

Introduction to Lake Forest Service Unit's (LFSU) Girl Scout Day Camp 2018

Theme: Musicals "Once a Girl Scout Went to Broadway" July 9 – 13, 2018, 1:30 – 6:45 p.m.

The LFSU Day Camp is an annual event, usually held the week after the 4th of July. This year it will be held July 9 – 13, 2018, at Lakeview Park – a private park near Irvine Lake. It's hard to know how many years we've been hosting this, but one of our current leaders went 35 years ago when her mother ran Day Camp!!!

What is the Structure and What Happens at Camp?

We have 7 Units of "Campers" made up of different levels from Daisies through Cadettes. Daisies will be together in one Unit, Brownies in another Unit, etc. Troops will be kept together and most Units will have multiple troops. The Unit Leaders are the older girls (mostly high school girls, but may have an 8th grader or two). The Unit Leaders are responsible for the Campers and they lead them on the 25 minute rotations through the six Stations. This year, the Stations include: Activities, Badge, Crafts, Games, Food, and Music. They have down time in their units for another rotation, and they get snacks at that time. Each Station is run by older Girl Scouts and they have fun things planned for the younger Scouts. In the past, the Stations have made Play Dough, homemade ice cream, cooked pigs-in-a-blanket, done various arts and crafts, worked on badges, learned Girl Scout songs, have danced, and played fun games. The Station Leaders are in the planning stages for the activities they will have this summer.

What do we do for Meals?

Snacks will be distributed to everyone daily. Dinner is at the same time for the entire camp, and the Campers can purchase their dinner or they can bring their meal. The menu for Day Camp is listed in the registration packet, and this year we're offering a vegetarian option every day. Participants can purchase meals every day, or just the days that they want. This is part of the registration paperwork that everyone must complete. This way we can purchase the food and be prepared prior to Day Camp. Some people want to bring their food and that's fine, too. In that case, the Adult provides an ice chest and leaves it at camp all week for their troop at the Unit – and just brings cold packs/ice every day to put into the ice chest where the meals would be kept until dinner.

What to Bring to Camp?

Everyone brings their own camp chairs and/or beach towels and they are left all week at their Unit. The kids and adults sit with their unit during dinner and snack time. Otherwise, the Units are at a station. Lakeview Park has plenty of shade trees where the Units are located and most of the Stations also are located in shaded areas. Everyone also brings a water bottle that they can refill at camp, and sunscreen.

Do Adults Need to Volunteer?

We do need adults to volunteer to come to camp - without them, we couldn't have Day Camp. We must meet Safety Wise ratios for the entire camp. "Responsible Adults" are needed from each troop, so it doesn't have to be the leader of the troop attending. Many moms have taken vacation days from work to be with their daughter for this special time. Also, for those parents who would like to volunteer, but have other young children, we provide a "Pixie" camp and "Boys" camp. Pixies are potty-trained children ages 3 - 5 years old of Adult volunteers, and Boy Campers are 6 - 11 year old children of Adult volunteers. It's hard to find a summer camp for children under 7, and some parents have a hard time letting go - but volunteering at Day Camp allows the younger children to be in special units just for them, comfortable in the knowledge that their parent is nearby. The Adults can volunteer Mon. - Friday, or whatever days that their schedule allows. They can request to volunteer in the Unit that their daughter is in, or if they want to work the Pixie or Boys units. Some parents have multiple aged Scouts, so then they might choose to be with one unit Mon & Tue and then another unit Wed., Thurs. and Friday. We will do everything possible to place them in the Unit that they would like to work in. We do need one adult from each unit to be there 5 days to provide some consistency, and we've normally had no problem getting that achieved.

Every day, the campers will come home with stories about their day and new songs and skills that they've learned. Volunteering at camp offers a fantastic opportunity to live in your children's world and share their experiences. Some of my fondest memories are driving a van full of Campers to/from Day Camp listening to them sing Girl Scout camp songs. The Adults also have the chance to bond with the other adults and they come away with shared ideas and common experiences. Many moms have taken vacation days from work to spend this special time with their daughters.

What do the Adults Do at Camp?

The volunteer "Responsible Adults" are not there to discipline the Scouts and they don't have to give direction either. The Camp Aides (Unit and Station Leaders) are the leaders for the week. The adults are there for supervision, mostly. They will help the kids set up their camp chairs and/or beach towels, they will take the campers to the restroom, bring the snacks from the kitchen area down to the Campers and Camp Aides in their Unit, help Campers with dinners (either purchased or their sack meals), take all medical problems to the Nurse, report any problems with Camp Aides, Campers, or Adults to the Camp Director, etc. The adults are also there for safety reasons (help assist Camp Aides with checking in/checking out the Campers) and to maintain knowledge of the Emergency Plans, and in case there's an emergency and we would need to evacuate the area, we must have enough cars and drivers to get everyone out safely.

What is the Friday Evening Event?

To wrap up Day Camp, we have a show on Friday after dinner. The families can come and see what their daughters have been enjoying throughout the week. Each Unit performs something that they've learned – a dance, a skit, some songs, etc. This year, we are offering meals for the family members to purchase (see the registration paperwork) for Friday's event.

How do I Register?

After completing the online registration, download and complete the Lake Forest Day Camp Packet from the online registration website. The packet is to be completed by each family and given to the troop leader along with payment (either cash or a check written out to your troop). The troop leader collects all of the registration paperwork and payments and then completes the Leader's Summary Form and submits it along with a troop check for the registration of everyone from their troop. The leader needs to collect the paperwork a week before it is due to the Service Unit because it takes time to look it over, make sure it's complete, and consolidate the information onto the Leader's Summary Form.

Girl Scouts can register as individuals or as a troop for Day Camp. If a individual girl wants to participate in Day Camp and she is 1) a Girl Scout Independent (GSI), 2) the only girl from a troop going, or 3) she is new to Girl Scouts, she may send her paperwork and payment directly to the Day Camp Director.

If you have any questions regarding Day Camp, please contact your troop leader if your questions are more troop specific, or Linda Vos, Director of Day Camp at GSDayCamp@cox.net or (949) 510-7920.

Summary Form

To be completed by GSI Parent or Troop Leader

If a camper is attending camp with her troop than the TROOP LEADER will be responsible for collecting all the forms listed below for each camper attending day camp and submitting that paperwork in as a troop along with a current troop roster and 1 troop check. If camper is a Girl Scout Adult Volunteer, GS Camper, Pixie or Boy then the payment and completed forms will be turned into the day camp by the TROOP LEADER when troop submits their payment and paperwork. If camper is an independent then their parent will submit the forms and payment directly to the Day Camp.

Parent or Leader's Name _____ Troop # _____

E-mail _____ Phone # _____

There will be 1 set of forms collected for every participant registered for 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 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 **April 25th**. Forms and payment will be collected at the April 25th Lake Forest Service Unit Meeting located at: 9500 Toledo Way Irvine CA. 92618. Meeting will start at 7pm

If you have any questions contact **Linda Vos** at GSDayCamp@cox.net or **Jennifer Davis** at WinkDavies@yahoo.com.

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 - \$5	_____	_____
Girl Scout Adult Volunteer - FREE	_____	_____
Pixie (Pre-K) Camper - \$30 for 3+ days or \$12 per day	_____	_____
Boy Camper - \$30 for 3+ days or \$12 per day	_____	_____
Additional T-shirt - \$7	_____	_____
Additional patch - \$2	_____	_____
Tuesday Overnighter - \$13 per Camper (must camp as a troop)	_____	_____
Tuesday Overnighter - \$10 per Adult/Camp Aide (must camp as a troop)	_____	_____
Pre-Order dinners - \$5 per day	_____	_____
TOTAL COST =		_____

Please make one check payable to **GIRL SCOUTS LAKE FOREST DAY CAMP**.
Check # _____ Check Amount \$ _____ Please verify that check has two signatures.

PARENT/GUARDIAN ORDER FORM

Please fill out a separate Order Form for each Camper, Adult, Camp Aide, Pixie & Boy.

Name _____ Troop # _____

TO REGISTER – After completing the online registration, fill out the following forms for each Camper, Camp Aide, Adult, Pixie & Boy and submit all forms and fees to your troop leader, including this Order Form:

- ☐ 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) (Not needed for adult)

FEES:

AMOUNT

Girl Scout Camper - \$65 (plus \$35 if not currently a registered Girl Scout)	_____
Volunteering Adult - FREE (plus \$25 if not currently a registered Girl Scout)	_____
Girl Scout Camp Aide - \$5 (plus \$35 if not currently a registered Girl Scout)	_____
Pixie Camper (3-5 year old of adult volunteer) - \$30 for 3+ days or \$12 per day	_____
Boy Camper (6-11 year old of adult volunteer) - \$30 for 3+ days or \$12 per day	_____
Additional T-shirt - \$7 (Each Camper, Adult, Camp Aide, Boy & Pixie receives 1 camp shirt and 1 hat w/ registration)	_____
Additional patch -\$2 (Each Camper & Camp Aide receives 1 patch w/ registration)	_____
Tuesday Overnight - \$13 per Camper or \$10 per Adult/Camp Aide (no Pixies or Boys) (Must camp as a troop with two "Responsible Adults" sleeping over with one being the troop's tent trained adult)	_____
Dinner - \$5 Monday-Friday (select which days below) (\$6/day if purchased at camp)	_____
TOTAL=	_____

FOOD ORDER FORM: This service is available for anyone attending camp and is optional. Dinner will either be brought in or made at camp, Monday - Friday. Each dinner will include: a main course, side dish, dessert, and drink. Meals bought during registration are \$5.00/day. A vegetarian option is offered each day, see below. Families have the option to join their child during dinner for \$5 per person **on Friday only** and watch the performances afterwards. Meals purchased the day of camp will be \$6.00/day.

Please **check** the days you want dinner to be provided & your main dish preference:

- | | | |
|---|--|--------|
| <u>MONDAY – Main Dish with Salad</u> | | |
| <input type="checkbox"/> Pasta with Meat Sauce | <input type="checkbox"/> Pasta with Marinara Sauce (no meat) | \$5.00 |
| <u>TUESDAY – Main Dish with Salad & Chips</u> | | |
| <input type="checkbox"/> Hot Dog | <input type="checkbox"/> Veggie Burger | \$5.00 |
| <u>WEDNESDAY – Main Dish with Rice & Toppings</u> | | |
| <input type="checkbox"/> Chicken | <input type="checkbox"/> Chana Masala | \$5.00 |
| <u>THURSDAY – Main Dish in a Corn-Chip Bag with Toppings</u> | | |
| <input type="checkbox"/> Chili | <input type="checkbox"/> Vegetarian Chili | \$5.00 |
| <u>FRIDAY – Main Dish with Potato Salad</u> | | |
| <input type="checkbox"/> Fried Chicken | <input type="checkbox"/> Veggie-Cheese Subway Sandwich | \$5.00 |

Write in the number of extra meals you would like to purchase for your family for Friday only. _____ x \$5.00 => \$ _____

After calculating your meal total here, copy the value to the Dinner total in the FEES above.

TOTAL: \$ _____

Registration is due by **April 25th, 2018**. A late fee may be charged for late registrations. Cancellations (for a full refund) must be received by **May 6th, 2018**. Cancellations (for a partial refund) must be received by **May 18th, 2018**. NO refunds will be given after **May 18th, 2018**.

Camper Health History

Camper Name _____
Day Camp _____
Day Camp Location: _____

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

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

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

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

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.*

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 (_____) _____

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