



Summer Camper Health & Specialized Activities Form

To ensure your camper's experience and well-being, please complete this form. The Summer Camper Health & Specialized Activities form, spanning seven (7) pages, needs to be provided for any camper attending camps. All information provided is strictly confidential and will only be shared with necessary camp staff. Please complete all sections of this form so that we can give your camper the best camp experience possible, as well as, ensure that any health needs are communicated. This form should be completed as soon as possible. You may need your camper's vaccination records to complete this form. This form may take 20 minutes to complete.

This hard copy must be mailed to GSNI-M by May 20th. After this date, give a copy to the camp director and bring one to camp if submitting late. If registered at multiple camps, provide a copy to each. For special dietary or medical needs, contact your Camp Director at least 4 weeks before the session.

For more information, contact your Camp Director individually or the Answer Center at 800-283-4812 ext. 2 or frontdesk@gsnim.org.

Camper Info and Health History (To Be Completed for ALL Campers)

Camper Name _____ Nickname _____

Street address _____ City _____ State _____ Zip _____

Birth date _____ Age: _____ Current or completed grade _____

Camp Buddy _____ Camp Buddy _____

Camp Name(s) and dates _____

Were you in a troop this past year? No Yes Troop # _____

Is your troop continuing next year? Yes No

Have you been to Girl Scout Camp before? No Yes Day Weeklong Mini Weekend

Custodial Care Information

My camper is under the custodial care of (check one):

Both parents Mother only Father only Other

Name Relationship

Name Relationship

Name of Parent/Caregiver with legal custody to be contacted in case of illness or injury

Relationship to camper Home phone Work phone Cellphone/other

Second parent/guardian or other emergency contact name

Relationship

Home phone

Work phone

Cell phone/other

Health History

This information must be completed by the parent/guardian or staff member to provide camp health care personnel with the background to provide appropriate care.

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- 1. Ever been hospitalized..... Yes No
- 2. Ever had surgery Yes No
- 3. Recurring/chronic illness..... Yes No
- 4. Recent infectious disease?.....Yes No
- 5. Had a recent injury?.....Yes No
- 6. Ever had back/joint problems?..... Yes No
- 7. Have diabetes?.....Yes No
- 8. Had seizures?.....Yes No
- 9. Had headaches?.....Yes No
- 10. Have any skin problems?.....Yes No
- 11. Have Allergies.....Yes No
- 12. Had fainting or dizziness?.....Yes No
- 13. Passed out/had chest pain during exercise?.....Yes No
- 14. Had mononucleosis during the last 12 mos.?.....Yes No
- 15. Have problems with periods/menstruation?.....Yes No
- 16. Trouble falling asleep/sleepwalking?.....Yes No
- 17. Had asthma/wheezing/shortness of breath?.....Yes No
- 18. Have a history of bedwetting?.....Yes No
- 19. Have problems with diarrhea/constipation?.....Yes No
- 20. Wear glasses, contacts, or protective eyewear?.....Yes No
- 21. Traveled outside the USA in the past 9 months?.....Yes No
- 22. Eat a Special Diet.....Yes No

Please explain "Yes" answers in the space below. For travel outside the country, please name the countries visited and dates of travel. In case of allergies describe reaction and management of the reaction.

Mental, Emotional and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

- 1. Ever been treated for attention deficit disorder or attention deficit/hyperactivity disorder?.....Yes No
- 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?Yes No
- 3. During the last 12 months, seen a professional to address mental/emotional health concerns?.....Yes No
- 4. Had a significant life event that continues to affect the camper's life?.....Yes No
- 5. Does your camper have any other special needs (ex, a wheelchair, walker, interpreter)Yes No

Explain "Yes" answers in the space below. The camp may contact you for any additional information.

Immunizations

I attest that all immunizations required for school are up to date..... Yes No

Please provide the actual date (Month/Year) of Tetanus shot or booster (dT) or (Tdap) _____

Date of last physical exam (include year): _____

Camper's Physician _____ Phone _____

Medication

Please list all medications (including OTC or non-prescription medications) the person takes routinely. Bring medication in the original packaging/bottle with its prescription or OTC label. By completing the following

information, you are giving permission for camp staff to administer the following:

The camper: Takes NO medications routinely Takes prescription/over-the counter 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 _____

Med #3 _____ Dosage _____

Specific times taken each day _____ Reason for taking _____

Med #4 _____ Dosage _____

Specific times taken each day _____ Reason for taking _____

First Aid and Care at Camp

Under the supervision of the Health and Wellness Manager, this camper may be given the following medications or generic equivalents as needed to treat an illness or injury: Acetaminophen (Tylenol), Ibuprofen (Advil), Antihistamine (Benadryl), Anti-itch cream (hydrocortisone or calamine lotion), Antibiotic cream/ointment (Neosporin), Antacid (TUMS). Agree Disagree

Is there any information about the over-the-counter medication listed above that will assist us to best serve your camper?

Additional Details: To ensure the best experience for your camper, share any apprehensions or worries they may have about participating in the camp. Is there any other information you would like us to be aware of? _____

Camper Release

Camper Check-Out

List all authorized persons (including family members) for daily or session pick-ups. To add names during the session, contact camp. Only listed individuals can pick up your camper; the designated person must sign out.

Name _____ Relationship to Camper _____

Phone Number(s) _____

Home phone

Work phone

Cell phone

Name _____ Relationship to Camper _____

Phone Number(s) _____

Home phone

Work phone

Cell phone

Name _____ Relationship to Camper _____

Phone Number(s) _____

Home phone

Work phone

Cell phone

Please list anyone who is NOT allowed to pick-up your camper

Name

Relationship to Camper

What should we know about the situation:	

Permissions and Signatures

Permission to Participate

I grant full permission for my child to attend GSNI-M summer camp and engage in all activities, including offsite trips. By registering, I release Girl Scouts of Northern Indiana-Michiana from any liability for injuries my child or I may incur during these activities. I voluntarily participate in Girl Scouts of Northern Indiana-Michiana's Challenge Adventure Program, acknowledging its "Choose your Challenge" philosophy. I agree to follow the Full Value Contract guidelines, emphasizing safety, choosing my level of participation, and giving my best effort. I am aware of the risks associated with activities and specialized activities. I understand the specific activities allowed for my grade level and adhere to dress code requirements.

Release Agreement

I assume all risks and release Girl Scouts of Northern Indiana-Michiana from any liability for injuries or property damage during my participation. I agree to the terms and conditions for the entire program's duration.

By checking the boxes below, I provide consent to:

- Outcomes Measurement:** I allow my camper to participate in a brief survey assessing the success of Girl Scout outcomes. The responses will be anonymous and used to enhance the program and secure campership funding.
- Material Release:** I consent to the use of my camper's photographs, artwork, audio, video, or writing (without name identification) by Girl Scouts of Northern Indiana-Michiana for various purposes. I understand that such materials become the property of Girl Scouts of Northern Indiana-Michiana.
- Health History and Authorization for Treatment:** I confirm the accuracy of the Health History. I grant permission for routine healthcare, medication administration as specified on Page 2, and necessary tests or treatment in emergency situations. In the event of my unavailability, I authorize actions recommended by the physician. I allow photocopying of this form and permit the camp to access my child's health record for relevant discussions with healthcare providers.

Specialized Activities

Specialized Activities Levels	Daisy	Brownie	Junior	Cadette	Senior	Ambassador
Archery		x	x	x	x	x
Bicycling/Biking			x	x	x	x
Bouldering Wall	x					
Challenge Course/Ropes Course	x	x	x	x	x	x
Climbing		x	x	x	x	x
Horseback Riding	x	x	x	x	x	x
Shooting Sports				x	x	x
Swimming	x	x	x	x	x	x

Kayaking		X	X	X	X	X
Canoeing	X	X	X	X	X	X
Sailing				X	X	X
Zipline Course			X	X	X	X
<p>X=participation with additional safety measures and restrictions Not all specialized activities are offered at every camp. Please email frontdesk@gsnim.org if you have any questions. Bouldering, Climbing, and Zipline are only offered at Camp McMillen. Horseback Riding, Shooting Sports, and Sailing are only offered at Camp Logan.</p>						

Please check the box next to the selected activity if you consent to your camper’s participation.

Archery

- A. Clothing: Must not wear long, dangling, or overly loose clothing/jewelry.
- B. Hair Protection: Participants must pull their hair back away from their face and neck.
- C. Foot Protection: Wear closed toe shoes.
- D. Protective Area: Participants will only shoot in the designated areas.

Inherent Risks

Archery involves inherent risks, given the nature of the activity and the sport's precision requirements. Participants must be aware of the potential dangers, including injuries from the equipment, improper handling, and the need for focused attention during the activity.

Bicycling/Biking

- A. Clothing: Must not wear long, dangling, or overly loose clothing/jewelry.
- B. Hair Protection: Participants must pull their hair back away from their face and neck.
- C. Foot Protection: Wear closed toe shoes.
- D. Protective Head Gear: Participants must wear properly-fitting bike helmets.

Inherent Risks

Biking involves inherent risks, given the nature of the activity and the sport's dynamic nature. Participants must be aware of the potential dangers, including falls, impact injuries, and the need for proper handling and control of the bicycle.

Bouldering Wall

- A. Clothing: Must not wear long, dangling, or overly loose clothing/jewelry.
- B. Hair Protection: Participants should pull their hair back away from their face and neck.
- C. Foot Protection: Wear closed toe shoes.
- D. Protective Spotters: Spotters (participants who safeguard the movements of a member of the group) provide support and protect the head and upper body of a climber in case of a fall.

Inherent Risks

The Bouldering Wall involves inherent risks, given the nature of the activity and the sport's adventurous nature. Participants must be aware of the potential dangers, including falls, impact injuries, and equipment malfunctions.

Canoeing

- A. Clothing: Must wear suitable attire for canoeing, such as moisture-wicking clothing and a life jacket.
- B. Canoeing Areas: All participants will canoe in designated areas, progressing to other water bodies based on their skills.
- C. Safety: Must possess strong swimming skills in the event of a capsized.

Inherent Risks

Canoeing involves inherent risks, given the nature of water activities and the sport's dynamic conditions. Participants must be aware of potential dangers, including capsizing, water-related injuries, and the need for strict adherence to safety protocols.

□ **Challenge Course/Ropes Course (High or low elements requiring spotting)**

- A. Clothing: Must wear comfortable fitting pants/bottoms.
- B. Challenge Course/Ropes Course Areas: All participants will play in the designated areas.
- C. Foot Protection: Wear closed-toe shoes.

Inherent Risks

Challenge Course/Ropes Course involves inherent risks, given the nature of the activity and the sport's challenging elements. Participants must be aware of the potential dangers, including falls, impact injuries, and the need for proper navigation and safety measures on the course.

□ **Climbing**

- A. Clothing: Must wear long pants for added grip and stability.
- B. Climbing/Ziplining Areas: All participants will only climb/zip in the designated areas.
- C. Foot Protection: Wear closed-toe shoes.
- D. Protective Head Gear: Participants must wear adventure sports helmets.
- E. Hair Protection: Participants must pull their hair back away from their face and neck.

Inherent Risks

Climbing involves inherent risks, given the nature of the activity and the sport's adventurous nature. Participants must be aware of the potential dangers, including falls, impact injuries, and equipment malfunctions.

□ **Horseback Riding**

- A. Clothing: Must wear long pants for added grip and stability.
- B. Foot Protection: Wear hard-soled shoes or riding boots with heels.
- C. Riding Areas: All participants will ride in the ring, progressing to other areas based on their skills.
- D. Protective Head Gear: Participants must wear equestrian riding helmets, bearing the ASTM emblem.

Inherent Risks

Horseback riding involves inherent risks, given the nature of horses and the sport's rugged nature. Participants must be aware of the potential dangers, including falls, impact injuries, and unpredictable horse behavior.

□ **Kayaking**

- A. Clothing: Must wear suitable attire for canoeing, such as moisture-wicking clothing and a life jacket.
- B. Kayaking Areas: All participants will only kayak in the designated areas, progressing to other water bodies based on their skills.
- C. Foot Protection: Wear suitable water shoes or closed-toe sandals for foot protection.

Inherent Risks

Kayaking involves inherent risks, given the nature of the activity and the sport's requirements for skill and control. Participants must be aware of potential dangers, including injuries related to kayaking, capsizing, improper paddling techniques, and the need for strict adherence to safety protocols.

□ **Shooting Sports (Air rifles)**

- A. Clothing: Must not wear long, dangling, or overly loose clothing/jewelry.

- B. Shooting Areas: All participants will only shoot in the designated areas.
- C. Foot Protection: Wear closed-toe shoes.
- D. Hair Protection: Participants must pull their hair back away from their face and neck.

Inherent Risks

Shooting sports involve inherent risks, given the nature of the activity and the sport's precision requirements. Participants must be aware of the potential dangers, including injuries related to the use of air rifles, improper handling, and the need for strict adherence to safety protocols.

□ **Swimming**

- A. Swimwear: Must not wear long, dangling, or overly loose swimwear/accessories.
- B. Swimming Areas: All participants will only swim in the designated areas.
- D. Swim Tests: Before participating at the waterfront. Anyone wanting to participate must complete a GSNI-M Swim Test.

Inherent Risks

Swimming involves inherent risks, given the nature of the activity and the sport's precision requirements. Participants must be aware of the potential dangers, including injuries related to swimming, improper techniques, and the need for strict adherence to safety protocols.

□ **Ziplining**

- A. Clothing: Must wear long pants for added grip and stability.
- B. Ziplining Areas: All participants will only climb/zip in the designated areas.
- C. Foot Protection: Wear closed-toe shoes.
- D. Protective Head Gear: Participants must wear adventure sports helmets.
- E. Hair Protection: Participants must pull their hair back away from their face and neck.

Inherent Risks

Ziplining Agreement involves inherent risks, given the nature of the activity and the sport's adventurous nature. Participants must be aware of the potential dangers, including falls, impact injuries, and equipment malfunctions.

Acknowledgment and Signatures

I acknowledge and confirm my understanding and agreement to comply with the restrictions imposed on camp activities. I also recognize that activity availability may vary, and not all options are available at every camp.

Parent/Guardian Signature: _____

Camper/Participant Signature _____ Date _____

Participant's Grade: _____ Birth Date: _____