



ADULT

2019 Day Camp Information

Camp Name:

Service Unit:

Dates:

Camp Times:

Location:

Bus Information:

Optional Overnight:

Camp Description:

How to Register:

Camp Director:

CAMP INFORMATION

Health & Safety

All Girl Scout safety standards are met at camp. A certified first-aider is on duty at all times and arrangements have been made with local emergency services. Complete the registration and health forms with current and accurate information. All medical information will be kept confidential and accessed on a need-to-know basis only. This will help us meet the needs of all campers. Parent/Guardian signature is required to give permission for emergency medical treatment.

Severe Weather

Each camp has an action plan to respond to all forms of inclement weather. Please contact your Day Camp Director for specific information.

Transportation

Busing is required for all camps on a council-owned property. Due to limited parking at council-owned camps, all girls and adult volunteers are strongly encouraged to travel via bus.

Financial Assistance

The Opportunity Fund, provides support for individuals or families with significant financial obstacles that may otherwise prevent them from participating in Girl Scouts. Any registered Girl Scout may apply for funding by submitting an opportunity fund application online at gsksmo.org/oppfund. Questions? Email opportunityfund@gsksmo.org.

Refunds

Refunds are not made if an individual cancels. If camp is cancelled, all fees except Girl Scout membership dues will be refunded.

Camp Clothes

Camp is an outside activity. Dress your camper in old clothes appropriate for the weather. We recommend a hat, bandana, socks and sturdy shoes. **LEAVE FLIP FLOPS AND SANDALS AT HOME.**

Equipment & Supplies

Additional Camp Information



Girl Scouts of NE Kansas & NW Missouri Council actively seeks and supports participation by all girls with a variety of interests and abilities in Girl Scout programs. Please contact the council office at (816) 358-8750 to let us know how we can serve you and/or your girl.

ADULT REGISTRATION FORM

Complete this registration form AND the attached health form. These forms are processed separately with all medical information kept confidential.

Name: _____ SU#: _____

Address: _____ Sex: M F

City/State/ZIP: _____

Email: _____

Phone 1: _____ Phone 2: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Circle Days Attending:

Accompanying Girl Scout(s) *(if applicable):*

Name	Relationship	Current Grade	Troop#
_____	_____	_____	_____
_____	_____	_____	_____

Are you a registered Girl Scout?

Yes No

Have you completed a Girl Scout background check and volunteer application within the last three years?

Yes No

All adult volunteers are required to complete a background check and volunteer application through GSKSMO. There is no cost for this process.

ADULT FEES:

	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total Fees Due:	\$	\$

ADDITIONAL INFO:

MEDIA PERMISSION: When participating in Girl Scout activities (I or the person I am registering) give consent to be interviewed, photographed, videotaped, or electronically imaged for the purposes of promotional materials, news releases, or other published formats for Girl Scouts of NE Kansas & NW Missouri and GSUSA. (To opt out, email prdept@gsksmo.org)

Signature: _____

Date: _____

ADULT HEALTH FORM

Complete the health form, medication form (reverse) AND the attached registration form. These forms are processed separately with all medical information kept confidential.

Name: _____ SU#: _____

Address: _____ Sex: M F

City/State/ZIP: _____

Email: _____

Phone 1: _____ Phone 2: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Family Physician: _____ Phone: _____

Currently taking medication? Yes No If yes, list here: _____

Date of last health exam: _____ Date of last tetanus inoculation: _____

Chronic or recurring illness: Allergies:

- | | | |
|--|---|--|
| <input type="checkbox"/> Heart defect/disease | <input type="checkbox"/> Animals: _____ | <i>Please list date of last known reaction; describe reaction type and severity (i.e. rash, anaphylactic shock etc.)</i> |
| <input type="checkbox"/> Bleeding/clotting disorders | <input type="checkbox"/> Medicines/drugs: _____ | |
| <input type="checkbox"/> Musculoskeletal disorders | <input type="checkbox"/> Plants: _____ | |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Hay fever: _____ | |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Food: _____ | |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Insect stings: _____ | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other (specify): _____ | |
| <input type="checkbox"/> Other (specify): _____ | _____ | _____ |

Anything else we should know about you?

All medical information will be kept confidential and accessed on a need to know basis only.

*If you prefer to communicate health information directly to the Health Supervisor, contact the Camp Staff.

I am in good physical condition except as indicated above, if applicable, and have not had any serious illnesses or operations since my last health examination. I have read the camp flyer and agree to cooperate with all regulations. You have my permission to administer or authorize emergency medical treatment, although you will make reasonable efforts to contact my emergency contact. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. If I should have a serious illness or operation or be exposed to a contagion between the date this form is signed and the opening of camp, I will notify the director or the council office. This information is correct to the best of my knowledge.

Signature: _____ **Date:** _____