

HEALTH UPDATE FOR CAMP

BRING THIS FORM TO CAMP. DO NOT MAIL OR UPLOAD!

TWO SENTINELS GIRL SCOUT CAMP

Girl Scouts of Northern California

Session _____

Unit _____

CAMP HEALTH RECORD AND HEALTH HISTORY

Since the physical examination with the physician's statement was signed some time ago, we need the following up-to-date information. **ALL** campers regardless of method of transportation to camp need to complete BOTH SIDES of this form.

1. Has your camper had exposure to any communicable disease within three weeks of coming to camp?
Yes ___ No ___ Disease: _____ Probable exposure date: _____

2. Has your camper had any illness, accident, surgery, immunization, or medication since the original health form was filled out? If so, specify when and what. The physician must fill out the back side of the health update if your child was seen by a doctor since the original health form was signed.

We cannot administer prescription medication that is not in its original container, labeled with the camper's own name and address.

****If your child gets car sick, please have them take medication before boarding the bus.****

Camper's Name _____ Phone () _____

Address: _____

Number Street City State Zip
Parent/Guardian's Name _____ Home Phone () _____
Work Phone () _____

If parent cannot be reached, call:

Name _____ Phone () _____

Address _____
Number Street City State Zip

AS LEGAL GUARDIAN OF THIS CHILD, I GIVE PERMISSION FOR MY CHILD TO ATTEND CAMP, FOR TRANSPORTATION OF THEM OUT OF CAMP FOR PROGRAM OR OTHER PROPER PURPOSES AND FOR EMERGENCY TREATMENT TO THEM IN CASE OF INJURY OR ILLNESS EN ROUTE TO, FROM, OR DURING THEIR CAMP SESSION. I GIVE PERMISSION FOR ANY PERSON LISTED BELOW TO PICK UP MY CHILD AT THE END OF CAMP. MY CHILD IS IN GOOD HEALTH. **THIS INFORMATION IS ACCURATE AS OF THE DAY MY CHILD ARRIVES AT CAMP.**

Signature of Parent/Guardian

Date

Persons, other than myself, allowed to pick up my child at the end of camp: _____

MEDICATIONS BROUGHT TO CAMP:

1. The camp maintains an inventory of OTC (over the counter) medications. Please do not send any of these to camp:
 - a. Acetaminophen (Tylenol) – tabs, chewable, liquid
 - b. Ibuprofen (Advil) – tabs, chewable, liquid
 - c. Antihistimine (Benedryl) – tabs, chewable, liquid
 - d. Decongestant – tabs, chewable, liquid
 - e. Cough Syrup – liquid
 - f. Antacids – chewable

2. All prescriptions must be in their original container with instructions about how to administer it.

The following medications are being sent to camp with my camper:

Name	Dispensing Information

MEDICAL UPDATE

This is necessary ONLY if child has been seen by a doctor since the original health form was signed. Otherwise, please leave blank.

Date of illness _____ Nature of illness _____

Should this cause any problem at Camp? If so, what are the modifications of camp activity? (Be aware that camp is at 8,000 ft. High Sierra elevation.)

This child may participate in:

- ___ Swimming
- ___ Hikes
- ___ Backpacking

Physician's Signature

Date

Address

Phone No.

For camp staff use only:

INCOMING HEALTH CHECK

DATE ___ TIME ___ INITIAL _____

NOTES: