



Camper Health History and Authorization Form

Please Note: We must have this paperwork on file no later than July 9, 2018 or your child may not attend camp.

If your child has health/behavior concerns that may affect his/her experience at camp, please contact us at prior to your camp date.

Email summercamp@gsnypenn.org or call 1-855-213-8555

Session Name: Syracuse Parks and Rec Camp Hoover Adventure

Campers Full Name _____

Grade in Fall 2018: _____ **Birth Date** ___/___/___ **Age** _____ **Gender** _____

Parent/Guardian: _____

Address: _____ **State** _____ **Zip** _____

Phone # (preferred): (____) _____ **Email:** _____

PART I: EMERGENCY CONTACT INFORMATION (other than parent/guardian)

Name: _____ **Relationship to camper:** _____ **Phone # (preferred):** (____) _____

Name: _____ **Relationship to camper:** _____ **Phone # (preferred):** (____) _____

PART II: MEDICAL INFORMATION

Physician Name: _____ **Phone:** (____) _____

Medical Insurance Carrier: _____ **Policy/Group #:** _____

Date of last health exam: _____ (must be within one year of attending this camp. Attach physical form from doctor if necessary)

PART III: HEALTH HISTORY: *please explain any items that are checked below. Use back of this form if necessary.*

Allergies:

Foods _____

Other Allergies _____

Does your child require an epi-pen for allergies? _____ **Will it be onsite with your camper?** _____

Conditions:

Hay Fever _____ **Asthma** _____ **Heart Murmur** _____ **Chicken Pox** _____ **Clotting disorder** _____

Diabetes _____ **Epilepsy** _____ **Measles** _____ **Chronic/Recurring Illness** _____ **Fainting** _____

Nosebleeds _____ **Vision/hearing impairment** _____ **Mumps** _____ **Hepatitis** _____ **Other** _____

Operations/Serious Injuries _____

List details of above and any physical condition, special needs or activity restrictions the staff should know about:

Please list any dietary restriction or needs:

By signing this form below, I attest that my child's immunizations are complete and up-to-date (you MUST attach an immunization record from the doctor's office, including date of last tetanus booster).

PART V: PARENT/GUARDIAN PERMISSIONS

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The camper described has permission to participate in all camp activities except as noted by me and or/her examining physician provided in advance in writing. I give permission to the physician selected by camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. Camp staff will notify me or my designated emergency contact in the event this is necessary. If camp staff is unable to reach any persons designated to be notified in case of an emergency, camp staff may take such emergency measures as they deem appropriate. I give permission for my child to be transported for emergency purposes in a vehicle designated by the camp director. If I cannot be reached in an emergency, I give my permission for the physician to hospitalize and/or secure proper treatment for this child. I understand that the information on this form may be shared on an 'as needed' basis with camp staff. I give my permission for this form to be photocopied. I will not allow my child to attend camp if she/he is not in good physical health.

I have completed the Health History in full. **I have attached my child's immunization record to this form, including date of last tetanus booster.**

Sunscreen / Bug spray Use

I give permission for my daughter to use and apply sunscreen and/or bug spray, and for the camp staff to be allowed to assist her in this.

Photo Release Authorization

- I authorize Girl Scouts of NYPENN Pathways, Inc. to use photographic pictures, video or other digital images of the child listed above, of whom I am the legal guardian, during resident camp to use, publish in whole or in part, in any printed manner, in any and all media, including social media (Facebook, Instagram, etc.). I release the Girl Scouts of NYPENN Pathways, Inc. from any and all claims and demands arising in connection from this use, and understand that neither I nor my child will receive compensation for such use.

- I DO NOT authorize the above photo release for my child.

Signature of Parent/Guardian _____ **Date** _____

Self-Medication Guidelines (only fill out if your child will be taking medication at camp):

Employees of Girl Scouts of NYPENN Pathways are prohibited from administering any medication to any person at any time, with the exception of staff trained to administer an Epi-Pen in an emergency situation. Participants may, however, self-administer medication, including asthma inhalers and Epi-Pens, with parent/guardian permission **and** doctor's written order. Per New York State Health Department regulations, the following written order completed in full from your child's physician/prescriber is required for self-administration of any medication, including Epi-pens (self-administered or administered by a trained health supervisor) and over the counter medications. Pharmacy labels are **not** a substitute for written orders. Please make sure your child knows the correct dosage and how to use or apply the medication, as camp staff are prohibited from removing medication from its container. If your child does not require medication while at camp, we do not recommend sending any medications with them, and only send the amount your camper needs per day.

Note: Some camp staff, including the camp health supervisor and camp directors, are trained in American Red Cross Responding to Emergencies, CPR for the Professional Rescuer and Anaphylaxis and Epinephrine Auto-Injector, and will be present each day camp is in session.

Allergies/conditions that require medication:

If applicable, please have your child's physician/prescriber fill out the following:

Name of patient: _____ D.O.B. _____

Name of medication: _____ Date Prescription Written: _____

Dosage and route: _____ Frequency and times taken: _____

If PRN, please explain _____

Prescriber's name and title: _____

Prescriber's phone number: _____

Prescriber's signature: _____

PARENTAL AUTHORIZATION:

I hereby authorize the following child to self administer the medication listed above which has been approved and prescribed by my child's physician. I understand that employees of the Girl Scouts of NYPENN Pathways summer day camp cannot assist my child in any way during self administration, including removing medication from its container (with the exception of administration of Epi-pens by trained staff). In an emergency, when the undersigned or other named person cannot be contacted, I hereby authorize Girl Scouts of NYPENN Pathways camp staff to take any action deemed necessary for the best interest of my child.

Signature of Parent/Guardian

Date



Specialty Program Permission

I give my camper _____ permission to participate in outdoor skills building sessions, including knife and carving skills, fire building activities, archery, and outdoor cooking while at Hoover Adventure Center.

All campers will be instructed and closely monitored by trained staff in safety and proper technique for all above activities. Knives, bows, and arrows are stored in locked containers when not in use. Knives are numbered and assigned to campers at the beginning of the class. When turned back in to our staff, the knife number must correspond to the camper it was initially assigned to.

If camp staff feels your camper is not adhering to the safety rules, they will not be allowed to continue to use the knives, archery equipment, or participate in other skills sessions in question. Camper behavior determines participation.

I understand this policy and agree to the terms.

Signed _____ Date _____