



Two Sentinels Girl Scout Camp

P.O. Box 10906 Pleasanton, CA 94588 • 925-699-3359

Dear Two Sentinels Staff,

It's time for Two Sentinels 2019! We hope you're excited to join us for a great summer session.

Although you are confirmed as staff for 2019, we are still placing staff in units and positions. The best way to ensure your preferred placement is honored is to complete all necessary paperwork, training, and fees by the deadlines listed below.

TRAINING

Date	What	Who
April 26-28, 2019	Backpack Training TS Style	All Backpacking Staff New to TS
May 5, 2019	New Staff Orientation	All new staff volunteers (returning staff welcome)
June 7-9, 2019	Weekend Getaway Training	MANDATORY ALL STAFF Butano Girl Scout Camp

CAMP STAFFING SCHEDULE

Date	What	Who
June 28-30	Work Party	All interested volunteers More info later!
July 5	Session I staff arrive	Session I staff and their kids
July 7	Session I campers arrive	Campers
July 14	Session I ends	Staff leave at 3pm
July 15	Session II staff arrive	Session II staff and their kids
July 17	Session II campers arrive	Campers
July 24	Session II ends	Staff leave at 3pm
July 25	Session III staff arrive	Session III staff and their children
July 27	Session III campers arrive	Campers
August 3	Session III ends	Staff leave at 3pm
August 3-4	Closing Work Party	All interested volunteer More info later!

CHECKLIST

- ❑ Make sure that your tag and camper children are also registered. Schedule your doctor appointments for your physical/health forms (due May 15).
- ❑ **NEW STAFF:** We'll contact you about the necessary paperwork and clearances required by Girl Scouts and the American Camp Association. You may have completed some of this already if you are a Girl Scout leader or already cleared as a volunteer.
 - ❑ **May 5, 2019:** New Staff Orientation to answer questions and meet our new volunteers.
- ❑ **May 15, 2019: ALL HEALTH FORMS DUE. You must have a physical within 12 months of camp and a doctor's signature on your health form.**

Any allergy or dietary requirements must be noted on your form. We are not a nut-free facility. This info is **critical** to our menu planning and purchasing. You cannot bring your own food to camp. If you have questions or concerns, please contact us immediately.
- ❑ **May 15, 2019: ALL FEES DUE.**
- ❑ **BACKPACKING STAFF:**
 - ❑ **April 26-28, 2019 Two Sentinels Backpacking Training Weekend:** If you signed up to lead backpacking and are new to backpacking the Two Sentinels way, plan on attending our introduction to backpacking (returning staff are also welcome). More info to follow. Contact [Dabbler](#) if you have questions.
 - ❑ **April 28, 2019 Camper Kick-Off:** If you requested to be Fireflies, Superpackers, or Trekkers staff, plan on attending this in-town meeting.
- ❑ **June 7-9, 2019 Mandatory Staff Training:** We'll send more details about training weekend in May. Attendance at this training AND the 2 days before campers arrive on-site are **MANDATORY** (yes, even for returning staff) training requirements to comply with state law, Girl Scouts, and ACA guidelines. If you have unavoidable conflicts with either, contact [Rufio](#) and [Toto](#) immediately. Inability to attend this training may affect our ability to accept you as staff or to place you with campers.
- ❑ **OPTIONAL TRAINING:**
 - ❑ **May 18-19, 2019 OR June 22-23, 2019:** Lifeguard certification courses that include Red Cross Lifeguard certification, CPR, and Level 1 First Aid. Contact [Littlefoot](#) if you are interested.
 - ❑ **Mar 2-3, 2019 OR June 22-23, 2019:** Wilderness First Aid (WFA) offered by Staar (16 hours). Login to the Girl Scout [Volunteer Learning Portal](#) to view the course and register.
 - ❑ We'll provide information on Wilderness First Aid, CPR, Boating, Archery, and Food Safety courses as it becomes available. Although most of these training courses are optional, any training you receive is very helpful to camp. We must have a lifeguard in every unit. Backpacking units also require a Wilderness First Aider.

Training Fee Reimbursement

To help maintain the finest trained volunteer staff, we reimburse ½ of training fees that you incur for certification that directly benefits Two Sentinels after you complete volunteering for a full session (10 days). For California Food Manager's and Food Handler's Certifications, we reimburse 100%.

NOTE: We only reimburse half the cost of reasonably priced courses from accepted organizations. Most courses cost a maximum of \$150. If you take a WFA course that costs \$500, we won't be able to reimburse half of that. All courses must be taught by ACA and Girl Scout accepted organizations. If you have questions, double check with [Wombat](#).

Need additional forms? [Check out our website!](#)

Please [contact us](#) if you have any questions!



Mail form to:

TS Girl Scout Camp PO Box 10906
Pleasanton, CA 94588

STAFF MEMBER: Complete form through Part VII - Signature section on the back.

PHYSICIAN: Complete statement on back of form.

YOUR TS CAMP NAME: _____

PART I: STAFF RECORD

Name - Last, First, Middle Initial Birth Date - MM/DD/YYYY Age
Home Address City/State/Zip
Day Time Telephone Evening Phone Cell Phone

PART II: EMERGENCY CONTACT

Name Day Time Telephone Evening Phone
Home Address City/State/Zip Relationship to Staff

PART III: HEALTH INSURANCE INFORMATION

Name of PHYSICIAN: Telephone: ()
Address of PHYSICIAN: City / State / Zip
Family Medical/Hospital INSURANCE CARRIER: POLICY/GROUP NUMBER:
Do you have membership with a Health Maintenance Organization (HMO) such as Kaiser, Lifeguard, etc.? Yes No
If yes, what ID number do you use? What is the HMO main phone number for emergencies? ()

PART IV: ALLERGIES/ILLNESSES/INJURIES

Allergic Reaction: (Check those that apply and specify nature of allergic reaction) Check here for no known allergies
Animals Hay Fever Medicines/Drugs
Pollen Food Insect Stings
Plants/Poison Oak Other (specify)
Chronic or Recurring Illnesses: (Check those that apply and give appropriate dates)
Asthma Diabetes Heart Defect/Disease
Musculoskeletal Disorder Bleeding/Clotting Disorders Ear Infection
Hypertension Seizures/Convulsions Mononucleosis
Skin Disease/MRSA Other (specify)
Childhood Diseases: (Check those that apply and give appropriate dates)
Chicken Pox Measles German Measles
Mumps Other (specify)
Other Health Conditions: (Check those that apply)
Attention Deficit Disorder (ADD) Down's Syndrome Hearing Impairment Nose Bleeds
Wears Glasses/Contacts Bed Wetting Emotional Disturbances Menstrual Cramps
Sickle Cell Trait/Disease Special Dietary Regimen Dental Braces Fainting
Motion Sickness Sleep Disturbances Visual Impairment

List any current physical, mental or psychological health conditions requiring medical treatment, special restrictions or considerations: _____

List any dietary restrictions or special considerations (PLEASE NOTE: TWO SENTINELS IS NOT A NUT-FREE FACILITY!): _____

List any previous medical treatments, operations or serious injuries, provide dates: _____

PART V: MEDICATION

Over-the-counter medicines will be used to treat routine illness per Treatment Protocols. (Acetaminophen is used in place of aspirin.) Please list any over-the-counter medicines you DO NOT want to receive: _____

Do you take any medications? (Rx or Over the Counter OTC) YES
If YES, do you require any medication that might impair your ability to perform the essential functions of your position? This information must be disclosed and discussed with the Health Staff.
NO YES
Note: Medications (both Rx and OTC) must be turned in after your arrival and will be locked in the Health Center. Health Staff are available during regular hours and you can access your medications there during those posted times.

NOTE: We cannot administer medication that is not in its original container, labeled by the pharmacy with the name, address, dosage and frequency. Please label with name and dosage any over-the-counter drugs - antihistamines, vitamins, etc.

PART VI: IMMUNIZATION HISTORY – REQUIRED I attest that all immunizations are current (please initial) _____

Vaccines		Year of Basic Immunization	Year of Last Booster
DPT	Diphtheria, Pertussis (Whooping Cough), Tetanus		
TD	Tetanus, Diphtheria		
	Tetanus		
	Oral Polio (Sabin)* TOPV		
	Injectable Polio (Salk)		
	Measles (hard measles, red measles, Rubeola)		
	Rubella (German measles, 3-day measles)		
	Tuberculin test given _____ (most recent)		
	Hepatitis B		
	Other:		

List any condition that would limit full activity and in what way: _____

Additional comments: _____

PART VII: CONSENT

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me and the physician. I am in good health. I give permission for 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 am unable to give verbal consent, I give my permission to receive emergency medical and surgical treatment and to be hospitalized, if necessary. It is understood every effort will be made to contact the emergency contact noted above, before taking this action. I understand that Two Sentinels is not a nut-free facility. **This form is due MAY 15, 2019**

*All medications being taken are listed on the front of this form.

Signature of Adult Staff Member (or parent if Staff is younger than 18 years of age) _____ **Date** _____

PART VIII: RECORD OF HEALTH EXAMINATION

To be completed within 12 months of camp attendance by a
LICENSED PHYSICIAN – MD, PHYSICIAN’S ASSISTANT OR
A NURSE PRACTITIONER ACTING UNDER THE SUPERVISION OF A LICENSED MD

I have examined the above applicant within the past 12 months. DATE EXAMINED _____

In my opinion, the above applicant’s condition DOES DOES NOT preclude his/her participation in an active program. Activities to be limited: _____

The applicant is under the care of a physician for the following conditions: _____

Current treatment (including medications): _____

Height _____ Weight _____ Blood Pressure _____

Name of Physician _____

Signature of Physician _____

Phone (_____) _____

Date Signed _____

Doctor’s Office Stamp or Address

**PLACE
PICTURE
HERE**

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____








THEREFORE:

If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for ANY symptoms.

If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:





SEVERE SYMPTOMS

 LUNG Shortness of breath, wheezing, repetitive cough	 HEART Pale or bluish skin, faintness, weak pulse, dizziness	 THROAT Tight or hoarse throat, trouble breathing or swallowing	 MOUTH Significant swelling of the tongue or lips
 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	OR A COMBINATION of symptoms from different body areas.

↓ ↓ ↓

- INJECT EPINEPHRINE IMMEDIATELY.**
- Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

 NOSE Itchy or runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea or discomfort
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FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

- Antihistamines may be given, if ordered by a healthcare provider.
- Stay with the person; alert emergency contacts.
- Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.15 mg IM 0.3 mg IM

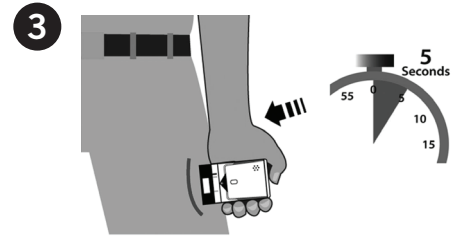
Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

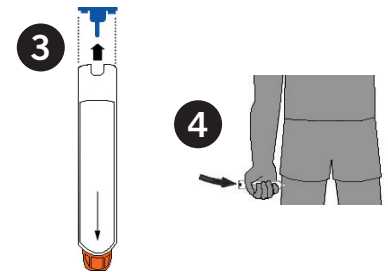
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly, and hold in place for 5 seconds.
5. Call 911 and get emergency medical help right away.



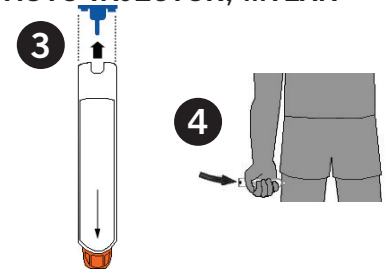
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



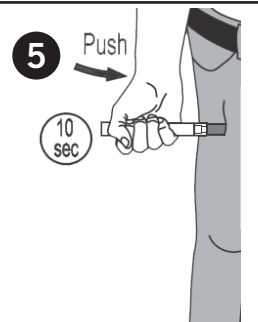
HOW TO USE EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN

1. Remove the epinephrine auto-injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____

Equipment Checklist for STAFF

REMINDER: Two Sentinels is at an elevation of 8000 feet.

The weather can be very warm during the day, but cold at night, and temperatures may drop to freezing...rain is likely and snow is possible! Please equip yourself accordingly.

LABEL ABSOLUTELY EVERYTHING with your camp name.
Two Sentinels receives 20 percent of all proceeds when preprinted labels are purchased from www.emilypress.com/twosentinels.

LUGGAGE: *Anything soft-sided YOU can carry to your unit YOURSELF! Do Not Pack in Black Garbage Bags!*

PACKS and SACKS

- day pack
- Meadowlarks only: mesh dunk bag for mess kit
- Optional—Convenient to Have**
 - hip pack—aka fanny pack or lumbar pack
 - laundry bag
 - several one-gallon resealable plastic bags

SLEEPING GEAR

- ground cloth—*durable plastic, minimum size 4 by 6 feet*
- cot and mattress supplied by camp for staff
- sleeping bag—*rated for 20 degrees F or lower*
- Optional—Comfortable to Have**
 - warm blanket
 - pillow
 - 1–2 pillow cases

EATING and DRINKING GEAR

- one-quart (one-liter) plastic water bottle with screw-on lid or canteen
- non-breakable mug/cup
- Meadowlarks only: mess kit—*bowl, cup with handle, fork, spoon*

ESSENTIAL GEAR

- whistle
- 1–2 sources of light—*flashlights/lanterns/headlamps*
- extra batteries and bulbs
- watch—*remember, no cell phones*
- alarm clock—*or watch with alarm*
- staff tie
- staff manual

OPTIONAL GEAR—Good to Have

- 1–2 extra sources of light—*flashlights/lanterns/headlamps*
- clothesline
- clothespins
- laundry soap
- sewing kit/safety pins
- chemical hand/foot warmers
- emergency space blanket
- camera—*remember, no cell phones*
- pencil/pen/permanent marker
- journal
- stationery/postcards—*preaddressed and stamped*
- maps/field guides/books
- fishing gear—*license needed for ages 16 and older*
- white shirt or pillow case to silkscreen—*cotton or 50/50*

No Electronic Devices: phones, ipods, mp3/cd/dvd/game players, e-readers, tablets, etc.
No Food, Candy or Gum

PERSONAL HEALTH—UNSCENTED ONLY, SMALL SIZES

- biodegradable soap
- moisturizing lotion/cream
- toothbrush
- toothpaste

PERSONAL HEALTH—UNSCENTED ONLY, SMALL SIZES

- 2 chap sticks
- shampoo
- conditioner
- comb/brush
- hair ties/bands/pins/barrettes
- nail clipper
- nail file
- contact lens supplies
- spare contact lenses/glasses
- sun screen—*SPF of 30 or above; no aerosol cans*
- insect repellent—*up to 30% deet; no aerosol cans*
- deodorant/antiperspirant
- menstrual supplies—*be prepared for the unexpected*
- small mirror
- tissues
- 1–2 wash cloths
- 1–2 bath towels
- beach towel
- prescription medication—*over-the-counter meds available at camp*

CLOTHING

Head and Face

- hat with brim
- cap for warmth—*fleece or wool*
- 2 or more bandanas
- Optional—Smart to Have**
 - sunglasses—*with UVA/UVB protection*

Upper Body

- 2–5 bras
- 4–6 light-weight short-sleeved shirts
- 4–6 light- and mid-weight long-sleeved shirts
- 2 heavy-weight long-sleeved sweaters or sweatshirts
- warm jacket
- waterproof jacket or poncho—*with hood*
- pair gloves or mittens—*fleece, polyester, or wool*
- Optional—Pleasant to Have**
 - vest or other layering piece

Lower Body

- 10 or more pairs underpants
- 3–5 pairs shorts or capris
- 3–5 pairs pants
- 2 pairs pajamas or sweatpants or long underwear
- swimsuit
- Optional—Nice to Have**
 - pair wind pants
 - pair waterproof pants

Feet

- 10 pairs socks
- 2 pairs hiking socks—*wool*
- 2 pairs sturdy shoes or boots—*with laces*
- pair water shoes—*closed toe, heel and sides*
- Optional—Fine to Have**
 - pair boots for rain/snow/mud