girl scouts
greater los angeles

Island of the Blue Dolphin Health History and Medical Examination Form

Please type or write clearly and legibly.

Girl Scouts of Greater Los Angeles Camper Health History Page 1 (Parents/Guardians complete)	Camper Name: _____ First Name Middle Last Age on arrival at camp _____
Medication/s must be in original containers and must be given to the GSUSA Staff at check-in. Medication/s should be placed in a large, clear zip-top bag with camper's name clearly labeled. All medicine/s must have dispensing instructions when turned in.	Parents/Guardians: Please EMAIL the completed forms to echadwick@girlscoutsla.org by JUNE 29th, 2015 and bring a copy of the signed forms at drop off on the day of departure. **We NEED ALL forms completed and turned in before your departure day in preparation of the campout. If you fail to send your camper with the correct documents she will not be permitted to board the boat for the campout.** For more information regarding the Health History Form, please contact Elizabeth at 626-677-2279 or at echadwick@girlscoutsla.org.

Camper Information:

Name of Minor: (Last, First, Middle Initial)	Date of Birth:		
Address:	City:	St:	Zip:

Parent/Guardian with Legal Custody to be contacted in case of illness or injury:

Name:	Relationship:	Email:
Preferred Phone numbers: ( ) ( )	Address:	

Second Parent/Guardian or other Emergency Contact:

Name:	Relationship:	Email:
Preferred Phone numbers: ( ) ( )	Address:	

Additional contact in the event parents/guardians can not be reached:

Name:	Relationship:	Email:
Preferred Phone numbers: ( ) ( )	Address:	

Health Insurance Information (Family insurance is primary insurance in case of accident or illness, Girl Scout insurance is secondary.)

Policy Holder's Name:	Policy Number:
Insurance Company Name:	Group Number:
Insurance Company Address:	Insurance Company Phone:
Name of Campers Primary doctor(s):	Phone:
Name of Dentist(s)	Phone
Name of Orthodontist(s):	Phone:

General Health History. Check all that apply and explain in detail checked answers:

	Arthritis		Had surgery or hospitalized in the last 5 years		Siezures
	Asthma		Sinusitis (Sinus Infections)		Bed Wetting
	Diabetes		Musculoskeletal Disorders		Sleep Disturbances
	Ear Infections		Attention Deficit/Hyperactivity Disorder (ADD/ADHD)		Diarrhea/Constipation
	Has begun menstruation		Emotional – Separation Anxiety		Tuberculosis
	Has problems with period/menstruation		Bleeding Disorder		Kidney Disease
	Heart Defects/Disease		Convulsions/Epilepsy/Seizures		Fainting or Dizziness
	Hypertension		Headaches/Migraines		Back/Joint Problems
	Kidney/Bladder Illness		Eating Disorders (Anorexia, Bulimia, etc.)		Chicken Pox Date:
	Nosebleeds		Mental/Psychological Disorder		Rheumatic Fever
	Skin Problems		Had a recent injury		Has a Recurrent/Chronic Illness
	Traveled outside the U.S. in the last 9 mo.		Had Mononucleosis(Mono) during the past 12 months		Had a recent infectious disease
	Physical Restrictions		Wear Glasses/Contacts		Other:
	Currently under doctor's care for physical, mental, or emotional disorder				

Please explain in detail all checked answers marked above(use additional paper if necessary and attach):

Has your daughter had a significant life event that continues to affect her today?				**Yes**	**No**
Does your daughter carry an inhaler?	**Yes**	**No**	**Does your daughter sleepwalk?**	**Yes**	**No**
***Does your daughter suffer from Anaphylaxis?**	**Yes**	**No**	**Does your daughter carry an Epipen?**	**Yes**	**No**

*Anaphylaxis is a severe allergic reaction marked by swelling of the throat or tongue, hives, and trouble breathing.

If you answered yes to any of the above, please explain (use additional paper if necessary and attach):

Girl Scouts of Greater Los Angeles Camper Health History- Page 2 (Parents/Guardians complete)	Camper Name: _____ First Name Middle Last Date of Birth: _____

Medications:
[ ] This camper will not take any daily medications including vitamins while attending camp.
[ ] This camper will take the daily medication(s) including vitamins while at camp:
"Medications" is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. All medications including vitamins must be in it's original container with a label and directions on dosage.

List any medications/vitamins she is currently taking (or has taken in the recent past) including dispensing dosage schedule and specific instructions for use.

Medications/Vitamins:	Purpose:	When Given:	Dosage & Specific Instructions for Administering Medications/Vitamins
1.		[ ] Breakfast [ ] Lunch [ ] Dinner [ ] Bedtime [ ] Other	
2.		[ ] Breakfast [ ] Lunch [ ] Dinner [ ] Bedtime [ ] Other	
3.		[ ] Breakfast [ ] Lunch [ ] Dinner [ ] Bedtime [ ] Other	

Have you ever had any adverse reactions to general anesthetics? Yes No
If so, please explain: _____

Please provide additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. Our program consists of swimming, kayaking, cave exploring, hiking, snorkeling and other strenuous physical activity. Attach additional information if needed: _____

Record of Immunization – Must be completed in detail.

	Date Series was Completed	Year of Last Booster
Hepatitis B		
Hepatitia A	_____	_____
Diptheria, Tetanus, Pertussis (DTaP/TdaP)	_____	_____
Tetanus booster (DT/TdaP)	_____	_____
Haemophilus influenza type B (HIB)	_____	_____
Polio (IPV/OPV)	_____	_____
Pneumococcal (PCV)	_____	_____
Mumps, measles,rubella (MMR)	_____	_____
Varicella (chicken pox)		
Meningococcal Memingitis (MCV4)	_____	_____

Other:
Tuberculosis (TB) test: date: _____ [ ]negative [ ]positive

Personal and religious beliefs that dictate against immunizations: **Yes No If yes, please explain:**_____

_____

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of custodial parent/guardian_____date:_____relationship to camper_____

AUTHORIZATION TO TREAT MINOR

I/We, the undersigned, am/are either or both parents, if both parents have legal custody, or the parent or person having legal custody, or the guardian, of _____, a minor (the "**Minor**"), and do hereby authorize the adult leaders and agents of the Girl Scouts of Greater Los Angeles (collectively the "**Authorized Persons**") to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care for the Minor under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the California Medical Practice Act, and to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care for the Minor by a dentist licensed under the California Dental Practice Act. This authorization is given pursuant to the provisions of Section 6910 of the California Family Code, as amended. Each of the Authorized Persons may exercise the authority granted hereby individually and without the knowledge, consent or joint action of any other of the Authorized Persons. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the Minor, but that any of the above treatment will not be withheld if the undersigned cannot be reached. In no event will Girl Scouts of Greater Los Angeles,

Girl Scouts of Greater Los Angeles Camper Health History- Page 3 (Parents/Guardians complete)	Camper Name: _____ First Name Middle Last Date of Birth: _____

It's officers, leaders, or agents be held liable for any first aid treatment or hospital care rendered, or drugs, medicine or surgical procedures performed pursuant to this consent. This consent supersedes all prior authorization.

AUTHORIZATION TO TRANSPORT MINOR

I/We hereby give permission for our Girl Scout to ride in a vehicle driven by a licensed adult driver, in a vehicle which has at least minimum liability insurance as required by the State of California, for all off site activities.

This Health History and Medical Examination Form for Minors is complete and accurate. My daughter has permission to engage in all prescribed activities, except as noted by me and the examining physician.

Parent/Guardian _____
Print Name

Parent/Guardian _____ Date: _____
Signature

"Over the Counter" Medication Record

The following non-prescription medications are commonly found in our camp health center and are used on an <u>as needed basis</u> to manage illness and injury.

I, _____, give permission for my daughter,_____, to receive the following "OTC" medication on an "as needed" basis. Unless directed otherwise, medication will be administered as directed by package labeling.

Girl's name:_____Age:_____Height_____Weight_____
Camper Allergies_____
Please mark your preference with a check in the appropriate space.

OTC Medication	**yes**	**no**	**Comments**
Acetaminophen-Tylenol or generic (minor aches and pain)			
Alcohol-liquid or wipes			
Aleve			
Aloe Vera Gel/lotion (sunburn, chapped skin)			
Baking soda paste(bites and stings)			
Benadryl-cream/capsule/elixir(stings, bites, colds, allergies)			
Blistex (chapped lips)			
Burn Gel			
Cepacol/Halls/Generic-throat lozenges (sore throat)			
Campho-Phenique(cold/canker sores)			
Caladryl/Calamine lotions			
Dimetapp tablets/elixir(cold/allergies/cough) or non-drowsy			
Dramamine tablets-motions sickness			
Generic eye wash/ sterile saline/visine tears			
Hydrocortisone cream 1/2 or 1% -cortaid (itching)			
Hydrogen Peroxide-antiseptic			
Ibuprofen-advil/motrin/generic(minor aches, pains, cramps)			
Imodium Ad/Pepto-bismol/Kaopectate/generic (diarrhea)			
Insect repellent			
Midol (cramps)			
Milk of Magnesia, Liquid, chewable (constipation)			
Nighttime cold formula			
Polysporin/Neosporin/generic antibiotic ointment (scraps, cuts)			
Robitussin Elixir-liquid/gel caps (colds, coughs, allergies)			
2nd skin/mole skin (blisters)			
Sore throat spray- generic (sore throats)			
Sting Kill (bites/stings)			
Sudafed-pill/chewable/elixir (colds, allergies			
Sunscreen without Paba			
Tavist-D (allergies)			
Tums/mylanta (indigestion/gas)			
Vaseline (dry skin, problematic nose bleeds)			
Zinc Oxide Ointment (sun block)			

Thank you for your cooperation and help. We appreciate your time to complete this record, as it will help to make your daughter's Island of the Blue Dolphin Campout a healthy and positive experience.