

Girl Scout Camp Health Information and Consent Form



IMPORTANT: Health information and parent/guardian's signature are required to attend camp

- My child, _____, has permission to participate in camp-sponsored activities and to join the Girl Scouts of the USA
- If not already a registered member. I agree to cooperate with the policies and regulations of Girl Scouts of Louisiana – Pines to the Gulf.
- I consent to the use of photographs, video, and audio of my daughter for advertising, promotion, and publicity purposes by Girl Scouts of the USA or its licensee or members of the organization.
- I also release GSLPG Camp Directors, volunteers, and property owners (where applicable) from all liabilities in case of accident or illness.

HEALTH INFORMATION PRIVACY STATEMENT

- All records will be handled by staff/volunteers whose job includes processing or using this information for the benefit of the participant.
- All medical information will be held in limited access by the health care supervisor of the specific event.
- Minimal necessary information may be shared with staff/volunteers to provide adequate participant safety and health care.
- I have read the above procedure for handling my child's health information and I consent to treatment, referral, billing, or insurance purposes.
- I will be financially responsible for all expenses associated with providing medical care for my child not covered by Girl Scout insurance.
- The following prescribed medications may be given as directed to my child by the camp health care supervisor:
_____,/_____,/_____
- The following over the counter medications may be given to my child by the camp health care supervisor if deemed necessary:
___ Tylenol ___ Advil/Ibuprofen ___ Benadryl/Antihistamine ___ Tums/Antacid
___ Robitussin/Expectorant
- To ensure that your child has a positive camp experience, please list any health conditions requiring special restrictions or consideration while at camp.

Date of last health exam _____

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Medical Insurance _____ Policy # _____

Phone _____

Who is authorized to pick this child up from camp? _____ Mother _____ Father

Other _____

Parent/Guardian Signature _____

Date _____