

Medications- Medications to be taken during camp need to be brought to camp in their original container accompanied by signed instructions from parent/guardian including dosage and time taken. **Please list medications being taken on a regular basis and the reason.**

Prescription Medications:

____ Reason _____
 _____ Reason _____

Over the Counter Medications:

____ Reason _____
 _____ Reason _____

***The day camp staff is not permitted to administer any medication without the above information. However, sometimes being in a different place without family and familiar surroundings can lead to physical stresses such as headaches or stomachaches. We will have non-Aspirin type pain reliever for headaches or other minor pain, topical Benadryl/Caladryl for minor itches and rashes caused by plants or insect bites, topical germ killers (like Iodine or Purell) to clean minor cuts and scrapes, and medication for stomach upsets available to give to your child for these simple problems, along with a good dose of TLC (Tender Loving Care)! **Please indicate with a check if you do or do not want us to give these medications:** _____ Yes _____ No

Immunization History - Please give the most recent dates for the following immunizations.

____ I have chosen not to immunize my child.

Vaccine:	Mo/Yr	Mo/Yr	Vaccine:	Mo/Yr	Mo/Yr
Polio	_____	_____	DTP	_____	_____
MMR	_____	_____	T/D(tetanus/diphtheria)	_____	_____
Or Measles	_____	_____	Tetanus	_____	_____
Or Mumps	_____	_____	Haemophilus influenza B	_____	_____
Or Rubella	_____	_____	Hepatitis B	_____	_____
			Varicella	_____	_____

My child has had: (circle if applicable) Chicken Pox Measles German Measles
 Mumps Hepatitis A Hepatitis B Hepatitis C

Health Information and Privacy Statement:

All records will be handled only by staff 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. Minimal necessary information may be shared with event staff/volunteers in order to provide adequate participant safety and health care. 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 sponsor, by the participant or their legal representative.

My signature below indicates: This health history is correct as far as I know, and my daughter/son has permission to engage in all prescribed activities, except as noted by the physician and me. My daughter/son is in good health. I give permission for my daughter/son to receive treatment for routine medical and/or first aid needs, as outlined in the Treatment Protocols and for the administration of prescribed medications. In the event I cannot be reached in an emergency, I give my permission for my daughter/son _____ to receive emergency medical and surgical treatment and to be hospitalized, if necessary. It is understood every effort will be made to contact me or the emergency contact noted above, before taking this action.

Parent/Guardian Signature _____

Date _____

Photo Release: I hereby give consent for my camper to appear in photographs taken and used by Girl Scouts of San Francisco Bay Area and its assigns or successors, in Girl Scout publication(s)/media and whatever ways they may desire, including audiovisual productions, television and electronic transmissions; furthermore, I hereby consent that such photographs and plates from which they are made shall be the property of the Photographer, and the Girl Scouts shall have the right to duplicate, reproduce and make other uses of such photographs and plates for Girl Scout publicity and publications as they may desire free and clear of any claim whatsoever on my part. The Photographer will not sell the photos without permission of the Girl Scouts of the San Francisco Bay Area I am of legal age, have the right to contract for the minor, and freely sign this release, which I have read and understood.

Parent/Guardian Signature _____

Date _____

Name _____

Unit # _____

Bus Color _____

Date of Birth _____