Health History Form for Short-Term Campers (3 Nights or Less)

Bring this form with you to check-in when you are dropping off your camper.

If your camper has special dietary or medical needs please contact us at 800-474-1912 or info@girlscoutcsa.org, BEFORE coming to camp.

Camper Name: ____
First Name Middle Initial Last Name

Date of Birth: ______________________________ ____________
Month Day Year Age at camp

Parent/Guardian: ____

Preferred Phone #: (_______)____

Home Street Address: ____

City: __________________________ State: __________ Zip: _____________

About health care for short-term camper stays:

- At minimum, a staff member with First Aid and CPR is at camp when campers are present.
- Campers should arrive ready to participate in the program. Should your child be unable to participate, please refer to our cancellation policy.

1. Date (month & year) of your child's most recent tetanus immunization: ____
2. About your child's nutrition status:
   - ☐ My child has no food allergies.
   - ☐ My child is allergic to the foods listed here. (Check the box if eating this food item triggers anaphylaxis for your child.)
     - i. ____ ☐ Causes Anaphylaxis
     - ii. ____ ☐ Causes Anaphylaxis
   - ☐ My child is a vegetarian of this type *(By indicating that your child is vegetarian, we will provide entrees that compliment the indicated vegetarian preference. We rely on your child to eat as you've indicated so we do not waste food.)*
     - ☐ Semi-vegetarian (no pork or beef)
     - ☐ Pesco vegetarian (no pork, beef or chicken)
     - ☐ Lacto-ovo vegetarian (no beef, pork, chicken, fish or seafood)
     - ☐ Vegan (no beef, pork, chicken, fish, seafood, eggs, dairy or any animal product)
3. Is this child allergic to any medication? . . . . ☐ Yes ☐ No
   If YES, name the item and indicate the reaction.
   ____ ☐ Intolerance ☐ Anaphylaxis
   ____ ☐ Intolerance ☐ Anaphylaxis
4. Does this child have asthma? . . . . ☐ Yes ☐ No
   If YES, will your child carry a rescue inhaler during the camp session? . . . . ☐ Yes ☐ No
   If YES, does your child need staff help to use that rescue inhaler? . . . . ☐ Yes ☐ No
   If YES, what triggers your child's asthma? ____
5. If you or the troop leader is unable to provide care for your child we will call the person listed below when there is a question about your child's health and/or in an emergency. Provide contact information for a custodial parent who will be available via phone while your child is attending our program.
   Name of Parent: ____ Phone: (_____)___________________
6. List the medications that your camper takes on a routine basis:
   - ☐ This camper takes no routine medication.
   - ☐ Med: _________________________________ Reason for taking this: ___________________________________
   - ☐ Med: _________________________________ Reason for taking this: ___________________________________
7. What else should we know about your child? Please write additional information about your child's health that may impact your child's participation in our program:

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. Cross out those the camper should not be given.

Benadryl (reaction to insect bites/stings)	Betadine (antiseptic)	Tylenol (aches, pains, slight fever)
Calamine lotions/Cortaid (poison ivy)	Ibuprofen (aches, pains, slight fever)	Ex-Lax (constipation)
Imodium AD (diarrhea)	Mylanta/Tums (upset stomach)	Sudafed (congestion)
Neosporin/Triple Antibiotic ointment	Throat lozenges (sore throat)	Pepto-Bismal (diarrhea)

Parent/Guardian Authorization

This information is correct and the child described has permission to participate in all camp activities except as noted on this form. I understand that the camp has limited healthcare on site and that staff will call the indicated parent/guardian (a) in an emergency, (b) if questions about my child's health may arise, and/or (c) when my child is unable to continue because of injury or illness. I acknowledge that the program will handle medication as described and that information on this form will be shared with staff on a need-to-know basis.

Parent/guardian signature: ____ Date: _________________