girl scouts of montana and wyoming

Resident Camp Health History
Child Form

This sheet MUST accompany EVERY child participant to camp check-in.

Child's Name		DOB	
Address	City	State	Zip
Phone	Cell		
Parent's Name			

Health History

Please note any health conditions or problems that should be considered in her activities.

- ☐ Wears glasses/contact lenses
- ☐ Diabetes
- ☐ Convulsions
- ☐ Kidney/bladder problems
- ☐ Asthma
- ☐ Dental retainer
- ☐ Ear infection
- ☐ Heart disease

She has had:

- ☐ Chicken pox
- ☐ Mumps
- ☐ Measles
- ☐ German measles

Date of last Tetanus shot:
Allergies:
Other (specify):
Date of last health exam:
Additional medical info:
Prescribed Medications:
Explain mental health considerations:
Will girl be responsible for and hold her own Epi-Pen or rescue inhaler? ☐ No ☐ Yes, please list:

Medical Care

Camp staff will provide basic medical care under their scope of training through First Aid and CPR. These over-the-counter medications can be administered to my camper by the Resident Director or Healthcare Supervisor or staff designee.

Check all medications you permit:

- ☐ Tylenol
- ☐ Neosporin
- ☐ Sudafed
- ☐ Anti-Itch (Hydrocortisone)
- ☐ Ibuprofen
- ☐ Antihistamine
- ☐ Pepto Bismol
- ☐ Eye drops
- ☐ Robitussin/expectorant
- ☐ Antacids
- ☐ Swimmer's Ear Solution
- ☐ Cough drops

Non-Camp Participant Emergency Contact

Name	Relationship	
Phone Day	Phone Evening	Cell
Family physician	Phone	

Insurance Information

Is the camper covered by family medical/hospital insurance? ☐ No ☐ Yes, please list: Carrier _____

Group # _____ Policy # _____ Policy Holder _____ Relationship _____

Authorizations

- I hereby authorize GSMW staff, volunteers, or facilitators to obtain needed emergency medical treatment for my daughter from the nearest licensed emergency facility or our personal physician.
  Parent/Guardian Signature _____ Date _____
- I also give GSMW permission to use photographs of my girl for Girl Scout publicity. ☐ No ☐ Yes