



Day Camp Forms 2023

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
2023 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 and presents a valid driver's license.

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:
_____	_____
_____	_____
_____	_____
_____	_____



Girl Scouts of Central Texas
2023 LIABILITY RELEASE FORM
To be completed by parent/guardian

Camper's Full Name: _____ **Date:** _____

Hold Harmless: 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 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 personal injury, accidents and/or illness, in consideration of, and in recognition of the inherent risks of the activity 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 hereby release, waive, discharge, hold harmless, indemnify and agree not to sue the GSCTX, its national organization, its employees, agents, officers, directors, whatsoever which my child or I may have against GSCTX, its national organization, its employees, agents, officers, directors, successors or assigns, on account of any personal injury, property damage, death or accident of any kind arising out of or in any way connected with the use of GSCTX facilities, transporting my camper, and/or participation in its Girl Scouts programs or camp activities and I/we agree to indemnify and hold harmless the persons or entities mentioned in these paragraphs for any and all liabilities, personal injury, expenses, property damage, or claims made by other individuals or entities as a result of my child's/my actions.

PLEASE INITIAL THE APPROPRIATE RESPONSE IN THE FOLLOWING SECTIONS:

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

____ Yes ____ No **PG Movies :** My child has my permission to watch movies up to a PG rating during indoor weather - affected activities. If no is indicated, you camper will only be able to view G-rated movies or be provided alternative activity options if applicable.

____ Yes ____ No **Media Release:** In the event photographs, slides, or videos are made of said minor child, I/we consent to the release of those photographs, slides, or videos for use in promoting programs at GSCTX.

Signature of custodial parent/guardian: _____ Date: _____

Custodial parent/guardian (please print): _____

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: _____

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

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

☐ Girl Scout Law: By checking the box, I agree to live by the Girl Scout law during my stay 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.

☐ 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.

☐ 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.

☐ 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.

PARENT / GUARDIAN: _____

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: I have reviewed the Girl Scout Promise with my camper and ensure they will abide by the Promise while 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: 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: 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: 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: 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
2023 CAMPER HEALTH HISTORY FORM
To be completed by parent/guardian

Camper Name:

Last	First	Middle	Birthdate	Age
Girl Scout Level (Fall of 2023): <input type="checkbox"/> Daisy <input type="checkbox"/> Brownie <input type="checkbox"/> Junior <input type="checkbox"/> Cadette <input type="checkbox"/> Senior <input type="checkbox"/> Ambassador				

Street Address	City	State	Zip Code
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Parent/Guardian 1:

Name	Address (if different from camper)
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Home Phone	Work Phone	Cell Phone	Email
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Parent/Guardian 2:

Name	Address (if different from camper)
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Home Phone	Work Phone	Cell Phone	Email
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Emergency Contact other than Parent/Guardian:

Name	Relationship	Home Phone	Work Phone	Cell Phone
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Name	Relationship	Home Phone	Work Phone	Cell Phone
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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____

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 _____

Camper Name: _____

- ☐ 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):

Health Care and Camp Permissions:

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:

- ☐ Acetaminophen (i.e. Tylenol) ☐ Antihistamine cream (i.e. calamine lotion or Gold Bond cream)
- ☐ Pepto Bismol ☐ Decongestant (i.e. Sudafed)
- ☐ Antihistamine (i.e. Benedryl) ☐ Triple Antibiotic Ointment (i.e. Neosporin)
- ☐ Ibuprofen (i.e. Advil) ☐ Anti-acid tablets (i.e. Tums)
- ☐ Midol ☐ 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!

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 _____

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
2023 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*****