent/Guardian information continued

Do you carry family medical/hospital insurance? Yes No

If so, indicate: Insurance Company _____

Phone _____ Policy Number _____

Group Number _____

Name of Insured _____

Relationship to Camper _____

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for Treatment: I hereby give permission for camp personnel to administer basic medical care including first aid, administering medication, and care for other medical conditions. I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above.

This completed form may be photocopied for trips out of camp.

Emergency Authorization Valid from _____, _____ through _____, _____
Date Time Date Time

I HEREBY GIVE MY PERMISSION FOR MY CHILD, _____, TO PARTICIPATE IN WEEKEND CAMPS AT CAMP KOCH CONDUCTED BY GIRL SCOUTS OF SOUTHWEST INDIANA.

Check all that apply:

- Brownie Magic I Camper Sampler I Adventure Seekers I Camp Koch Challenge
- Brownie Magic II Camper Sampler II Adventure Seekers II Koch Adventure Team

To the best of my knowledge, my child is physically fit and able to take part in all Girl Scout activities. I understand that every effort will be made to contact me in the case of injury of serious illness. If I cannot be reached in a time of emergency, I authorize you to contact our physician.

Health History (check all that apply)

- Kidney trouble Asthma
- Nosebleeds Mononucleosis
- Eating disorder Stomach upsets
- Motion disorder Frequent colds
- Fainting Constipation/diarrhea
- Diabetes Hearing impairment
- Arthritis Epilepsy/seizures
- Frequent headaches
- Frequent sore throats
- Frequent ear infections
- Wears glasses/contacts
- Recent Illness: _____
- Other (specify): _____

Details for all checked above: _____

Chronic conditions: _____

Has this person menstruated?

Yes No

Current medications: _____

Signed _____ Date: _____

(Parent or guardian)

Transportation Information:

List all persons authorized to pick up your child from camp:

Name	Relationship to girl	Phone number
1.)		
2.)		
3.)		
4.)		

Sunscreen and Bug Spray:

Most activities during Camp require being outdoors for extended periods of time. Your daughter should come to camp with suntan lotion and bug spray already applied and **brings a bottle of each with her**, as well. In the event that your daughter needs help applying additional lotion and spray while at camp, please fill out this form granting permission to day camp staff to assist with application.

I _____ give my permission to day camp staff to help my daughter

Printed Name of Parent/Guardian

_____ apply additional sunscreen and bug spray, in the event she needs assistance.

Printed Name of Girl

Signature of Parent/Guardian

Date

Activities with special permission:

____ Yes, I give my permission for my daughter to participate in a shooting sport involving bb guns with a licensed instructor.

____ Yes, I give my permission for my daughter to participate in archery with a licensed instructor.

Photos:

Pictures may be taken throughout the weekend to capture the exciting and fun times had while at camp. Please indicate below if it is okay to use your daughter’s picture in any Girl Scout promotion.

____ Yes, I give my permission for my daughter’s picture to be used in any Girl Scout promotion.

____ No, please do not use my daughter’s picture in any Girl Scout promotion.

Camp Nick Name: _____

It is tradition for girls to pick a camp nick name while at camp.

Please indicate above if she has attended camp in the past and what her camp name is. Have her think of one before camp. Examples are Tripper and Paint Paw.



Girl Scouts of Southwest Indiana Medication Administration & Emergency Treatment Release

Girl's Name _____ Age _____

Medical Condition _____

List Limitations _____

Hospital Preference _____ Family Physician _____

Dear Parent(s)/Guardian(s):

Indiana State law requires the observation of certain regulations when administering medication to adolescents. The following procedures must be followed:

1. Over-the-counter medication **requires written permission from the parent or guardian, stating the name of medication, amount of medication, the hours for administration, and the period of time medication is to be continued.** It must be sent in the original container labeled with the girl's name. Permission note must contain parent(s)/legal guardian(s) signature.
2. **Prescription medication must be in the original container.** The label will meet the requirement for physician(s) written order; however, the parent/guardian must complete and sign the Girl Medication Permission Slip.
3. **The parent/guardian shall accept the legal responsibility for the safe arrival of his/her child(s) medication to and from the activity.**
4. The Certified First Aider may return unused medication with the adult taking the child home.

Medication	Prescription Number	Doctor Prescribing & Phone Number	Dosage	Time to Administer	Possible Reactions

I hereby authorize Girl Scouts of Southwest Indiana to administer medication to my child as stated above.

I understand that in case of any medical emergency, every effort will be made to contact me. If this is impossible, I authorize GSSI to contact my child's physician and to secure emergency medical treatment.

Parent/Guardian Signature _____ Date _____ Phone Number _____

CAMP KOCH CAMPER INFORMATION

Camper's Name: _____ Any Nickname? _____

Grade in fall: _____ Registered Camp Session(s): _____

To the Parent or Guardian:

The purpose of this information is to help us know and understand the young people who have been entrusted to our care. Please be frank and comment fully, supplying whatever additional information we might need in this day-to-day living situation (use extra paper if necessary). It is of particular importance that we know of any health restrictions or emotional problems. This information is kept confidential.

Others in your family?

Boys/Ages _____ Girls/Ages _____

Pets _____

What is the longest time your daughter has been away from home without you?

How long? _____ Where? _____ With whom? _____

Does she have a buddy coming to camp, if so who? _____

(She may list one – buddies will be paired by unit)

Does she have camp experience? Yes / No

_____ Camp Koch Resident Camp _____ Day Camp _____ Day Camp Overnight

_____ Troop Camping _____ Family Camping Other _____

Is she overly frightened of anything? Yes / No **If so, what?** _____

As a rule, does she need to get up at night and go to the restroom? _____

Does she:

_____ Have nightmares _____ Sleepwalk _____ Bed wet _____ Have asthma

Any other condition that needs to be checked at night _____

Has she menstruated? Yes / No **If not, does she know what to expect?** Yes / No

OVER

Comments: _____

Please indicate the activities your daughter is most eager to participate in:

Are there any aspects of camping she is not looking forward to?

Will your daughter bring any of the following to camp? Check all that applies and list any special instructions.

_____ Epi Kit – pen? or syringe? _____

_____ Prescription eyeglasses _____

_____ Prescription sunglasses _____

_____ Contacts _____

_____ Dental appliance (i.e. braces) _____

_____ Artificial limbs _____

_____ Hearing appliance _____

_____ Orthopedic appliance _____

_____ Other _____

Is there any condition that we, as staff, should know about to help your daughter's adjustment and stay at camp a happy one? i.e. does she have a learning disability; will you be away from home while she is with us; has she been through a recent loss of a relative, pet, or parent divorce, separation, etc.?

In what ways can your daughter's counselor be of special help to her?

Religious preference? _____