girl scouts
greater los angeles

DAY CAMP
EMERGENCY HEALTH RECORD

Girl's Name _____ Birth date _____ Age _____

Insurance Carrier _____ Policy # _____ Physician _____

Parent/Guardian _____ Home # (___) _____ Work # (___) _____

Address _____

Email Address: _____

Emergency Contact _____ Home # (___) _____ Work # (___) _____

Address _____ Relation to Girl _____

HEALTH HISTORY (Check those that apply)

- ☐ ADD/ADHD
- ☐ Asthma
- ☐ Bleeding Disorders
- ☐ Diabetes
- ☐ Emotional Disturbances
- ☐ Epilepsy/Seizures
- ☐ Fainting or dizziness
- ☐ Hearing Impairment
- ☐ Headaches/Migraines
- ☐ Motion Sickness
- ☐ Nosebleeds
- ☐ Recent Injury
- ☐ Surgery/Hospitalization (Specify) _____
- ☐ Wears Glasses or Contact Lenses
- ☐ Other (specify)_____

ALLERGIES (Check & Specify)

- ☐ Animals _____
- ☐ Medications _____
- ☐ Food _____
- ☐ Hay Fever
- ☐ Insects (Stings) _____
- ☐ Plants
- ☐ Pollen
- ☐ Other (specify)_____

IMMUNIZATION HISTORY (Information for emergency/medical use only)

VACCINE	DATE EACH DOSE WAS GIVEN					
	1st	2nd	3rd	4th	5th	Booster
POLIO (OPV or IPV)						
DTP/DTaP/DT/Td (Diphtheria, tetanus and/or [acellular] pertussis)						
MMR (Measles, mumps, and rubella)						
HIB						
HEPATITIS B						
VARICELLA (Chickenpox)						
TB SKIN TEST (Most recent)	Date:		Negative / Positive (Circle one)			

☐ Check box if personal and/or religious beliefs dictate against immunization

Is child regularly taking any medication (including inhaler for asthma)? _____ Please list all medication(s) _____

Note: All medication must be in original container, with girl's name, address, dosage, and frequency clearly printed on the label.
Additional health information including disabilities and/or special needs _____

PARENT CONSENT FOR EMERGENCY MEDICAL TREATMENT

The undersigned do hereby authorize the officers, leaders or agents of Girl Scouts of Greater Los Angeles, adult persons into whose care our daughter has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician or surgeon licensed under the provisions of the Medical Practice Act, or to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

It is further understood that permission is hereby granted to the officers, leaders or agents of Girl Scouts of Greater Los Angeles to obtain and administer such medical aid or assistance as might, in their judgment, be required for the immediate care of said minor. In the event of such help, the Girl Scouts of Greater Los Angeles, its officers, leaders and agents will not be held liable for any first aid treatment or hospital care rendered, drugs, medicine or surgical procedures performed pursuant to this consent. This consent supersedes all prior authorization.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

If you do not consent to the care or treatment set forth herein, describe in detail what is or is not allowed/permitted. _____

La Casita Day Camp
Camper Sign-in / Sign-out Sheet

Camper Name:

Emergency Contact Information

Name:

Phone #: Relation to Camper:

Does your child have an allergy that requires an epi-pen? ☐ No ☐ Yes, _____

Photo Permission: I give consent for my camper to be photographed, video taped, or eletronically imaged for La Casita Day Camp Social Media private page. Check one below.

☐ Permission Granted ☐ Permission Declined

I consent for my camper to be photographed as part of the weekly group photo. Check one below.

☐ Permission Granted ☐ Permission Declined

Age Level: check one ☐ Daisy (K-1st) ☐ Brownie (2nd-3rd) ☐ Junior (4th-5th)

☐ Cadette (6th-8th) ☐ Program Aide (7th-8th)

Please list the name and phone number of all adults who are authorized to pick up your child. Be sure to list yourself, family members and carpool adults. Girls will not be released to anyone who is not on the list.

***Photo ID checks will be done throughout the summer.*

Name	Phone Numbers

La Casita Day Camp
Camper Sign-in / Sign-out Sheet

Camper Name:

Session:	Dates:

In		
Day	Time In	Adult Signature
Monday		
Tuesday		
Wed.		
Thursday		
Friday		

Out		
Day	Out	Adult Signature
Monday		
Tuesday		
Wed.		
Thursday		
Friday		

Please Initial _____ when you have received you badge, patch, and star for the week.

Daily Medication /Health Record (for camp use only)			
Date/Time	Health Problem or Concern	Health Care Provided	Treated By (Print & Sign)

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Day Camp Parent and Camper Agreement

At GSGLA Day Camps we are committed to providing a physically and emotionally safe camp environment. By registering your child for La Casita Day Camp, you and your child are agreeing to the following:

Campers are expected to:
Follow the safety rules of camp, both in camp as well as on field trips,
Respect other campers, staff and herself
Respect camp property and the property of others
Follow the Girl Scout Promise and Law

Any behavior considered to be disruptive, destructive and/or dangerous is not allowed. Such behavior will result in the removal of camper from current activity. If the behavior continues, the camper will be dismissed from camp. A refund will not be issued to a camper dismissed for unacceptable behavior.

The following will result in immediate camper dismissal:
Endangering the health or safety of others
Teasing, bullying, or abusing other campers or staff
Violence of any kind

Adults are expected to provide camper with:
Daily lunches (non-perishable)
Shirt with sleeves (no tank tops) and shorts or pants
Water shoes, bathing suit and towel (when appropriate)

Please no not bring valuables to camp. GSGLA is not responsible for lost or damaged items. Cell phones are not appropriate at camp. A camp phone is available if the need arises.

If you have any questions, please contact the Program Specialist responsible for the camp your child is registered for.

La Casita Day Camp
Contact: Deanne Moore
dmoore@girlscoutsla.org
(626) 677-2207

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Over-the-Counter (OTC) Form

First Aider should customize their troop First Aid Kit to fit the group.

Child's name: _____AGE_____WEIGHT_____

Child ALLERGIES: _____TROOP#_____

Please help us keep your child safe by informing us of what you do not want your daughter to be given and include unmentioned medicines we should avoid.
***All medication must be in its original containers with a readable label and clear expiration date.**

MEDICINE NOT to be used:_____

Medication	***Dosage according to the mfr. label***	***Usage***	***Can be used***	***Do not use***
Acetaminophen, Tylenol	1 or 2 tab 250mg each	minor aches, pains, cramps, fever	***YES***	***NO***
Antacid, Tums, Rolaids Under 12 years INITIALS needed:_____	According to label	indigestion, gas	***YES***	***NO***
Antihistamine, Benadryl topical & oral, Caladryl/ Calamine lotion	According to label	stings, bites, colds, allergies, itch relief	***YES***	***NO***
Burn gel		Burn relief	***YES***	***NO***
Hand Sanitizer		Hand sanitation	***YES***	***NO***
Ibuprofen, Advil, Motrin (NON aspiring)	1 or 2 tabs 200mg each	minor aches, pains, cramps, fever	***YES***	***NO***
Midol, Pamprin, Aleve	1 or 2 tabs Various	minor aches, pains, cramps	***YES***	***NO***
Petroleum jelly, Chapstick		Dry skin, dry nose	***YES***	***NO***
Neosporin foam, wound cleaner	Sm dab to area	wound cleaning Treatment	***YES***	***NO***
Sunscreen PBA FREE, Aloe Vera gel/lotion, Insect Repellent	8 SPF, 15 SPF, 30 SPF, or 50 SPF NON DEET	sun protection, sun burn relief, insect repellent	***YES***	***NO***
Throat lozenges / Cough drops	According to label	sore throat	***YES***	***NO***
Triple antibiotic/ Polysporin/Neosporin		wound care	***YES***	***NO***

I give permission for my daughter (named above) to receive products listed on an as needed basis. I understand that our troop isn't expected to carry all the following items in their First Aid kit _____ (Initials). To the best of my knowledge she is not allergic to those mentioned. Unless otherwise directed, the medications will be administered as directed by package labeling.

When going on Overnight trips with a group, your child may bring their own OTC medications from home. A separate form called *Prescription and Parent Provided Medication Form will be needed.*

Parent Signature _____ **Date** _____

Parent Print Name: _____Number to reach a parent: _____

Parents are required to fill out a NEW OTC Form if anything changes throughout the year.

(GSGLA 2/14)