



# Camp Colony Creek 2024

*Tejas!* is the theme for our twilight camp this year.

Girls will have a ton of fun while celebrating the best of Texas' past, present and future. Join the Texan fun, earn Girl Scout badges, take part in Girl Scout traditions and make new friends!

Our **Twilight Camp** is an event hosted by the Colony Creek Girl Scout Community and planned for the late afternoon/evening to provide working parents an opportunity to volunteer with Girl Scout programs. The operation of this event is 100% dependent upon VOLUNTEER personnel. Now is the time to get involved in Girl Scouts to support your daughter as she builds **Courage, Confidence, and Character** to make the world a better place!

At Camp Colony Creek, Girl Scout Daisies work on a patch program designed just for them. Girl Scout Brownies, Juniors, and Cadettes have an opportunity to choose their preferred workshops. Workshops will be held if there is sufficient girl interest in them. Some workshops have maximum participation limits. Each workshop offers fun requirements for campers to earn a Girl Scout level badge or patch.

→ **PROGRAM AIDES** are Girl Scout Cadettes going into 8th grade (Fall 2024) who assist Older Girl Workshop Leaders and/or Adult Workshop Leaders with various camp workshops.

→ **'OWLS' = Older Girl Workshop Leaders** are Girl Scout Seniors and Ambassadors, going into 9th-12th grade (Fall 2024). They may volunteer as workshop leaders to help younger girls earn badges.

**DATES:** June 18, 19 & 20, 2024 (Tuesday, Wednesday & Thursday)

**TIME:** 3:00 P.M. - 8:00 P.M.

**PLACE:** Christ Church - Sugar Land at 3300 Austin Parkway, Sugar Land, TX 77479

**2024 PA/OWL FEE:** \$20.00 per PA/OWL. PA/OWL fees include the 2024 camp t-shirt & patch, snacks for 3 days and surprise goodies.

**NEW FOR 2024!** **HOW TO APPLY TO BE A PA/OWL:** **\*\*NEW** this year, all PAs and OWLs must complete a written and video application. If you have not received the 2024 application form, send a request by email to: **CCCOWLPA@gmail.com**. The final day to submit both the written and video applications is **April 20th**. Once the applicant receives an email confirmation that she has been approved to volunteer at Camp Colony Creek, the registration process should begin ASAP. The deadline for registration is Tuesday, April 30, 2024.

**HOW TO REGISTER AS A PA/OWL:** **\*STEP 1\*(REQUIRED):** Pre-register as a PA/OWL on our Camp Colony Creek 2024 website by providing information we need for camp preparation (t-shirt size, contact information, etc.).  
**campcolonycreek.com**

**\*STEP 2\* (REQUIRED):** Choose a method to pay the PA/OWL fee: Using the CheddarUp app, payment may be made by credit card or e-check. We also accept personal checks, money orders or cash.

**\*STEP 3\* (REQUIRED):** Required Forms for your PA/OWL - see page 2 of this packet.

--Download the Camper Registration Packet from the website.

--Complete the editable PDF forms. Save them on your computer. PRINT the forms.

--Parent/guardian must **SIGN each form**. Mail/deliver with the camp fee to the address below.

Registration is considered complete when ALL required paperwork & fees are received.

**DEADLINE:** NOTE: ALL registrations **MUST BE RECEIVED BY Tuesday, April 30, 2024.**

**MAIL/DELIVER FORMS TO:** **Camp Colony Creek 2024, c/o BJ Bonner, 3522 Amphora Circle, Sugar Land, TX 77479**

Additional postage may be needed for a timely delivery! DO NOT wait until April 30 to mail your registration forms.

→ **A final registration drop-off opportunity will be provided on Tuesday, April 30, from 5 to 8 pm. Location: Christ Church-Sugar Land (Family Life Center), 3300 Austin Pkwy., Sugar Land 77479**

Campers and Adult Volunteers register using separate registration packets, found on our website.

**NEW / FORMER GIRL SCOUTS:** If your PA/OWL is not a current member of Girl Scouts, please register her online (gssjc.org). Follow the steps described on Page 2 of this packet.

**CONFIRMATION:** Confirmation of registration will be emailed to individuals when registration is determined complete. Notice of an incomplete registration will be sent by email. Additional messages with camp information (emergency contact info, camper attire, supplies, and drop off/pick-up information) will be sent by email closer to the start of camp.

**DIRECTORS:** BJ Bonner & Megan Hickel

**EMAIL CONTACT:** **GSCampColonyCreek@gmail.com**



# CAMP COLONY CREEK 2024

## Program Aide/OWL Registration Packet

**NEW this year!** Older Girl Scouts seeking to be Program Aides and OWLs at Camp Colony Creek 2024 are required to submit a written and a video application by April 20, 2024. After receiving an email confirmation that she has been approved to volunteer at Camp Colony Creek, it is time to complete the registration process.

**HOW TO REGISTER:** Start by registering your Girl Scout Program Aid on our Camp Colony Creek 2024 website:  
**campcolonycreek.com**

The online registration process provides information needed to prepare for camp t-shirt sizes, contact information, etc. **Please help us by providing the same information on the PA/OWL Registration form in this packet and indicating your method of payment..** Complete the required fillable forms from this packet, print and **sign each one.**

Mail or deliver to the address below, making sure it is **RECEIVED by April 30, 2024.**

Registration is considered complete when ALL required paperwork & fees have been received.

Please do NOT wait until April 30th to put your registration packet in the mail. *Additional postage may be required for a timely delivery!*

**Be sure to submit the following items for each Program Aide/OWL:**

- \_\_\_ 1 Program Aide/OWL Registration form, page 3 of this packet
- \_\_\_ 2 Behavior Agreement form, GSSJC O-221, found in this packet - **must be signed**
- \_\_\_ 3 *TWO* Girl Scout Permission Slips, F-204, found in this packet - **must be signed**
- \_\_\_ 4 Authorization for Release of Information, GSSJC O-40, in this packet - **must be signed**

This is GSSJC's HIPPA form - authorizing the use or disclosure of girl member's identifiable health information to First Responders, etc.

- \_\_\_ 5 Girl Scout Medical Information form, F-185, found in this packet - **must be signed**
- \_\_\_ 6 Photocopy of Insurance Card (as requested on the GS Medical Information form, F-185)
- \_\_\_ 7 Copy of the child's Immunization Record (if not provided on pg 2 of the GS Medical Information form)
- \_\_\_ 8 Payment: Credit Card or e-check using the **CheddarUp App** linked to our camp website  
-OR- Checks made payable to 'Camp Colony Creek' -OR- Cash.

**MAIL/DELIVER FORMS TO:** Camp Colony Creek 2024, c/o BJ Bonner, 3522 Amphora Circle, Sugar Land, TX 77479  
**NOTE: A final registration drop-off opportunity will be provided on Tuesday, April 30, 2024 from 5 to 8 pm. Location: Christ Church-Sugar Land (Family Life Center), 3300 Austin Pkwy, Sugar Land 77479.**

**DEADLINE:** Registrations must be received by **Tuesday, April 30, 2024. DO NOT LEAVE REGISTRATION PACKETS WITH THE CHRIST CHURCH STAFF. OUR EVENT IS NOT A CHURCH EVENT!**

**NEW OR FORMER GIRL SCOUTS:** If your PA/OWL is not a current member of Girls Scouts USA, please register her Online (gssjc.org). Follow the prompts to 'Become a Girl Scout/Join Us' > 'Be a Girl Scout' > 'Find a Troop'. Look for and choose '*Troop157CadetteNeedsPlacement*' or '*Troop157SeniorNeedsPlacement*' when asked to select a troop. Complete the GSUSA-registration process and payment.

*Please note:* The current membership fee for the remainder of the 2024 year, ending 9/30/2024, is **\$25.00**. As of April 1, 2024, an extended membership option will be offered for 18 months of GSUSA membership, ending 9/30/2025, for **\$35.00**. This is an option for 1st time members joining during the summer months.

→ **Please print and forward the confirmation email received following completion of GSUSA-registration to our camp email. Thank you.**

Questions and issues with the GSUSA registration process should be directed to the GSSJC Customer Service Staff: 713-292-0300.

**QUESTIONS?** Contact us by email: **GSCampColonyCreek@gmail.com**

# Camp Colony Creek 2024-- Registration Form for Program Aides & Workshop Leaders

(Please TYPE in all CAPITAL letters)

Program Aide/OWL Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade (fall 2024) \_\_\_\_\_

Troop Number: \_\_\_\_\_ Girl Scout level (fall 2024): Cadette  Senior  Ambassador

GS Community: Colony Creek  or other (please specify) \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_ PA/OWL Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State: \_\_\_\_\_ / \_\_\_\_\_ Zip Code: \_\_\_\_\_ Camp Nickname: \_\_\_\_\_

Family Email Address: \_\_\_\_\_

PA/OWL Email Address: \_\_\_\_\_

*Note: Camp Colony Creek uses e-mail as the primary form for all communication to parents/guardians.*

**If you are not a current member of Girl Scouts, please register online (gssjc.org).**

Follow the prompts to 'Join Us'/'Be a Girl Scout'. On the 'Find a Troop' page, search for and select 'Troop157CadetteNeedsPlacement' or 'Troop157SeniorNeeds Placement', etc. Continue the GSUSA-registration process. Be sure to save the confirmation email received when the online registration is complete as proof of GSUSA registration. Please include it with your registration forms.

<b>PROGRAM AIDE &amp; WORKSHOP LEADER FEE</b>	<i>Registered GS in grades 8 through 12 who are assisting/leading program at camp.</i>	<b>\$20.00</b>
<p><b>PROGRAM AIDES and WORKSHOP LEADERS will receive ONE 2024 camp T-shirt.</b> All volunteers should wear the 2024 camp T-shirt every day of camp.</p> <p>Size options (please check/circle):</p> <p>Youth Sizes: <input type="checkbox"/> YS (6-8) <input type="checkbox"/> YM (10-12) <input type="checkbox"/> YL (14-16)</p> <p>Adult Sizes: <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/> AXXL</p>		
<p>I want to purchase an <i>extra 2024 Volunteer T-shirt</i>.</p> <p>Specify <b>size</b> of shirt:</p> <p>Youth Sizes: <input type="checkbox"/> YS (6-8) <input type="checkbox"/> YM (10-12) <input type="checkbox"/> YL (14-16)</p> <p>Adult Sizes: <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/> AXXL</p>		<p>_____ (# of extra shirts) X \$11.00 = \$</p>
<p><b>PAYMENT - Check #</b> _____</p> <p style="font-size: small;">Make checks payable to 'Camp Colony Creek'</p>	<input type="radio"/> Cash <input type="radio"/> We paid using the Cheddar Up App	<p><b>Total Enclosed:</b> \$</p>

**Quick Check:**

Have you applied to be a Program Aide or OWL at this year's Camp Colony Creek yet?	Yes	No
Have you been a Camper at Camp Colony Creek before?	Yes	No
Have you been a Program Aide at Camp Colony Creek before?	Yes	No
Have you led a workshop at Camp Colony Creek before?	Yes	No

<b>For Camp Staff ONLY:</b>	Rec'd	Fee	Reg	Beh	Per	Rel	Per 2	Med	Ins	Imm
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# Camper Behavior Agreement

## Girl Scouts of San Jacinto Council

Camp is a place for you to have fun, improve skills, become more independent, make new friends, develop social skills, experience a different environment and learn from a positive adult role model. To be successful at Girl Scout camp it is important to remember the Girl Scout Promise and live by the Girl Scout Law. **All girl members are asked to sign the Camper Behavior Agreement form along with their parent/guardian. A conversation with younger girl members would reinforce the idea of 'living by the Girl Scout Law' at our twilight camp.**

### The Girl Scout Law

**I will do my best to be:**

**honest and fair,**

**friendly and helpful,**

**considerate and caring,**

**courageous and strong,**

**and responsible for what I say and do,**

- ✓  I agree to respect other campers' and workshop leaders' belongings and space. I understand this means I will not touch anything that belongs to another camper or workshop leader without their permission.
- I agree to help other campers and workshop leaders keep camp clean. I will pick up after myself.
- I agree to be a responsible camper and will make every effort to improve our camp community every day.
- I agree not to bring portable electronic devices to camp. I understand that Camp Colony Creek/GSSJC is not responsible for my electronic items.
- If I bring a cell phone to camp, I agree to keep it in my personal backpack/bag at all times.
- I agree to follow all camp rules.

**and to respect myself and others,**

**respect authority,**

**use resources wisely,**

**make the world a better place, and**

**be a sister to every Girl Scout**

- ✓  I agree to respect the authority of camp staff and workshop leaders, follow and accept their directions.
- I agree to use appropriate language and behavior. Excessive rowdiness, fighting, sexual harassment, racial remarks, bullying, inappropriate gestures or any acts of violence are unacceptable.
- I agree not to bring alcohol, tobacco, controlled substances or illegal drugs to camp.
- I agree to respect all property both man-made and natural resources.
- I agree to do my best to have fun, try new things, learn something new, make new friends and enjoy my camp experience in the spirit of Girl Scouting.

Both camper and parent/guardian have read and understood the Camper Behavior Agreement and agree to follow the practices during her stay at Girl Scout camp. We also understand that failure to comply may result in being prohibited from participating in specific activities, being sent home or not enjoying all the opportunities camp has to offer.

**PA/OWL's Name:** \_\_\_\_\_

**PA/OWL'S SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I have read the Camper Behavior Agreement, and will help my daughter follow the camp rules.**

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# GIRL SCOUT PERMISSION SLIP

Girl Scouts of San Jacinto Council

(THIS FORM MAY BE PHOTOCOPIED WHEN COMPLETED. PRINT CLEARLY, USE BLACK INK.)

GIRL'S NAME

TROOP/GROUP #

*Parent/Legal Guardian: Copy this form to retain this information*

Activity/Place: Camp Colony Creek 2024 Date(s): June 18-20, 2024 (Tues-Thurs)

Place of event: Christ Church-SL, 3300 Austin Parkway, Sugar Land Time to arrive: by 3:00 pm each day

Place for pick up: Christ Church-SL, 3300 Austin Parkway, Sugar Land Time for pick up: 8:00 pm each day

Bring: Water bottle, Hat, Small Backpack/Drawstring Bag, Lunch/Dinner & drink Fee: see registration forms

Dress: REQUIRED: Closed-toe & Closed-back shoes; Camp Colony Creek 2024 T-shirt (every day)

Adults in charge: BJ Bonner & Megan Hickel, camp co-directors Phone: (emergency camp # to be provided before camp)

Contact adult: Camp Directors listed above Phone: camp email: gscampcolonycreek@gmail.com

*Return this completed & signed form with Camp Registration forms by: April 30, 2024*

Girl's Name: \_\_\_\_\_ Troop/Group # \_\_\_\_\_ Age: \_\_\_\_\_

Activity: Camp Colony Creek 2024 Date: June 18-20, 2024

My daughter has my permission to attend the activity listed above. She will not attend if she is not feeling well. I give my permission to have her treated by a licensed medical professional if necessary. I also agree to be financially responsible for all expenses associated with providing medical care for my child. My signature on this document also allows Girl Scouts to use **photographs, voice, and/or video of my child for Public Relations purposes**. My daughter may have opportunities in the future to attend activities other than the ones listed on this form. I acknowledge that if I give permission for her to participate in such activities in the future, it is under the same conditions that are set out in this form, unless specifically updated, including with respect to transportation. (Leader: Attach future parent permissions to this form.)

**TRANSPORTATION RELEASE:** I understand that troop/group leaders must obtain the written consent of parent/guardian for every girl wishing to participate in an activity or outing that is held at a different place and time from the regularly scheduled troop/group meeting. I accept responsibility for the transportation of my child to and from any Girl Scout activity and recognize that transportation to and from Girl Scout events is not the responsibility of Girl Scouts of San Jacinto Council. I recognize that the driver of any such carpool or bus service that I arrange is not acting as an agent or on behalf of Girl Scouts of San Jacinto Council. It is my expressed intention to hold Girl Scouts of San Jacinto Council harmless for any and all claims, injuries, death, or damages arising from or in any way related to any such transportation.

I give my permission for my daughter to participate in Boating, Swimming, Horseback Riding, or other strenuous activities. If no exceptions, she may participate in all activities at this outing. **EXCEPTIONS:** \_\_\_\_\_

My daughter **may not** be released to: \_\_\_\_\_

➔ If unable to reach me in case of an emergency or change in plans, please contact one of the following. I will make arrangements with these people prior to the event.

Name: \_\_\_\_\_ Day: \_\_\_\_\_ Evn: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Day: \_\_\_\_\_ Evn: \_\_\_\_\_ Relationship: \_\_\_\_\_

I have provided medication(s) for my child to take with the supervision of the Leader/First Aider. Yes: _____ No: _____ (attach a list if necessary)		
Medication:	Dosage:	How Often:

Medication(s) she can have: \_\_\_\_\_

Medication(s) she **cannot** have: \_\_\_\_\_

Disease exposed to in last 30-days: \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent/Legal Guardian \_\_\_\_\_

GIRL SCOUT INSURANCE CARRIER: MUTUAL OF OMAHA For confirmation, contact Girl Scouts of San Jacinto Council 713-292-0300 or 1-800-392-4340

# Authorization for Release of Information

## Girl Scouts of San Jacinto Council

### I. Information About the Use of Disclosure

I hereby authorize the use or disclosure of my daughter's identifiable health information as described below. I understand that this authorization is voluntary and that I may revoke it at any time by submitting my revocation in writing to the entity providing the information.

Participant Name: \_\_\_\_\_ Camper Number: (not applicable) \_\_\_\_\_

Name of the plan authorized to provide the information: Girl Scouts of San Jacinto Council

Persons/organizations authorized to receive the information: (For example: Mom, Stepfather, Grandparents, First Responders)

Specific description of information to be used or disclosed: (For example: can release medical information to people listed above) \_\_\_\_\_

Specific purpose of the disclosure: (For example: for treatment or information) \_\_\_\_\_

If a health plan or provider is requesting to receive the information described on this form, will that plan or provider receive financial or in-kind compensation in exchange for using or disclosing the health information described?

No \_\_\_\_\_ Yes (describe) \_\_\_\_\_

This authorization will expire one year from the date next to my or my personal representative's signature below, or upon the occurrence of the following event **(June 18-20, 2024)** Camp Colony Creek 2024 (must relate to the purpose of the authorization).

### II. Important Information About Your Rights

I have read and understood the following statements about my rights:

- I may revoke this authorization at any time prior to its expiration date by notifying the providing organization in writing, but the revocation not effect any actions the entity took before it received the revocation.
- I may see and copy the information described on this form if I ask for it.
- I am not required to sign this form to receive health care benefits to which I am otherwise entitled.
- The information that is used or disclosed pursuant to this authorization may be redisclosed by the receiving entity and I understand that the information may no longer be protected by the Health Insurance Portability and Accountability Act of 1996 (also known a HIPAA).

### III. Signature of Parent/Legal Guardian

\_\_\_\_\_  
**Signature of Parent/Legal Guardian**  
(Form **MUST** be completed before signing)

\_\_\_\_\_  
**Date**

Printed name of the participant: \_\_\_\_\_

Printed name of the participant's parent/legal guardian: \_\_\_\_\_

Relationship to the participant, including authority for status as representative: \_\_\_\_\_

**\*\* YOU MAY REFUSE TO SIGN THIS AUTHORIZATION \*\***





**PROGRAM AIDE & OWL Training/Preparation Meetings**

# GIRL SCOUT PERMISSION SLIP #2 of 2 for Program Aides/OWLs

## Camp Colony Creek 2024 -- Girl Scouts of San Jacinto Council

(THIS FORM MAY BE PHOTOCOPIED WHEN COMPLETED. PRINT CLEARLY, USE BLACK INK.)

**Keep a copy of this form for reference!**

Girl's Name: \_\_\_\_\_ Troop/Group # \_\_\_\_\_ Age: \_\_\_\_\_

My daughter has my permission to attend the activity/activities listed below. She will not attend if she is not feeling well. I give my permission to have her treated by a licensed physician if necessary. I also agree to be financially responsible for all expenses associated with providing medical care for my child. My signature on this document also allows Girl Scouts to use **photographs, voice, and/or video of my child for Public Relations purposes**. My daughter may have opportunities in the future to attend activities other than the ones listed on this form. I acknowledge that if I give permission for her to participate in such activities in the future, it is under the same conditions that are set out in this form, including with respect to transportation. (Leader: Attach future parent permissions to this form.)

Leader should communicate complete information about each planned activity to parent/legal guardian, including activity, location, date/time, departure time/place, return time/place, cost, dress, what to bring, and other pertinent information.

Activity: CCC 2024 - Program Aide/Senior & Ambassador training Date: Sunday, April 28, 2-5pm  
> Our Program Aide/OWL coordinators will send an email confirming details for this meeting (specific times and location).

Activity: CCC 2024 - IMPORTANT meeting for RETURNING OWLs - Responsibilities, Skill building, & Workshop Selection Date: Sunday, May 5, 2-5pm  
> Our Program Aide/OWL coordinators will send an email confirming details for this meeting (specific times and location).

Activity: CCC 2024 - meeting with ALL PAs & OWLs - Workshop Planning, Leadership, Safety, Songs & Ceremony Date: Sunday, June 2, 2-5pm  
> Our Program Aide/OWL coordinators will send an email confirming details for this meeting (specific times and location).

Activity: CCC 2024 - meeting with OWLs only - Workshop details reviewed Date: Sunday, June 9, 2-5pm  
> Our Program Aide/OWL coordinators will send an email confirming details for this meeting (specific times and location).

Activity: CCC 2024 - ALL Program Aides & OWLs - Camp Set-Up Day at Christ Church Date: Monday, June 17, time TBA  
> Our Program Aide/OWL coordinators will send an email confirming details for this meeting (specific times).

Activity: \_\_\_\_\_ Date: \_\_\_\_\_

**TRANSPORTATION RELEASE:** I understand that troop/group leaders must obtain the written consent of parent/guardian for every girl wishing to participate in an activity or outing that is held at a different place and time from the regularly scheduled troop/group meeting. I accept responsibility for the transportation of my child to and from any Girl Scout activity and recognize that transportation to and from Girl Scout events is not the responsibility of Girl Scouts of San Jacinto Council. I recognize that the driver of any such carpool or bus service that I arrange is not acting as an agent of Girl Scouts of San Jacinto Council. It is my expressed intention to hold Girl Scouts of San Jacinto Council harmless for any and all injuries, death or damages arising from or in any way related to any such transportation.

I give my permission for my daughter to participate in Boating, Swimming, Horseback Riding, or other strenuous activities. If no exceptions, she may participate in all activities. **EXCEPTIONS:** \_\_\_\_\_

My daughter may **not** be released to: \_\_\_\_\_

If unable to reach me in case of an emergency or change in plans, please contact one of the following. I will make arrangements with these people prior to the event.

Name: \_\_\_\_\_ Day:( \_\_\_\_\_ ) Evn:( \_\_\_\_\_ ) Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Day:( \_\_\_\_\_ ) Evn:( \_\_\_\_\_ ) Relationship: \_\_\_\_\_

Medication(s) she can have: \_\_\_\_\_

Medication(s) she **cannot** have: \_\_\_\_\_

**Note: Any medications must be provided in original containers along with a signed note and instructions.**

Signature of Parent/Legal Guardian Phone # Pager or Cell Phone Date

Print Name of Parent/Legal Guardian \_\_\_\_\_

GIRL SCOUT INSURANCE CARRIER: MUTUAL OF OMAHA For confirmation, contact Girl Scouts of San Jacinto Council 713-292-0300 or 1-800-392-4340

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Please print this packet to retain this blank page. Thank you.



# GIRL SCOUT MEDICAL INFORMATION

## Girl Scouts of San Jacinto Council

THIS FORM MAY BE PHOTOCOPIED WHEN COMPLETED. PRINT CLEARLY, USE BLACK INK.

Girl's Name \_\_\_\_\_ Troop/Group # \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Date of last Health Exam \_\_\_\_\_

Girl's Physician/Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**HOSPITAL INSURANCE INFORMATION Attach photocopy of insurance card.**

Name of Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Insured's name \_\_\_\_\_ Member ID# \_\_\_\_\_

Company name if insured through employer \_\_\_\_\_ Phone: \_\_\_\_\_

Others who could be contacted to authorize treatments:

Name \_\_\_\_\_ Day phone \_\_\_\_\_ Evn phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Day phone \_\_\_\_\_ Evn phone \_\_\_\_\_ Relationship \_\_\_\_\_

**PART I**

**Allergies** (Check those that apply. Specify cause and nature of reactions - e.g. penicillin causes hives.)

Animals                       Plants                       Food                       Medicine/Drugs \_\_\_\_\_  
 Hayfever                       Pollen                       Insect Sting \_\_\_\_\_  
 Other: \_\_\_\_\_

In case of an allergic reaction, respond by \_\_\_\_\_

**PART II**

**Health Conditions** (Check those that apply.)

Chronic or reoccurring illness: \_\_\_\_\_

Asthma                       Musculoskeletal Disorders                       Kidney Disease  
 Diabetes                       Heart Disease/Defects                       Hypertension  
 Seizures                       Bleeding/Clotting Disorder                       Ear Infection  
 Other: \_\_\_\_\_

**IN THE LAST YEAR: (ANSWER YES OR NO)**

Complicating medical problems/operations? \_\_\_\_\_ Serious injury/illness requiring medical care? \_\_\_\_\_

**Explain:**

**SPECIFIC INSTRUCTIONS / ONGOING TREATMENTS:**

**PART III**

**Other Health Conditions** (Check those that apply.)

Sleep disturbances                       Motion sickness                       Constipation/diarrhea                       Bedwetting  
 Hepatitis A / B / C                       Menstrual complications                       Sickle cell trait or disease                       ADHD / ADD  
 Emotional disturbances                       Hearing impairment                       Special dietary regiment                       Fainting  
 Physical disabilities                       Frequent headaches                       Wears contact lenses/glasses                       Nosebleeds  
 Orthodontic appliances                       Eating disorders  
 Other specify \_\_\_\_\_

Please explain. Indicate any information useful to the adult in charge in relation to any of the above health conditions.

Indicate any activity to be encouraged or restricted \_\_\_\_\_

Dietary Needs / Restrictions: \_\_\_\_\_

**PART IV**

<b>Immunization/Disease History (Please complete or attach a copy of this child's Immunization Record)</b>			
<b>Immunization</b>	<b>Year Primary Series Completed</b>	<b>Year of Last Booster</b>	<b>Has had Disease</b>
D.T.P.			
Diphtheria			
Pertussis (whooping cough)			
Tetanus			
Td (tetanus/diphtheria)			
Measles			
Mumps			
Rubella (German Measles)			
Chicken Pox			
Oral Polio			
Hib			
Hepatitis B			
Tuberculin Test Result (most recent)			
Other			

Listed are medication(s) my child will routinely take with the supervision of the Leader/First Aider. (Attach a list if necessary.)		
Medication:	Dosage:	How Often:

(indicate girl's name) will self-administer.		
<input type="checkbox"/> Epi-pen		
<input type="checkbox"/> Bronchial inhaler		
<input type="checkbox"/> Diabetic medication		
Please specify dosage and frequency:		

**Over the Counter Medication(s):**

She can have: \_\_\_\_\_

She **cannot** have: \_\_\_\_\_

**Parent's/Legal Guardian's Authorization:** This health history is correct so far as I know, and the person herein described has permission to engage in all planned trip activities except as noted by the examining physician or me.

**TRANSPORTATION RELEASE:** I authorize transportation for my child by emergency vehicle to an appropriate health care facility and pre-hospital medical care, all hospital and physician services, whether medical, surgical and/or dental, necessary for the benefit/safety/well-being of my child. It is my expressed intention to hold Girl Scouts of San Jacinto Council harmless for any and all injuries, death or damages arising from or in any way related to any such transportation.

**CONSENT TO TREAT:** I hereby give permission to the physician selected [by the trip coordinator] to order X-rays, routine tests and treatment for the health of my child, in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the first aider/trip coordinator to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named above.

The information disclosed on this form may be released to Volunteer/Staff responsible for this activity including, but not limited to troop/group leaders, drivers, medical personnel, etc.

My signature confirms that the above information is correct to the best of my knowledge and that I am authorized to execute the information form and release.			
<b>Signature of Parent / Legal Guardian</b>	<b>Full Name of Child</b>	<b>Relationship to Child</b>	<b>Date</b>
_____	_____	_____	_____
<b>Print Name of Parent/Legal Guardian</b>	<b>Day Phone</b>	<b>Evn Phone</b>	<b>Cell</b>
_____	_____	_____	_____
<b>Address</b>	<b>City</b>	<b>State</b>	<b>ZIP</b>
_____	_____	_____	_____