

Summary Form

To be completed by Parent or Troop Leader

For each camper attending day camp with her troop, the TROOP LEADER will be responsible for collecting and submitting all the forms listed below along with a current troop roster and 1 troop check. If the camper is a girl attending without her troop, a Pixie, or a boy then payment and completed forms will be turned into day camp by the parent, separate from the troop paperwork.

Parent or Leader's Name _____ Troop # _____

E-mail _____ Phone # _____

There will need to be 1 set of forms collected for every camper registered into the day camp. Please review all forms to make sure they are completely filled out and signed prior to the registration deadline. The day camp business manager will contact the parent/Troop Leader if there is any missing information. Please submit one troop check from your troop's account or use personal check if registering your individual camper.

Registration is due by **May 1**. Send to: Jill Patterson 1485 Arrow Wood, Brea, 92821

If you have any questions, contact Maria Henderson at mhen503@sbcglobal.net

Checklist

- ☐ Registration for each participant **COMPLETED ONLINE**
- ☐ Health History form for each participant **COMPLETED & SIGNED**
- ☐ Waiver of Liability for each Camper, Camp Aide, Adult Volunteer, Pixie or Boy, **COMPLETED & SIGNED**
- ☐ Photo Release - required if someone other than parent/guardian completed on-line registration (to be emailed to you)
- ☐ Medication Release Form **As Needed** (to be emailed to you)
- ☐ Appropriate fees from each Camper/Family collected and **TURNED INTO DAY CAMP**

Fees:	Quantity	Amount
Girl Scout Camper - \$65	_____	_____
Girl Scout Camper Aide - \$25	_____	_____
Pixie Camper - \$30 (Girls & Boys 2-5 years old of full-time adult volunteer)	_____	_____
Boy Camper - \$65 (Boys 6-12 years old of full-time adult volunteer)	_____	_____
Additional T-shirt - \$10	_____	_____
TOTAL COST =	_____	_____

Camp fee includes T-shirt, patch, daily activities, snacks.

Cookie Dough & OC Bucks can be used toward Day Camp fees.

"Camperships" are available (all information is confidential). Call the Girl Scout Council Office at: (949) 461-8800 to request a Campership Application.

THERE WILL BE NO REFUNDS for Brea Girl Scout Day Camp.

Please make one check payable to "Brea Girl Scout Day Camp".

Check # _____ Check Amount \$ _____ Please verify that troop checks have two signatures.

Girl Scout Council of Orange County ♦ 9500 Toledo Way, #100 ♦ Irvine, CA 92618 ♦ www.gscoc.org

949.461.8800 ♦ 800.979.9444 ♦ Español 949.461.8894 ♦ Tiếng Việt 949.461.8895

Day Camp is a fun individual event. Campers will be placed in “units” based on their grade in the fall and the availability of adult supervision and Older Girl Scout volunteers. **TRANSPORTATION... is the parents’ responsibility.**

DAY CAMP SERVICE PROJECT

Please save pull tabs from soda, fruit, vegetable, soup, and other food/beverage cans for our service project for the Ronald McDonald House. There will be a contest to see which unit can bring in the most pop tabs!

CADETTE, SENIOR, & AMBASSADOR GIRL SCOUTS...

PLANNING and LEADING at Brea Girl Scout Day Camp is a great way to complete many requirements for service or leadership recognition while you have fun and make new friends. Cadette, Senior, and Ambassador Staff, entering 7th grade or higher and at least 12 years old, will have the opportunity to teach songs, games, skills, crafts and assist with camper units.

PARENTS... Adult Volunteers Needed!

In order to offer this wonderful program, we must have at least ONE adult volunteer for every 6 children. ABSOLUTELY NO EXPERIENCE NECESSARY; free training provided! Join us for stress-free fun with your kids! Brea Girl Scout Day Camp is ONLY possible with the help of volunteers. The week’s program will be led by Older Girl Staff Assistants! You provide—with other parents—the required adult supervision for the girls. Please join us for a fun, adventurous and fulfilling week.

STAFF PERKS...

Every adult helping at camp for the entire week will get up to a \$30 discount for one camper!

Full-time volunteers will receive a rebate of up to \$30 for one child’s camp fees. You also receive a T-shirt and patch. FULL TIME staff may bring their non-Girl Scout Pixies Monday – Thursday 1:30-7:30pm and Boys the entire camp time.

---- Rebate is given only after working the entire week.

---- Boys Camp – Ages 6-12 -Boys have their own program and fun! Boys will be camping overnight.

---- Pixie Camp – Ages 3-5 -Boys and Girls have their own activities and do not stay overnight.

Girls entering Kindergarten will be a Pixie.

--- Staff Training - MANDATORY for CAMP AIDES and ADULTS: Date TBD (early June)

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Camper Health History

Camper Name

Camper Name: _____
First Middle Last

Troop Number: _____ Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

Camper Home Address: _____
Street Address City State Zip Code

First

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship _____ Preferred Phones: (_____) (_____) _____
to Camper: _____ Email: _____

Middle

Home Address: _____
(If different from above) Street Address City State Zip Code

Last

Second parent/guardian or other emergency contact:

Name: _____ Relationship _____ Preferred Phones: (_____) (_____) _____
to Camper: _____ Email: _____

Additional contacts in event parent(s)/guardian(s) cannot be reached:

Name: _____ Relationship _____ Preferred Phones: (_____) (_____) _____
to Camper: _____

Name: _____ Relationship _____ Preferred Phones: (_____) (_____) _____
to Camper: _____

Allergies: ☐ No known allergies. ☐ This camper is allergic to: ☐ Food ☐ Medicine ☐ The environment (insect stings, hay fever, etc.) ☐ Other
(Please describe below the allergy and the reaction)

Diet, Nutrition: ☐ This camper eats a regular diet. ☐ This camper eats a regular vegetarian diet. ☐ This camper is lactose intolerant. ☐ This camper is gluten intolerant.
☐ Other *Please describe below.*

Day Camp

Restrictions: ☐ I feel the camper can participate without restrictions.
☐ I feel the camper can participate with the following restrictions or adaptations.
Please describe below.

Medical Insurance Information:

This camper is covered by family medical/hospital insurance ☐ Yes ☐ No

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number (_____) _____

Day Camp Location:

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (_____) _____

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

"I (we), the undersigned parent, parents or legal guardian do hereby authorize the Girl Scouts of Orange County as Agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any member of the medical staff or emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any licensed hospital, whether such diagnosis or treatment is rendered at a medical office, licensed hospital, or at the Day Camp First Aid area. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid Agents to give specific consent to any and all such diagnosis, treatment or hospital care which any of the aforementioned medical professionals, in the exercise of his/her best judgment, may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment, but that treatment will not be withheld if the undersigned cannot be reached. It is further understood that the Girl Scout Accident/Sickness Insurance for Day Camp is secondary coverage and will only pay the portion of medical expenses your family medical insurance does not pay, subject to the restrictions and limits set forth in the Accident/Sickness insurance policy for Day Camp. If you do not have family medical insurance, please indicate this on the form. You may also be required by our insurance company to sign a statement indicating you do not have family medical insurance. This authorization shall remain in effect from the time my camper leaves for Day Camp to the time my camper returns home from Day Camp."

Signature of Parent/Guardian _____ Date _____

Camper Health History

Camper Name: _____
First Middle Last
Birth Date: _____
Month/Day/Year

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

Has/does the camper:

- | | | | |
|--|--|--|--|
| 1. Ever been hospitalized? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis (“mono”) during the past 12 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Has frequent headaches?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eye-wear?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21. Currently taking medication?..... | Yes No | For travel outside the country, please name countries visited and dates of travel. | |

If yes, please fill out the medication form

Please explain ALL “Yes” answers in the space below, noting the number of the questions.

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

Has the camper:

- | | |
|--|--|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the camper's life?.....
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain “Yes” answers in the space below, and indicate the number of the question. The day camp staff may contact you for additional information.

My child is NOT taking any medication.

**My child is taking medication and/or may need
Over-the-Counter (OTC) medication at Day Camp.
(form will be email to you)**



Day Camp Adult Volunteer Health History

Name: _____	Camp Name: _____
First Last	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: _____	
Address: _____	
Street Address City State/ Country Zip Code	
E-mail: _____	
Is this your first year as Day Camp Staff? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Chronic Concerns: Check all that pertain to you and provide information about supportive healthcare.

_____ I have no chronic health concerns.

_____ I have the following chronic health concern(s):

- | | | |
|--|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Headaches, Migraines | <input type="checkbox"/> Sleep problem |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Dysmenorrhea |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Surgical history | <input type="checkbox"/> Seizure disorder: |
| <input type="checkbox"/> Back pain or injury | <input type="checkbox"/> Knee or ankle weakness | <input type="checkbox"/> Other: _____ |

General Physical History: If you answer "Yes" to any of these questions, provide more information at the end of this section.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Have you ever been hospitalized? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever passed out during or after extensive physical activity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you ever been dizzy during or after extensive physical activity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever had chest pain during or after extensive physical activity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you tire more quickly than others during physical activity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you ever had high blood pressure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you ever had a racing heartbeat or skipped heartbeats? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Have you ever been knocked out or become unconscious? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Do you have skin problems (itching, rash, acne)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Have you ever had a seizure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Have you ever had a stinger, burner, or pinched nerve? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Have you ever had heat or muscle cramps? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Have you ever been dizzy or passed out in the heat? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Have you had mononucleosis in the past nine months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Do you wear glasses, contacts or use protective eye wear? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Do you smoke and/or use other tobacco products? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Do you use e-cigarettes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Do you have any dental issues/orthodontics (braces, retainers)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. For women: do you have any menstrual problems (pain, irregularity etc) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Do you have any allergies? This includes food, medication, bees, environmental, animals..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. Have you ever sprained, strained, dislocated, fractured, broken or had repeated swelling, or other injuries to any of your body areas? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If so, where? <input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Leg <input type="checkbox"/> Neck <input type="checkbox"/> Chest | | |
| <input type="checkbox"/> Arm, hand <input type="checkbox"/> Ankle <input type="checkbox"/> Back <input type="checkbox"/> Hip <input type="checkbox"/> Foot | | |
| 22. Have you been in countries other than the United States in the past nine months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, list the countries and the time spent in them.

Country: _____ Dates: _____

Country: _____ Dates: _____

Country: _____ Dates: _____



Day Camp Adult Volunteer Health History

Please use the space below to explain and/or provide more detail about the General Physical Health questions to which you responded "Yes."
Please use another piece of paper as needed.

Mental & Emotional Health Information:

- A. Have you been diagnosed with attention deficit disorder (ADD or AD/HD)?
- B. Do you have a psychiatric diagnosis such as depression, OCD, panic/anxiety, bipolar disorder that may impact your ability to work?
- C. Do you have an eating disorder?
- D. Do you have a learning disability?
- E. Do you have an emotional health concern that may impact your ability to do your job?
- F. During the past year have you seen a professional about any emotional/mental concerns that could impact your work?

If "yes" to any of the questions in this section, please attach a statement that:

- A. Describes the concern and your management plan for addressing it while working at camp; and
- B. Describes the support needed for your immediate supervisor and camp director

Insurance Company _____ Policy Number _____

Subscriber Name _____ Insurance Company Phone Number _____

Emergency Contact: *Who do you want us to contact in an emergency?*

First Contact: _____	Preferred Phone: (_____) _____	Relationship to You: _____
Alternate Contact: _____	Preferred Phone: (_____) _____	Relationship to You: _____

Authorization for Disclosure of Healthcare:

I verify that this health history is correct. That I am capable of performing the essential functions of my job and participating in assigned work duties as noted on this form. I understand that my health information will be used by the Day Camp's Health Staff in providing care to me and can be shared with and or viewed by the Day Camp Director.

Signature of
Day Camp Volunteer: _____ Date: _____

AUTHORIZATION TO CONSENT TO TREAT

(I) do hereby authorize the Girl Scout Council of Orange County as Agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital or at health center of camp by Registered Nurse and or designated First Aider.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid Agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of her/his best judgment, may deem advisable.

I also understand that the Girl Scout Accident/Sickness Insurance for GSOC Day Camp is secondary coverage. This means that the Girl Scout Insurance pays only the portion your family medical insurance does not pay, subject to limits set forth in the Accident/Sickness policy for GSOC Day Camp. If you do **not** have family medical insurance, our insurance company will require that you sign a statement to that effect. This authorization shall remain in effect while the staff is in attendance of GSOC Day Camp or camp activities.

Day Camp Volunteer Signature _____ Date _____

GIRL SCOUTS OF ORANGE COUNTY

DAY CAMP RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

I (we), the undersigned parent, parents, or legal guardian of _____, a minor, hereby request that she be permitted to attend the Girl Scouts of Orange County's Day Camps ("Camp") from _____ to _____, and consent to my child's participation in all activities associated with attendance at Camp, including off-site activities (collectively "Camp Activities").

I am aware that while attending Camp, my child may engage in physical activities which may create a risk of harm to my child. I further understand that because of the nature of Camp, my child will not be constantly supervised, therefore potentially giving rise to certain unforeseen circumstances. These risks, in addition to all other possible risks, could result in injury and/or death, and my child and I fully understand the risks and the potential harm that can be associated with participating in Camp and the various Camp Activities. In consideration of my child being permitted to attend Camp and participate in Camp Activities, I hereby:

1. Agree to indemnify and save and hold the Girl Scouts of Orange County, their directors, officers, employees and agents (collectively "GSOC") harmless from any liability, loss, damage, or cost that may occur or be incurred due to the participation of my child in Camp, including all Camp Activities and travel to and from Camp;
2. Release, waive, discharge and covenant not to sue GSOC from all liability to me, my child, her personal representatives, assigns, heirs and next of kin for any loss or damages, and any claim or demands on account of injury to or resulting in death of my child, whether caused by the negligence of GSOC or of any other person while my child is at Camp, engaged in Camp Activities, or traveling to or from Camp;
3. Assume full responsibility for and risk of bodily injury or death, whether due to the negligence of the GSOC or otherwise, while attending Day Camp, engaged in Day Camp Activities, or traveling to or from Day Camp. I expressly acknowledge and understand that accidents and injuries may occur while at Day Camp and expressly assume all of the risks due to the negligence of GSOC and any others participating or contributing to Day Camp;
4. Expressly agree, permit and assume the risk of any medical treatment which may be rendered and agree to expressly release and indemnify GSOC from any liability for providing, or failing to provide, any emergency medical treatment. Furthermore, notwithstanding any medical condition the nature of which I have disclosed to the GSOC, I consent to allow my child to attend Camp. Furthermore, I expressly agree to assume the risks of any medical treatment which may be rendered, or failed to be rendered, with respect to such medical condition, by the GSOC and any other party contributing to operation of Camp.

I further expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read, fully understood its content and voluntarily sign this release, waiver, and indemnity agreement. I further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

Signature of Parent or Guardian

Date