

Day Camp Camper Health History -- Girl Scouts of Northern California
To be completed in blue or black ink by an adult!

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 ALL medications being taken on a regular basis and the reason (even medications not at camp).**

Prescription Medications:

_____ Reason _____
_____ Reason _____
_____ Reason _____

Inhaler at camp? Yes No Epi-pen at camp? Yes No

Over the Counter Medications:

_____ Reason _____
_____ Reason _____

Initial below to indicate permission for your camper to receive the following basic first aid and health treatments that the camp will have on hand:

Sunscreen _____ Topical Anti-Itch cream for bug bites or minor rashes (such as hydrocortizone) _____
Bug Spray _____ Topical Anti-Bacterial ointment for minor cuts or scrapes (such as Neosporin) _____
Non-Aspirin pain reliever (such as Tylenol or Advil) _____ Upset Stomach medicine (such as Pepto Bismol or Tums) _____
Benadryl _____ (if initialed, indicate dosage: _____)

Immunization History:

___ My child's immunizations are up to date for California schools (which requirements can be found at <http://www.shotsforschool.org/k-12/>).

___ I have a valid immunization exemption letter/affidavit, which was filed prior to January 1, 2016.

Health Information and Privacy Statement:

The Day Camp Health History is for health care concerns at the specified events only. All records will be handled by staff/volunteers 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 of the specific event. Minimal necessary information may be shared with event staff/volunteers in order to provide adequate participant safety and health care. The health history record will be retained by the sponsoring council until it is destroyed. 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:

I have read the above procedures for handling the health history record information and I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission for my child to receive emergency medical and/or surgical treatment and hospitalization as needed. I understand that every effort will be made to contact me or the emergency contact listed as soon as possible in the event of an emergency. My child may participate in all camp activities unless otherwise noted. All information given is complete and accurate to the best of my knowledge.

Parent / Guardian Signature _____ Date _____

Photo Release:

I hereby give consent for my child to appear in photographs taken and used by Diablo Day Camp for session use only.

Parent / Guardian Signature _____ Date _____