

## Day/Twilight Camper Registration Youth

Do not use this form for resident camp!

**PLEASE PRINT OR TYPE ALL INFORMATION – Take or mail this form & the total fee OR complete an individual financial Request (include \$10 deposit) to location or address on the Day/Twilight Camp Chart. DO NOT SEND TO GSNEX OFFICES. Fee is non-transferable.**

Campers Name: \_\_\_\_\_ Camp Attending: \_\_\_\_\_ Dates: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parents email: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_  
 School Name: \_\_\_\_\_ First time day/twilight camper?    Y    N

Registered Girl Scout: GS Troop #: \_\_\_\_\_ GS Service Unit #: \_\_\_\_\_  
 Non- Girl Scout... parent/guardian consents for girl to become a member of the Girl Scouts of the USA  
 (If not a registered Girl Scout, a non-refundable \$15.00 membership fee must be included with your camp & registration form.)

Program Grade Level in Fall:	GS Daisy	GS Brownie	GS Junior	GS Cadette	GS Senior	GS Ambassador
Is camper a:	Girl (K-12)	Boy (K-12)	Pre-schooler (aged 3-5)	New to Girl Scouts	Yes	No
Ethnicity: (choose one)	American Indian/Alaskan Native	Asian	Black	Hawaiian/Pacific Islander	White	Other
Is the child also of Spanish/Hispanic origin?	Yes	No				

Check which parent/guardian should be contacted first in an emergency:

Mother/Guardian	Home Ph: _____	Cell Ph: _____
Father/Guardian	Home Ph: _____	Cell Ph: _____
Emergency Contact	Home Ph: _____	Cell Ph: _____

Name of persons authorized to pick up my child: \_\_\_\_\_

Name of ONLY One Buddy (if any): \_\_\_\_\_

(Buddies must list each other to be placed together. GS Troops may not be placed together – contact individual camp.)

T-shirt Size(s): YOUTH:    Med (10-12)    Large (14-16)    ADULT    Small    Medium    Large    X- Large    XX-Large
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To assure the best possible camping experience, all Parents/Guardians are expected to attend the pre-camp parents/campers meeting if one is scheduled.

I give my daughter/child permission to participate in activities at the above named camp session. I give Girl Scouts of Northeast Texas, Girl Scouts of the USA and the United Way the right and permission without compensation to use photographs of my daughter/child and her/his name for publicity and public relations purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only: Date Received: _____	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash _____ <input type="checkbox"/> Cookie Dough _____	Camp Fee: \$ _____ GSUSA Fee: \$ _____ IFA Request \$ _____ Total Paid \$ _____
Health History Received <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Complete Both Sides**  
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# Day/Twilight Camp only Health History Record Youth

**PLEASE PRINT OR TYPE ALL INFORMATION**

**Campers Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Part I: Illness and Injuries** (check those that apply & give appropriate dates)

Chronic or Recurring Illness

- |               |               |                             |
|---------------|---------------|-----------------------------|
| Ear Infection | Heart Disease | Bleeding/Clotting Disorders |
| Asthma        | Hypertension  | Musculoskeletal Disorders   |
| Seizures      | Diabetes      | Other                       |

Date (month/year) last physical examination: Month/Year: \_\_\_\_\_

Physician's Name \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Physician Phone# \_\_\_\_\_

Since the last physical examination has camper:

The care of a physician or psychologist?	YES	NO	Any prescribed or over the counter medications?	YES	NO
A serious injury/illness requiring medical attention?	YES	NO	Any recent exposure to a contagious disease?	YES	NO
Any restrictions concerning physical activities?	YES	NO			

*Please explain any "yes" answers to the above questions, include dates*

Note: All medications must be in their original container, not expired.

**Part II: Allergies** (check all that apply)

- |                 |               |
|-----------------|---------------|
| Animals         | Insect stings |
| Hay Fever       | Pollen        |
| Plants          | Food          |
| Medicines/Drugs | Other         |

**Part III: Other Health Conditions** (check all that apply)

- |                    |   |                  |          |
|--------------------|---|------------------|----------|
| Constipation       | Emotional Disturbances                      | Menstrual Cramps | Anemia   |
| Nosebleeds         | Special dietary regimen                     | Asthma           | Fainting |
| Hearing Impairment | Wears glasses / contacts / dental appliance |                  |          |
| Other              |   |                  |          |

Please explain any checked items. Include any information useful to the adult in charge about any of these health condition(s).

Also, indicate any activities to be encouraged or restricted:

My child may be given any of the medication listed below at camp if needed.

Acetaminophen (Tylenol)	Yes	No	Calamine Lotion	Yes	No
Ibuprofen (Advil)	Yes	No	Benadryl	Yes	No
Antiseptic Ointment	Yes	No	Insect Repellent	Yes	No
Sunscreen	Yes	No			

**Part IV: Immunizations** – Full dates (day/month/year) are required by the Texas Department of Health

You may also attach a copy of an immunization record from your physician	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, tetanus, pertussis (DTaP/DTP/DT/Td/Tdap)					
Tetanus Booster (Tdap/Td)					
Polio (IPV)					
Measles, Mumps, and Rubella (MMR)					
Hepatitis B					
Varicella ** ** Had chicken pox – list date in Dose 1 column					
Meningococcal					
Hepatitis A					

Parent/Guardian Statement: This health history is complete and accurate. I know of no reason(s), other than indicated on this form, why my daughter/child should not participate in camp activities except as noted. I authorize the Girl Scout adult in charge to consent to medical treatment when either I or my assignee cannot be contacted. I understand that every effort will be made to contact me before such action. I assume financial responsibility for emergency care if such care is not covered by GSUSA Activity Accident Insurance.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_