



Day Camp Forms 2024

Please print ALL of these forms single sided,
complete them and bring them to camp check-in.

Don't forget a copy of your health insurance card, front and back, please.



Girl Scouts of Central Texas
2024 CAMPER RELEASE FORM
To be completed by parent/guardian

A new form must be completed for EACH session.

Camper's Name	Parent's Names
Address	City, State, Zip
Phone Day Night	Session/ Program Dates

In the event that I am unable to pick up my camper from this event, I authorize Girl Scouts of Central Texas to release my camper to any of the following persons named. Include other parents' names, stepparents, or friends scheduled to pick up your camper, emergency contact, etc. Your camper will not be released to ANYONE who isn't listed on this form. Adults authorized to pick up the camper must be listed below and present a valid driver's license or government issued

Name	Phone (day, night, cell)	Driver's License #	Relationship
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

My camper SHOULD NOT be released to the following person(s):

1. _____
2. _____

I have read and completed this form and understand the Girl Scouts of Central Texas will release my camper from camp or a program according to the information I have provided. I further understand that my camper WILL NOT be released to ANYONE not listed on this form and able to show a valid driver's license.

Signature of parent/guardian

Date

This section to be completed at check-out only

Signature of person picking up camper:	Date:	ID Checked	GSCTX Staff Signature



Girl Scouts of Central Texas
2024 LIABILITY RELEASE FORM
To be completed by parent/guardian

Camper's Full Name: _____ Date: _____

INDEMNIFICATION, RELEASE OF LIABILITY AND ASSUMPTION OF RISK: I, individually or I/we as parent (s) and/or natural/legal guardian(s) of my/our child understand and recognize that there is always an inherent risk of property damage, bodily injury and harm associated with, but not limited to, camping, challenge course, archery, campfires, and other typical camp activities including those risks arising from accidents, other participants, and the forces of nature. I/we further understand that no warranties or representations of any kind have been made by the Girl Scouts of Central Texas ("GSCTX"), its employees, agents, officers, directors, successors, or assigns regarding any of these activities.

My child and I assume(s) the risk(s) of property damage, personal injury, including death, accidents and/or illness, in consideration of, and in recognition of the inherent risks associated with the use of the GSCTX facilities and/or participation in its Girl Scouts program or activities.

I, INDIVIDUALLY, OR I/WE AS PARENT(S) AND/OR NATURAL, LEGAL GUARDIAN(S) OF MY/OUR CHILD AGREE, ON BEHALF OF MYSELF, MY CHILD, MY/OUR HEIRS, REPRESENTATIVES, SUCCESSORS, EXECUTORS, ADMINISTRATORS AND ASSIGNS, TO THE FULLEST EXTENT PERMITTED BY LAW, NOT TO SUE AND TO RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, DEFEND, AND INDEMNIFY GSCTX, ITS NATIONAL ORGANIZATION, ITS EMPLOYEES, AGENTS, OFFICERS, DIRECTORS, SUCCESSORS AND/OR ASSIGNS (THE "RELEASED PARTIES") FROM AND AGAINST ANY AND ALL LIABILITIES, LOSSES, DAMAGES, JUDGMENTS, DEMANDS, CAUSES OF ACTION, CLAIMS, ATTORNEYS' FEES, AND OTHER COSTS OR OBLIGATIONS OF ANY KIND, ON ACCOUNT OF ANY PROPERTY DAMAGE, PERSONAL INJURY, INCLUDING DEATH, ACCIDENTS, AND/OR ILLNESS ARISING OUT OF OR IN ANY WAY RELATED TO THE USE OF GSCTX FACILITIES, TRANSPORTING MY CAMPER, PARTICIPATION IN ITS GIRL SCOUTS PROGRAMS OR CAMP ACTIVITIES, AND/OR CLAIMS MADE BY OTHER INDIVIDUALS OR ENTITIES AS A RESULT OF MY CHILD'S/MY ACTIONS, REGARDLESS OF WHETHER CAUSED IN WHOLE OR IN PART BY ANY NEGLIGENCE, GROSS NEGLIGENCE, STRICT LIABILITY, AND/OR OTHER FAULT OF ONE MORE OF THE RELEASED PARTIES.

I/we agree should any part or portion of this Indemnification, Release of Liability, and Assumption of Risk provision be determined to be legally invalid or unenforceable for any reason, only such part or portion shall be severed and removed from the provision. The remaining parts or portions of this provision that have not been ruled invalid or unenforceable shall independently survive and remain in full force and effect, with only the invalid or unenforceable parts or portions of this provision to be deemed unenforceable and severed.

PLEASE INITIAL THE APPROPRIATE RESPONSE IN THE FOLLOWING SECTIONS:

___ Yes ___ No Field Trips: I/we do further give consent for Participant to participate in scheduled field trips during this program. I/we understand that approved adult volunteers and/or staff will travel and serve as chaperones with Participant off of GSCTX day camp grounds. Transportation will only be provided by bus service chartered through GSCTX.

___ Yes ___ No PG Movies : My child has my permission to watch movies rated PG or below. This option may be offered if outdoor activities are affected by adverse weather conditions. If no is indicated, your Participant will only be able to view G-rated movies or be provided an alternative activity.

___ Yes ___ No Media Release: I grant GSCTX and all affiliate organizations permission to publish my image and voice recorded through photography and/or video of Participant(s) and myself on platforms including, but not limited to, websites, electronic and digital media, publicity, and advertising. All photography/videos will remain the property of GSCTX. (Not a condition to participate.)

Signature of custodial parent/guardian: _____ Date: _____

Custodial parent/guardian (please print): _____



Girl Scouts of Central Texas
2024 CAMPER BEHAVIOR AGREEMENT
To be completed by parent/guardian

At GSCTX Camps, we hold our campers to a certain standard of behavior. Throughout the week, we expect our campers to adhere to the Girl Scout Promise, the Girl Scout Law, and other general camp rules. These are designed to guarantee every camper who attends a GSCTX resident camp has a positive experience. By checking each section and signing the agreement, you and your camper are agreeing to the standards of behavior we expect at our GSCTX camps. Breaking the agreement may result in consequences. The Camp Manager and camp staff will do everything possible to help campers adjust to camp life. However, GSCTX reserves the right to send home from camp any camper who consistently exhibits unsuitable behavior, endangers the camp community, or whose actions towards others are unacceptable.

CAMPER: _____

PARENT / GUARDIAN: _____

During my stay at GSCTX camps, I agree with and will adhere to the following: (please check each box)

I have discussed the Behavior Agreement with my camper and what it means for them during their stay at camp. I agree with and will adhere to the following:

[] Girl Scout Promise: By checking the box, I agree that I will always uphold the Girl Scout Promise.

[] Girl Scout Promise: I have reviewed the Girl Scout Promise with my camper and ensure they will abide by the Promise while at camp.

[] Girl Scout Law: By checking the box, I agree to live by the Girl Scout law during my stay at camp.

[] Girl Scout Law: I have reviewed the Girl Scout Law with my camper and ensure they will behave according to the Girl Scout Law while they are at camp.

[] Kapers: At Girl Scout camp, campers are assigned daily chores or kapers. Kapers include, but not limited to, picking up trash, setting the table, and cleaning the bathroom. By checking the box, I agree I will do my part in the daily Kapers at camp.

[] Kapers: I have reviewed what Kapers are with my camper and agree that they will be involved in the daily Kapers at camp.

[] Technology at Camp: No electronic devices are permitted at GSCTX camps. By checking the box, I agree that I will leave all electronics at home and will not bring electronics to camp.

[] Technology at Camp: I have reviewed GSCTX's stance on technology at camp with my camper and agree that I will not send electronics with my camper to camp.

[] Bullying: GSCTX camps work to provide a safe place for all campers who attend camp. Bullying of any sort will not be tolerated. By checking the box, I agree that I will not bully other campers and will report bullying to the camp staff if I see it happen.

[] Bullying: I have reviewed GSCTX's stance on bullying with my camper and understand the consequences of bullying while my camper is at camp.

[] Camper Behavior: At GSCTX camps, we do our best to give every girl a positive and safe experience. We expect our campers to help us in that endeavor by behaving appropriately at all times. By checking the box, I agree that I will behave appropriately and will refrain from any inappropriate behavior that would not be acceptable at any Girl Scout function or at school.

[] Camper Behavior: I have reviewed what appropriate behavior means with my camper and agree to help GSCTX ensure a positive environment with all campers.

By signing, I, the camper, agree to uphold the GSCTX Camp Behavior Agreement.

Signature _____ Date _____

By signing, I, the parent/guardian, also agree to uphold the GSCTX Camp Behavior Agreement.

Signature _____ Date _____



Girl Scouts of Central Texas
2024 CAMPER HEALTH HISTORY FORM
 To be completed by parent/guardian

Camper Name:

Last

First

Middle

Birthdate

Age

G

Girl Scout Level (Fall of 2024): Daisy Brownie Junior Cadette Senior Ambassador

Street Address

City

State

Zip Code

Parent/Guardian 1:

Name

Address (if different from camper)

Home Phone

Work Phone

Cell Phone

Email

Parent/Guardian 2:

Name

Address (if different from camper)

Home Phone

Work Phone

Cell Phone

Email

Emergency Contact other than Parent/Guardian:

Name

Relationship

Home Phone

Work Phone

Cell Phone

Name

Relationship

Home Phone

Work Phone

Cell Phone

____ (initial) Participant is in good physical condition at present and has had no conditions that prevent them from participating in this Event. Should Participant's physical condition change prior to the Event, I will inform Council in writing so a decision can be made whether they will be allowed to participate.

Please share any situation in your camper's life which may affect their adjustment to, or enjoyment of camp, such as:

- separation divorce new baby in family health of camper illness of a family member
 death moving Other Comments: _____

Does your camper have any fears we should be aware of (i.e., dark, animals, etc.) _____

Name of sibling(s), or other family member, if any, who will be at same camp session or attending camp the same week: _____

Is this their first time away from home without their family? Yes____ No____

Camper Name: _____

Health History (Check all that apply):

Diseases

- Chicken Pox
- Measles
- German Measles
- Mumps
- Other _____

Allergies - Describe specific allergy and reaction:

- Animals _____
- Food _____
- Insect Stings _____
- Medicine/Drug _____
- Plants _____
- Pollen _____
- Milk _____

Chronic or Recurring Illness - Please give explanation:

- Ear Infections _____
- Sinus _____
- Heart Defect/Disease _____
- Seizures _____
- Bleeding Disorders _____
- Asthma _____
- Diabetes _____
- Musculoskeletal Disorders _____
- Cancer _____

Other Health Concerns: (please include explanations as needed)

- Bed wetting
- Motion Sickness
- Mental disability _____
- Sleep walking
- Dizzy spells/fainting
- Bone/joint injury in last 12 months _____
- Nightmares
- Visual impairment
- Major illness in last 12 months _____
- Constipation
- Deaf/Hard of hearing
- Major operations/hospitalizations _____
- Frequent nose bleeding
- Dental appliance _____
- Frequent headaches
- Physical disability _____
- Other _____

Specific activities to be discouraged for medical reasons/conditions:

Special dietary regime to be followed (example: vegetarian or gluten allergy):

Additional health information: please list any other information that needs to be conveyed to medical personnel in an emergency.

Camper Name: _____

Health Care and Camp Permissions:

Consent for Emergency Medical/Dental Treatment

___ I am the parent or guardian who has legal custody of the Participant named above.

___ I am the Participant named above.

I authorize all medical, surgical, diagnostic, and hospital care or procedures, which may be performed or prescribed for the Participant or myself by a licensed physician/dentist or hospital, when efforts to contact the emergency contact persons are unsuccessful and when, deemed immediately necessary or advisable by the physician to safeguard mine or my Participant's health. I waive my right of informed consent to such treatment.

Signature of Parent/Guardian _____ Date _____

I _____ hereby give GSCTX camps permission to administer the following over the counter medications if health supervisor deems it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

OTC Medication:

- | | |
|--|--|
| <input type="checkbox"/> Acetaminophen (i.e. Tylenol) | <input type="checkbox"/> Antihistamine cream (i.e. calamine lotion or Gold Bond cream) |
| <input type="checkbox"/> Pepto Bismol | <input type="checkbox"/> Decongestant (i.e. Sudafed) |
| <input type="checkbox"/> Antihistamine (i.e. Benedryl) | <input type="checkbox"/> Triple Antibiotic Ointment (i.e. Neosporin) |
| <input type="checkbox"/> Ibuprofen (i.e. Advil) | <input type="checkbox"/> Anti-acid tablets (i.e. Tums) |
| <input type="checkbox"/> Midol | <input type="checkbox"/> Additional/other medications as indicated by GSCTX health staff |

Current Medications: Please use medications log sheet to accurately and legibly note ALL medications your camper will be bringing to camp. Be sure this completed form and all medications are turned into the Health Center staff during check in!

_____(initial) Consent to transport: I give my consent for my Participant to be transported to a medical facility by any GSCTX employee who is authorized by Council to drive based on driving record, criminal background check, and proof of current car insurance.

I hereby attest that all information listed on this form is complete and accurate to the best of my knowledge, and that my child/ward is in acceptable health, physical ability, and emotionally ready to fully participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Parent/Guardian _____ Date _____



Girl Scouts of Central Texas
2024 CAMPER MEDICATION LOG
 To be completed by parent/guardian

All medications and this completed form are to be turned in to the Health & Safety Manager upon arrival at camp. This includes any medical treatment items such as, but not limited to, hand sanitizers, vitamins, essential oils, pain relievers, etc. If your camper doesn't strictly need these items, we recommend you leave them at home.

All prescription medications **MUST** be in their original container with original labeling.

Camper Name		Medication Allergies	
Program Name		Food Allergies	
Parent or Guardian			
Contact Number		Other Allergies	
Alt Number			

Scheduled Medications			THIS SECTION TO BE COMPLETED DAILY BY HEALTH STAFF				
Prescribed Medication	Dosage	Times	Mon	Tue	Wed	Thu	Fri
		After Breakfast (9 am)					
		After Lunch (1 pm)					
		After Dinner (6 pm)					
		Bedtime (9 pm)					
		After Breakfast (9 am)					
		After Lunch (1 pm)					
		After Dinner (6 pm)					
		Bedtime (9 pm)					
		After Breakfast (9 am)					
		After Lunch (1 pm)					
		After Dinner (6 pm)					
		Bedtime (9 pm)					

Multiple copies of this form may be used if more room is needed.



Girl Scouts of Central Texas
2024 CAMPER INSURANCE INFORMATION
To be completed by parent/guardian

Camper Name: _____

Program/Session: _____

Insurance information, please indicate:

Insurance Company: _____

Policy Number: _____

Name of Primary Policy Holder: _____

*****PLEASE PROVIDE A COPY OF YOUR INSURANCE CARD- front and back*****