Boys' Unit Registration

Girl Scouts Outta This World DAY CAMP July 27-31, 2020

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Complete and mail in with Health History Form, Medication Form, your Volunteer Registration Packet and applicable fees.

Boys going into 1st-6th grades for Fall of 2020, will be in Boys' Unit. This unit will be run like our other units, the boys will have scheduled times for activities and cooking their own food, which is provided. This is only for volunteers and is not available without an adult volunteering.
For planning and staffing purposes, we must know the number of boys by June 30. In the event something changes BEFORE OR DURING camp, please notify camp director Carrie Sorenson ASAP at 651-329-5041 or blsudaycamp@gmail.com

Boy's First Name:	Last Name:		
Date of Birth: (MM/DD/YY)	Age:	Grade Entering Fall 2020	
Boy's First Name:	Last Name		
Date of Birth: (MM/DD/YY)	Age:	Grade Entering Fall 2020	
Boy's First Name:	Last Name:		
Date of Birth: (MM/DD/YY):	Age:	Grade Entering Fall 2020	
Custodial parent/guardian name:	Phone 1:	Phone 2:	Phone 3:
Second parent/guardian name:		Phone:	

Additional Information & Fees – Fill out completely

Transportation

This child will ride the bus to camp: ❒ *Yes ❒ No ***If yes, you MUST be on the bus with him/her.***

Food Allergies/Preferences_____Please send pack lunch Monday. Snacks provided.

T-Shirt* ($5.00 each) ❒ Yes (check size) ☐ Child Sm(6-8) ☐ Child Med(10-12) ☐ Child Lg (14-16) ❒ None

*Optional- these are the same girl theme shirts we print for everyone at day camp.

Permission

I give permission for my camper to attend the Boys' Unit at day camp and participate in all activities, including overnights, which are part of the program, unless otherwise indicated. I agree to cooperate with all regulations and policies. I give permission for my camper to be photographed or recorded, and for River Valleys and Beaver Lake Service Unit to use this material for publicity purposes. I will not send my camper if he becomes exposed to any contagious disease (including head lice), or if I do not consider him to be in good physical condition. I give permission for my camper to receive necessary medical treatment at area hospitals/medical centers or from the Day Camp Health Supervisor or designee. I will read and abide by communications from the day camp.

****SIGNATURE REQUIRED****

Parent/guardian signature: Date:

Boys' Unit Fees (Must be included for form to be processed)

Boys' Unit - $20 per child/day (One free child for FT volunteers)

PLEASE WRITE TOTAL FOR FEES AND T-SHIRTS ON YOUR VOLUNTEER REGISTRATION FORM

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Boy Health History Form

PLEASE PRINT CLEARLY IN INK.

First Name:	Middle Name:	Last Name:
Mailing Address: Apt. #:		PO Box:
City:	State: Zip:	Phone 1:
Phone 2:	E-mail:	
Parent/Guardian(s) Name and address *(If different from girl's): (Complete for girl form only)* 1.		Phone:
Parent/Guardian(s) Name and address *(If different from girl's): (Complete for girl form only)* 2.		Phone:
Custodial Care Information: ◯ Both Parents ◯ Mother Only ◯ Father Only ◯ Other:_____		

HEALTH INFORMATION

Name of Family Physician:		Phone:
Family Medical/Hospital Insurance Carrier:		Policy or Group No:
Family Dental Insurance Carrier:		Policy or Group No:
Health Information: Age:_____ Date of birth: ☐ Immunizations are up to date. Date of last Tetanus shot:		
Date of last health examination: Were there any medical problems at the time?		
Does participant have any physical, mental or psychological conditions requiring medication, treatment, or other special restrictions or considerations? ◯ Yes ◯ No If yes, please state medication and reason:_____		
Does participant take any prescribed medications or over-the-counter drugs on a regular basis? ◯ Yes ◯ No If yes, please state medication and reason:_____		
Is participant restricted or limited from participating in any physical activity? ◯ Yes ◯ No If yes, please explain:_____		
Please provide a record of past medical treatment, if any, including injures or surgeries:		
Participant has the following health conditions/allergies/dietary restrictions (food and medications): ☐ ADHD ☐ Asthma ☐ Diabetes ☐ Headaches ☐ Seizures ☐ Other:_____ ☐ Allergies (specify):_____		
Emergency Contact (non-parent):		
Relationship:	Phone:	Cell:

AUTHORIZATION

PARENT/GUARDIAN AUTHORIZATION

This health form is complete and accurate. I know of no reason(s), other than the information indicted on this form, why my daughter/girl should not participate in the prescribed activities except as noted. In the event that my daughter/girl needs medical attention while participating in Girl Scout activities, I authorize the adult in charge to see that my daughter/girl receives routine healthcare, medications, reasonable first aid and to transport my child to a health care facility for emergency services as needed.

Signature of parent/guardian: _____ Date:_____

ADULT MEMBER AUTHORIZATION

This health history is complete and accurate. I am able to engage in all prescribed activities except as noted.

Signature of adult member: _____ Date:_____

Parent - please retain a copy for day camp, resident and other overnight camp programs.
Troop Leader - please retain for your records

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Camp Medication Form

Camper's Full Name: _____

Session Name and Date: **Outta This World July 27-31st 2020**

☑ Day Camp ☐ Camp Elk River ☑ Camp Lakamaga
☐ Camp Northwoods ☐ Camp Singing Hills

OVER THE COUNTER MEDICATIONS

Check all items that we may give your camper, if she should need medication while at camp.
All medications are given based on your individual child's weight or age as listed in the instructions.

- ☐ Acetaminophen (such as Tylenol or other non-aspirin pain reliever)
- ☐ Ibuprofen (Motrin, Advil)
- ☐ Throat Lozenges
- ☐ Antihistamine (such as Benadryl)
- ☐ Calamine, Caladryl or other anti-itch lotion
- ☐ Antibiotic Ointment (such as polysporin or Neosporin)
- ☐ Hydrocortisone cream
- ☐ Antacid (Tums)
- ☐ Antifungal Ointment or Spray (for athlete's foot)
- ☐ Sunscreen (spf 30 max)
- ☐ Bug spray (non-aerosol, 10% Deet max)

Comments:_____

Fill in the bottom portion for any prescription medications your camper will be bringing to camp

*****All prescriptions MUST be in their original container*****

Medication and Dose:	Reason for Medication:	Times and Days to be given As needed or prescribed times*	Please note if this is a prescription or over the counter medication

**Please note: we can only administer prescription medication according to directions on the label, unless we have a signed doctor's note.*

Parent/Guardian Signature: _____

Date: _____