



Day Camp Health History Form

Please complete this form and turn it in at check-in on the first day of camp. If your child requires special treatments, injections, is immune compromised, has mobility limitations (i.e. cast, crutches, or wheelchair), or any other special issues, please email the Outdoor Program Manager at caudette@gssne.org at least **two weeks prior to the start of camp**. Some scenarios will require a doctor's note.

Child's Name: _____

Home Address: _____

Date of Birth: _____ Age: _____ Weight: _____

Parent/Guardian 1: _____

Phone Number: _____ Email: _____

Parent/Guardian 2: _____

Phone Number: _____ Email: _____

Emergency Contact Name: _____

Relation To Camper: _____

Phone Number: _____ Email: _____

1. If your child has had or been exposed to a contagious disease or gets a serious cut, bruise, sprain, break, other injury, or skin rash during the two weeks prior to coming to GSSNE summer camps, please contact the Outdoor Program Manager via email.
2. All medications will be locked in the nurse's office **except Inhalers and Epi-pens/Benadryl which must be carried by participants at all times.**
3. **All medications** must be in original container and properly labeled, correlated with written instructions, and placed in a Ziploc bag labeled with camper's name.
4. **Prescription Medications:** If your child is bringing medications prescribed by a physician, the medication must be in the original container with the doctor's orders on the container. Medications will be dispensed as specified on the container unless a physician's note is attached indicating a change in dosage. The medications will be dispensed under the supervision of authorized staff members.

If your child is bringing prescription or over the counter medication, including epi-pen or inhaler, please complete the following

Medication	Dosage/Time	Reason	Is This A Prescription Medication?

Medical Background

If "YES" is circled, please give approximate dates, method of treatment, and/or restrictions. If your child is under the care of a Social Worker, psychologist, behavioral therapist, etc. please fill in specific information concerning your child's needs.

Bleeding Disorders	Yes	No	
Epilepsy	Yes	No	
Diabetes	Yes	No	
Asthma	Yes	No	
Allergy Injections	Yes	No	
Sleep Walking	Yes	No	
Fainting	Yes	No	
Kidney Trouble	Yes	No	
Hearth Trouble	Yes	No	
Bed Wetting	Yes	No	
Compromised Immune System	Yes	No	
Emotional or Behavioral Issues	Yes	No	
Learning Disability	Yes	No	
Requires an Aide At School	Yes	No	
Other	Yes	No	
Has had a tetanus booster			Date: _____
Are immunizations up to date?			

Does your child have allergic reactions to any of the following:

Stings	Yes	No	Carries Emergency Medications?	Yes	No	Type: _____
Nuts	Yes	No	Carries Emergency Medications?	Yes	No	
Raw Eggs	Yes	No	Carries Emergency Medications?	Yes	No	
Eggs In All Form	Yes	No	Carries Emergency Medications?	Yes	No	
Milk Protein	Yes	No	Carries Emergency Medications?	Yes	No	
Celiac Disease	Yes	No	Carries Emergency Medications?	Yes	No	
Gluten Intolerant	Yes	No	Carries Emergency Medications?	Yes	No	
Lactose Intolerant	Yes	No	Carries Emergency Medications?	Yes	No	
Other Allergies/Dietary Restrictions _____						

COVID-19: Does your child have COVID-19 symptoms, is waiting for test results, or has been exposed to COVID-19 in the past 48 hours? (circle one) Yes No

Can authorized staff administer Tylenol, Benadryl, or ibuprofen if needed? (circle one) Yes No
 Can we provide insect repellent or sunscreen should your child forget theirs? (circle one) Yes No

Permission To Secure Treatment: I give permission to have my child treated by authorized GSSNE staff or a physician in case of severe illness or emergency in which I cannot be reached. I understand that information provided on this form will be shared with those who will be directly caring for my child. If an illness or injury should arise, in which a doctor's diagnosis is required, I authorize the camps management to dismiss my child early, in which case I will assume responsibility for arranging transportation. I authorize those listed on this form to sign out my child upon presentation of photo identification. I hereby assume responsibility for all medical expenses for my child not covered by GSSNEs accidental insurance policy.

 Parent/Guardian Signature

 Date

Camper Release Form

For GSSNE camp staff to provide maximum opportunity for personal growth, I understand that in signing this agreement, I certify that my child is healthy and does not have any underlying concerns that could impact their safety or that of other campers while at camp. I have disclosed any possible issues to GSSNE.

In the event that my child behavior is felt to be unsafe or unmanageable, or if an illness or injury should arise in which a doctor's diagnosis is required, I authorize the camp management to dismiss my child early. In this case, I will assume responsibility for transporting my child from the camp at a time specified by the camp management. If I am not available, I authorize the people listed below to pick up my child.

I grant permission for the camper named on this form to participate in all planned activities dictated by the program she is attending which may include but are not limited to swimming, boating, hiking, high ropes course, and target sports. I have read and understand the program descriptions, and I understand that participation in activities can expose my child to dangers both from known risks and from unanticipated risks. I recognize that the camp management reserves the right to change plans if weather or other circumstances dictate. I also understand that The Girl Scouts of Southeastern New England is not responsible for lost or stolen items.

Photo/Video: I hereby assign and grant the Girl Scouts of Southeastern New England (GSSNE) the right and permission to use and publish photographs/videos made of my child by GSSNE. I hereby release GSSNE from any and all liability from such use and publications. I hereby authorize the reproduction, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/videos without limitation at the discretion of GSSNE and I specifically waive any right to any compensation I may have for any of the foregoing.

Parent/Guardian Signature: _____ **Date:** _____

I understand that photo ID is required to pick up my child. In the event of an emergency, during a time when I cannot be reached, or if I (the person signing this form) will not be picking up my child at the end of the camp day, I authorize the following people to sign out my child upon presentation of a photo ID. Please note parents must also be listed on this form.

Campers Name: _____

Name: _____ Relation To Child: _____

Phone Number: _____

Name: _____ Relation To Child: _____

Phone Number: _____

FOR CAMP USE ONLY

	Signature
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	