

## **Day Camp Camper Forms** for Mail-In registration of girls.

This form set is for Girls that want to

- Come to camp as a Camper
- Are registering by mail

If this describes you, this package contains all the forms you need to register for camp.

This package contains the following forms:

Day Camp Registration form  
Day Camp Health History & OTC Medications form  
Day Camp Medication Permission form

### **Instructions:**

Print all the forms in this package. Some forms can be filled in electronically before printing with Adobe Acrobat Reader. Filled in forms cannot be saved, only printed.

For *all* campers, Fill out ***Day Camp Registration for*** and ***Day Camp Health History & OTC Medications form.***

**If your camper will be bringing Prescription or OTC medications from home** that will be taken at camp, you must also fill out the ***Day Camp Medication Permission form.***

**If your camper is not currently registered as a Girl Scout**, we will register her for you. The GSA registration fee is \$12. Please add this to your payment. The total check should be \$12 more than your camp fee to cover Girl Scout registration. No additional form is required.

Return completed forms to the Camp Registrar, with a check for the all fees, before May 1, 2012.

### **Cookie Credits**

If you want to use a Cookie/Nut Credit ,please enter the card number (16 digit), and amount to use, on the camp registration form. If you receive a credit after you register for camp, mail or e-mail the information to the Camp register before the start of camp.

In any case, ***do not deduct Cookie credits from camp fees.*** Cookie credits must be processed through Council. You will receive a refund check after the processing is complete.

### **Reminders:**

- Please fill out each form completely
- Each form must be signed by your parent or guardian.
- Include your camp fee payment.

Send all forms to:

Randy Dietrich  
MNDC Registrar  
6636 SW Griffin DR  
Portland, OR 97223-7578





# Day Camp Health History & OTC Medications

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Adult  Camper

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Primary Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Secondary Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Family Medical/Hospital Insurance Carrier \_\_\_\_\_ Policy or Group # \_\_\_\_\_

Emergency Contact #1: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Evening Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Emergency Contact #2: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Evening Phone ( \_\_\_\_\_ ) \_\_\_\_\_

## Health History Record (Check all that apply)

### Chronic or recurring illnesses:

- Heart Defect / Disease \_\_\_\_\_
- Seizures \_\_\_\_\_
- Bleeding / Clotting \_\_\_\_\_
- Asthma \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Other (specify) \_\_\_\_\_

Any restrictions concerning physical activities?

- No
- Yes. Please describe any conditions: \_\_\_\_\_

### Allergies:

- Food, Nuts \_\_\_\_\_
- Insect Stings \_\_\_\_\_
- Medicine / Drugs \_\_\_\_\_
- Other (specify) \_\_\_\_\_

Special dietary restrictions? \_\_\_\_\_

Tetanus  Date of last booster? (year) \_\_\_\_\_

Please list any medications taken on a daily basis, including over-the-counter medications: \_\_\_\_\_

Any other relevant health concerns \_\_\_\_\_

## Camper Only - Over-the-Counter Medications

According to our Day Camp Protocols and Health Care Procedures, our health care staff can administer certain types of over-the-counter (OTC) medications. In order for your camper to be able to receive these, we need to have a parent/guardian signature.

Check box if camper MAY RECEIVE any of the following OTC medications:

- |  |   |
|--|---|
| <input type="checkbox"/> Acetaminophen (Tylenol or generic)            | <input type="checkbox"/> OTC Antacid (Tums)                       |
| <input type="checkbox"/> Ibuprofen (Advil or generic)                  | <input type="checkbox"/> Calamine lotion                          |
| <input type="checkbox"/> Diphenhydramine (Benedryl or generic)         | <input type="checkbox"/> Antibiotic Ointment                      |
| <input type="checkbox"/> Non-medicated cough drops                     | <input type="checkbox"/> Sunscreen (without PABA, minimum SPF 30) |
| <input type="checkbox"/> Insect repellent (may contain up to 15% DEET) | <input type="checkbox"/> Hydrocortisone                           |

Weight of child for dosage purposes:  
\_\_\_\_\_

(Unchecked boxes means camper MAY NOT receive that medication.)

**Camper**  
I/we verify that this health history is complete and accurate. My child has permission to engage in all prescribed activities, except as noted by me. In case of illness or injury, I/we give permission for her/him to receive first aid and to receive emergency treatment from a licensed physician, emergency medical services or other health care professional. It is understood that all reasonable efforts will be made to contact the parent or guardian. I/we verify my child has my permission to receive the above-mentioned over-the-counter medications.

Signature of Parent(s)/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Adult**  
I verify that this health history is complete and accurate. I am able to engage in all prescribed activities, except as noted.

Signature of Adult \_\_\_\_\_ Date \_\_\_\_\_



Day camp staff cannot distribute medications to campers, whether over-the-counter or prescription, without parent permission. In order for the day camp health supervisor to give any medication brought from home to campers, they must have a signed copy of this completed form.

Camper Name \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

**Prescription and Over-the-Counter Medications from Home**

If there are any medications brought from home that your camper may need at camp, please provide these in original packaging with doctor/parent instructions at the start of camp.

Medication	Instructions for Administration

\_\_\_\_\_ (insert camper's name) has my permission to receive the above mentioned over-the-counter and/or prescription medications.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_