

Girl Scouts of Nassau County

Summer Fun Day Camp

Health Form Instructions

In order to ensure that your child may attend Summer Fun Day Camp, all of the following items must be completed by the due date indicated:

1. Upon Receipt of Confirmation Packets:

___ Please read the confirmation information in its entirety carefully– it will explain all necessary important items, including the rainy day site information and procedure. **Please keep this information handy until your child’s camp session has ended.**

2. By May 1, 2012:

___ Return your enclosed bill with full payment. We accept personal checks, cash and credit cards. If we do not receive the FULL BALANCE by May 1, it may result in loss of camp placement. **We do not accept payments over the phone OR at the camp site.**

Cookie Credits: We are able to accept “Cookie Credits” towards your camp balance if these have been issued specifically to your child, but you must indicate this on the payment form returned by May 1, 2012. *If you have not received your “cookie credits” by May 1, please submit the remainder of your payment and indicate you will mail in the “cookie credit” redemption form once received.*

3. By June 1, 2012:

___ Mail in completed *Summer Fun Day Camp Health Form*. Failure to submit by that date may result in loss of camp placement. **We cannot accept Health Forms at the Camp Site.**

The following items and/or sections NEED to be filled out on the Summer Fun Day Camp Health Form in order for it to be considered completed:

- ***An *original* doctor’s signature on the health form**
- ***Date of last physical examination (*Nassau County Board of Health requirements specify that exams must have taken place within 12 months of exact date of camp attendance. A new exam is not necessary for camp attendance if you have had one within 12 months.*)**
- Parent/guardian original signature
- Emergency contact information (a person other than a parent/guardian)
- Complete Immunization record (writing in “up to date” is NOT acceptable). Immunization record can be filled in on our form **or** attached as a separate print out from your child’s physician.
- General Questions* portion

***AN IMPORTANT NOTE:**

If your child enjoys the Summer Fun Day Camp and you would like to register her for additional sessions once camp is in session, please do so **BY 10 DAYS PRIOR** to the additional session. We do not accept registrations or additions at the camp site. You must contact the Girl Scouts of Nassau County Office directly. **Payments only in the form of cash or credit card can be accepted when registering for additional sessions.**

Summer Fun Day Camp Health Form

By June 1, 2012 Mail this completed form to
Girl Scouts of Nassau County
110 Ring Road West
Garden City, NY 11530

Dates of Camp Attendance _____

This information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs.

Name _____ Birth Date _____ Age at camp _____
Last First Middle

Home address _____
Street Address City State Zip

Custodial parent/guardian: _____ Phone _____

Home Address _____
(if different from above) Street Address City State Zip

Business Name _____ Phone _____

Second parent or guardian: _____ Phone _____

Address _____
(if different from above) Street Address City State Zip

Business Name _____ Phone _____

Emergency contact _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name _____ Group # _____

****Photocopy of front and back of health insurance card must be attached to this form.**

IMPORTANT—THESE BOXES MUST BE COMPLETE FOR ATTENDANCE*

This health history form is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purchases.

It is my intention that the camp be treated as acting *in loco parentis* if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal Representatives" for the purpose of disclosing protected health information pursuant to the privacy

Signature of parent or guardian or adult staffer _____

Printed Name _____ Date _____

regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

I also understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of minor or adult staffer _____ Date _____

**If for any religious reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.*

Signature of family physician _____ Date of last physical exam: _____
must have taken place within 12 months of camp attendance

Name of family physician _____ Phone _____

Address _____

(Continued on reverse)

ALLERGIES List all known medication allergies, food allergies and all other allergies. Include insect stings, hay fever, asthma, animal dander, etc.

Describe reaction and management of the reaction.

MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person **takes NO medications** on a routine basis
(Attach additional pages for more medications)

OR This person **takes medications** as follows

Med #1 _____	Dosage _____
Specific times taken each day _____	
Reason for taking _____	

Med #2 _____	Dosage _____
Specific times taken each day _____	
Reason for taking _____	

Identify any medications taken during the school year that participant does/may not take during the summer: _____

RESTRICTIONS (The following restrictions apply to this individual.)

Does not eat: Red meat Pork Dairy products Poultry Seafood Eggs Other (Describe) _____

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary) _____

Which of the following has the participant had?

Measles Hepatitis A **TB Mantoux Test**
 Chicken pox Hepatitis B Date of last test _____ **Result:** Positive Negative
 German measles Hepatitis C
 Mumps

Please give all dates of immunization for:

Vaccine:	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP		_____	_____	_____	_____	_____	_____
TD (tetanus/diphtheria)		_____	_____	_____	_____	_____	_____
Tetanus		_____	_____	_____	_____	_____	_____
Polio		_____	_____	_____	_____	_____	_____
MMR		_____	_____	_____	_____	_____	_____
	Or Measles	_____	_____	_____	_____	_____	_____
	Or Mumps	_____	_____	_____	_____	_____	_____
	Or Rubella	_____	_____	_____	_____	_____	_____
Haemophilus Influenza B		_____	_____	_____	_____	_____	_____
Hepatitis B		_____	_____	_____	_____	_____	_____
Varicella (chicken pox)		_____	_____	_____	_____	_____	_____

GENERAL QUESTIONS (Explain "yes" answers below)

- | | | |
|--|------------------------|--|
| <u>Has/does the participant:</u> | (Please circle answer) | (Please circle answer) |
| 1. Had any recent injury, illness or infectious disease? | YES NO | 17. Ever had problems with joints (e.g., knees, ankles)? YES NO |
| 2. Have a chronic or recurring illness/condition? | YES NO | 18. Have an orthodontic appliance being brought to camp? YES NO |
| 3. Ever been hospitalized? | YES NO | 19. Have any skin problems (e.g., itching, rash, acne)? YES NO |
| 4. Ever had surgery? | YES NO | 20. Have diabetes? YES NO |
| 5. Have frequent headaches? | YES NO | 21. Have asthma? YES NO |
| 6. Ever had a head injury? | YES NO | 22. Had mononucleosis in the past 12 months? YES NO |
| 7. Ever been knocked unconscious? | YES NO | 23. Had problems with diarrhea/constipation? YES NO |
| 8. Wear glasses, contacts or protective eye wear? | YES NO | 24. Have problems with sleepwalking? YES NO |
| 9. Ever had frequent ear infections? | YES NO | 25. If female, have an abnormal menstrual history? YES NO |
| 10. Ever passed out during or after exercise? | YES NO | 26. Have a history of bed-wetting? YES NO |
| 11. Ever been dizzy during or after exercise? | YES NO | 27. Ever had an eating disorder? YES NO |
| 12. Ever had seizures? | YES NO | 28. Ever had emotional difficulties for which professional help was sought? YES NO |
| 13. Ever had chest pain during or after exercise? | YES NO | |
| 14. Ever had high blood pressure? | YES NO | |
| 15. Ever been diagnosed with a heart murmur? | YES NO | |
| 16. Ever had back problems? | YES NO | |

Please explain any "yes" answers, noting the number of the questions. _____

Use this space to provide any additional information about the participants behavior and physical, emotional, or mental health about which the camp should be aware. _____