



Camp Medical Information
(must accompany Physician Health Record)

Camper's Name: _____ Camp: _____

Physician's Name: _____ Phone: () _____

Physician's Address: _____
Street City State Zip Code

Health Insurance Company Name: _____

Policy #: _____ No Insurance

In order for GSSNE to better serve your camper please list any special needs or medical concerns that camp staff should be made aware of. These may include but are not limited to the selections below. This information will be kept confidential.

- Allergy Epi-Pen required Physical Disability Medication
- Mental Illness/Behavioral Concern Dietary Restrictions Other _____

If you checked any of the above, please explain:

I give permission to give acetaminophen (i.e. Tylenol) as deemed necessary by the camp health supervisor.

Yes No

Is your camper under the care of a physician/psychologist/psychiatrist? Yes No

If yes, please explain:

Parent/Guardian Statement of Understanding/Release:

I give permission to the camper listed on this form to attend camp and participate in all activities. The information on these forms is true and correct to the best of my knowledge. I understand that the camp and the council are not responsible for personal items. I understand GSSNE reserves the right to cancel this registration if full payment is not made by May 29, 2015. I understand that the deposit is not transferable and will not be refunded unless GSSNE is unable to place this camper. I understand that if information listed on this form changes prior to the start of the session I will notify GSSNE. When attending Girl Scout Camp, campers may be photographed for print, video or electronic imaging. I understand that the images may be used in promotional materials, news releases and other published formats for either GSSNE or GSUSA. The images will be the sole property of GSSNE. I understand it is my responsibility to provide safe transportation arrangements to and from any and all camp events/activities. I understand that it is my responsibility to make sure my camper gets on the bus safely and is picked up when the bus arrives at the designated stop. GSSNE is not responsible for my camper before pickup or after drop off. I understand every effort will be made to contact parents/guardians in the event of an emergency. In the event I cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure treatment for, administer anesthesia, and /or perform surgery for my child. Camp authorities may take such emergency measures they deem appropriate, including transportation, and shall notify the parent/guardian listed as soon as possible.

Parent/Guardian Signature: _____ Date: _____