



Girl Scouts Heart of Michigan  
Resident Camp Information Packet

## Table of Contents

Welcome Letter

Paperwork Check-list

Arrival and Check-in

About Your Daughter

About You

Medication Record

Health Exam

Dear Camper and Your Family,

Welcome to Summer 2013 and the start of camp season! Camp is a great place to have new experiences and experience personal growth by participating in the myriad of unique programs and opportunities Girl Scout Heart of Michigan camps offer.

As you prepare for your trip to camp, please take a minute to sit down together to review the information in this packet. By making the preparation process a collaborative one, the adjustment to your upcoming stay at summer camp will be easier for everyone (even your family!). Families, it is also important to remember that the enjoyment and success your daughter/granddaughter/sister/niece experience is directly related to the support she receives from you at home leading up to and during her trip.

The information in this packet is very important, and if you are a returning camper, please make sure to read it completely through, as there may be some new information.

The staff and I are looking forward to welcoming you to camp this summer, and if you have any questions prior to arriving at camp, please contact me at (269)-532-7067 or by email at [wolesen@gshom.org](mailto:wolesen@gshom.org).

See you soon!

Whitney Olesen  
Outdoor Adventure Specialist  
Girl Scouts Heart of Michigan

## Paperwork Checklist

Please make sure you have the following forms completed and with you when you check-in:

- ✓ Your confirmation letter
- ✓ A completed copy of the updated Health Form
- ✓ Medication Record
- ✓ Signed Camper Release
- ✓ Any prescription or over-the-counter medication (including vitamins) in their original bottles
- ✓ Trading Post money
- ✓ Any additional paperwork that has not been turned in

## Arrival and Check-in

1. Please arrive between 2pm and 4pm on the opening day of the session registered for. Please do not arrive any earlier than 2pm as the camp staff will not be available to assist you prior to the stated check-in time.
2. You will be greeted at the front gate, asked to sign in, given a unit assignment, and directed to the parking lot.
3. Once parked, unload luggage. Camp staff will be available to help; in some cases, the camp ranger may be able to deliver it to the units.
4. Please make sure the following are kept separate from all other luggage:
  - ✓ Your confirmation letter
  - ✓ A completed copy of the updated Health Form
  - ✓ Medication Record
  - ✓ Signed Camper Release
  - ✓ Signed Adventure and Equestrian Program Waiver
  - ✓ Any prescription or over-the-counter medications (including vitamins) in their original bottles
  - ✓ Trading Post money
  - ✓ Any additional paperwork that has not been turned in
5. You will then be directed to the directors for an official check-in.
6. Next, you will be able to visit the Trading Post to make any pre-camp purchases and set-up an account to be used throughout camp. If participating in a Mini-Session, the trading post will only be open during check-in.
7. At this point, you will be asked to visit with the Health Officer to turn in any health forms and medication, and a quick health check, including lice and temperature, as required by state regulations.
8. Once all of the above has been completed, you will finally meet your counselor!

Girl Scouts Heart of Michigan  
About Your Daughter

*This form should be completed by the camper's parent or guardian, and returned at least two weeks prior to check-in.*

**Note: Only your camper's counselors and the Camp Directors will use this form. We want to provide a fun, safe and secure experience for your camper, and this information will help us get to know and understand the young women who have been entrusted to our care. Please be honest, comment fully, and supply any additional information we may need, attaching additional pages as needed. It is particularly important that we be made aware of any health restrictions or emotional needs.**

Camper's Name: \_\_\_\_\_

Date(s) Attending Camp: \_\_\_\_\_

Program Name: \_\_\_\_\_

Any Nicknames: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_

School Grade for Fall 2013: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_

Are Parents:  Married  Divorced

- Who has custody of your camper? \_\_\_\_\_

Number of: Sisters \_\_\_\_\_ Brothers \_\_\_\_\_ Other children in your household \_\_\_\_\_

- Names and Ages of Each: \_\_\_\_\_

\_\_\_\_\_

Does she have any special pets?  Yes  No

- If yes, what kind and what is its name? \_\_\_\_\_

Has she ever been away from home without her parent(s)/guardian(s) for an extended period of time?

Yes  No

- If yes, where did she go, and for how long? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your daughter's responsibilities at home? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does she make friends:  Easily  Fairly Easily  With Difficulty

Is she afraid of:  The Dark  Animals  Water  Lightening  Thunder Other: \_\_\_\_\_

When she doesn't "follow given guidelines" or "misbehaves", how do you handle the situation at home? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your daughter a bed wetter?  Never  Seldom  Frequent

- If so, are there any guidelines we should follow? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Has she experienced a past illness or disability that has or may limit her activities?  Yes  No

- If so, please describe: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Does she have any allergies, medical, or emotional conditions we should be made aware of in the interest of her safety and well-being?  Yes  No

- If so, please describe and provide any special instructions: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Has she started menstruation?  Yes  No

- If not, is she informed and prepared? \_\_\_\_\_
- \_\_\_\_\_

Has anything occurred in her life within the past year (such as a family death, divorce, problems at school, etc.) that may be a problem for her, or may affect her behavior at camp?  Yes  No

- If so, please explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Please describe her previous camp experiences: \_\_\_\_\_

\_\_\_\_\_

Does your camper have any dietary restrictions?  Yes  No

• If so, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your expectations of your daughter's camp experience? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I have supplied the above information, and understand that it will be shared **only** with my camper's counselors and the camp administration.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Girl Scouts Heart of Michigan  
About You

*This form should be completed by the camper herself and returned at least two weeks prior to check-in.*

Hello! My name is \_\_\_\_\_ and I like to be called \_\_\_\_\_.

1. Why did you decide to come to camp this summer? \_\_\_\_\_

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2. What would you like to do while you are at camp? \_\_\_\_\_

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3. If you have attended camp before:

a. What did you like? \_\_\_\_\_

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b. What didn't you like? \_\_\_\_\_

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4. What time do you like to go to bed at night? \_\_\_\_\_

5. What time do you like to get up in the morning? \_\_\_\_\_

6. Do you have any questions for us? \_\_\_\_\_

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7. Is there anything else you would like us to know about you? \_\_\_\_\_

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Girl Scouts Heart of Michigan  
Medication Record

Participant's Name:					Date:			
Program Name:					Location:			
Medication: Dose, Route and Frequency	Time to be Given	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Girl Scouts Heart of Michigan  
Camp Health Form - History & Examination

**Instructions:**

1. The information contained in this health form is used to advise our health care supervisor of each participant's current condition and special needs. It is also the only information we have in case of an accident or emergency. Information on this form is considered confidential and will be shared, as appropriate, only with staff that needs to know.
2. This health form must be completed, signed and brought with you at check-in for your camp session. Campers arriving at camp without a completed form will be sent home with parent(s)/guardian(s).
3. Parent(s)/Guardian(s) should carefully complete sections A, B & C. **Section D MUST be completed by a physician, nurse practitioner or physician's assistant** for girls attending any resident camp program.
4. Parent(s)/Guardian(s) are responsible for making a copy of this form for your records. The original Health History & Examination Form cannot be returned due to State Licensing Requirements (all originals must be kept on file).
5. All health forms from 2011 that have valid health examinations for 2012 will remain on file at camp for use this summer. For a health examination to be valid, it must have been conducted within 24 months of the camp session.
6. A new Health History (sections A-C) must be completed each year.

*\*If you have any questions regarding whether or not your daughter's health examination is valid for the 2013 camp season, please contact the Camp Director at least two weeks prior to arrival at camp.*

**SECTION A – GENERAL PARTICIPANT INFORMATION**

**Participant Information:**

- **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
- **Address:** \_\_\_\_\_
- **SSN:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Parent/Guardian Information:**

- She is under the custodial care of:  
 Both Parents    Mother/Guardian only    Father/Guardian only    Other(specify)
- **Parent/Guardian #1 Name:** \_\_\_\_\_
- **Address:** \_\_\_\_\_
- **Phone (Day):** \_\_\_\_\_ **Phone (Evening):** \_\_\_\_\_ **Phone (Cell):** \_\_\_\_\_
- **Email:** \_\_\_\_\_

- Parent/Guardian #2 Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone (Day): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_
- Email: \_\_\_\_\_

**Emergency Contact Information:**

*In the event that I cannot be reached in an emergency, the following persons will be available during the camp session and are authorized to act in my behalf.*

- Name: \_\_\_\_\_
- Relationship to Participant: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone (Day): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

- Name: \_\_\_\_\_
- Relationship to Participant: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone (Day): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

**Health Care Information:**

- Physician's Name: \_\_\_\_\_
- Physician's Phone Number: \_\_\_\_\_
- Physician's Address: \_\_\_\_\_

- Dentist's Name: \_\_\_\_\_
- Dentist's Phone Number: \_\_\_\_\_
- Dentist's Address: \_\_\_\_\_

- Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

- Through (Employer): \_\_\_\_\_
- Insured Name (Parent/Guardian): \_\_\_\_\_

**SECTION B – GENERAL HEALTH INFORMATION**

**Immunization History:**

	Year Primary Series Completed	Date of Last Booster
*Diphtheria/Pertussis/Tetanus		
Measles/Mumps/Rubella		
Polio		
Chicken Pox		
*HIB	1.                      2.                      3.                      4.	
Hepatitis B Vaccination	1.                      2.                      3.                      4.	
Tuberculin Test (most recent)	Date of Test:	Result:
*Adult Tetanus – Diphtheria Toxoid		
*Hemophilus Influenza B		

\*Required

- Which of the following, if any, has the participant ever had?
  - Measles     German Measles     Mumps     Chicken Pox     Hepatitis

**Medications:** List any prescription medication your camper is bringing to camp, its use and dosage. All medications must be brought in their original containers.

- This person takes NO medications on a routine basis.
- This person takes prescription medications as follows.

	Medication #1	Medication #2	Medication #3
<b>Condition</b>			
<b>Dosage</b>			
<b>Frequency</b>			

**Allergies:** Please check those that apply, specify what reaction to look for, and the physician-recommended treatment.

	<b>Penicillin</b>	
	<b>Other Medication</b>	
	<b>Food Allergies</b>	
	<b>Bees/Wasps/Other Insects</b>	
	<b>Plants</b>	
	<b>Animals</b>	
	<b>Asthma</b>	
	<b>Hay Fever</b>	
	<b>Other</b>	

**Other Health Conditions:** Please check those that apply.

	Diabetes		Hearing Impairment		Bed Wetting
	Convulsions/Seizures		Visual Impairment		Constipation
	Heart Defect/Disease History		Emotional/Behavior Disturbance		Abnormal Menstruation
	Rheumatic Fever		Sleep Disturbance		Nosebleeds
	Sickle Cell Trait/Disease		Ear Infections		Motion Sickness
	High Blood Pressure		Urinary Infections		Fainting
	Bleeding/Clotting Disorders		Musculoskeletal Disorders		Sleepwalking
	Frequent Headaches		Recent Injury/Illness/Infectious Disease		Other
	Wears Glasses/Contacts		Eating Disorder		

If a (n) condition has been checked, please provide any pertinent information:

Are there any specific activities that should be restricted, limited, or adapted?  Yes  No

- If yes, please explain:

**Dietary Restrictions:**

	Does not eat red meat		Does not eat dairy products
	Does not eat poultry		Food Allergies
	Does not eat pork		Limited due to orthodontic appliances
	Does not eat seafood		Other
	Does not eat eggs		

**Please provide us with any additional information about the camper's behavior and/or physical, emotional, or mental health that would be important for our health care staff to be aware of to ensure that your daughter has the best experience possible:**

**Does the camper have an impairment or disability that will require special accommodation while at camp?**

Yes    No

**If yes, please explain and contact the Camp Director immediately:**

**SECTION C – CONSENT AND PERMISSION TO TREAT**

This health history is correct and complete so far as I know. My child has permission to engage in all prescribed camp activities except where noted. Authorization to treat: I hereby give my permission to the health care staff selected by the camp to order emergency and routine tests including x-rays, emergency treatment and necessary-related transportation for me or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization for the person herein described. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give authorization for the doctors and hospital to release medical information to GSHOM.

If for religious reasons you cannot sign this form, the camp should be contacted for a legal waiver that must be signed for attendance.

Signature of parent/guardian: \_\_\_\_\_

**SECTION D – HEALTH EXAMINATION**

*This section must be completed by licensed physician, nurse practitioner or physician’s assistant within 24 months of the camp session for girls attending any resident camp program.*

**Physical Examination**

Date of Examination: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

General physical and emotional status: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Code: ✓ = Satisfactory    X = Not Satisfactory    0 = Not Examined

____ Eyes	____ Teeth	____ Lungs	____ Ears
____ Heart	____ Abdomen	____ Nose	____ Throat
____ Musculoskeletal	____ Skin	____ Hernia	____ Genitalia

\* Not required for every health exam. Girls aged 5-12 should have it if she has not already had it. Girls aged 13-18 should have this test if she has not had it.

**Health Recommendations While at Camp:**

In your opinion, the above conditions  do/  do not preclude participation in an active camp program.

**Comments:**

**Activities to be encouraged or restricted while at camp (dieting, swimming, horseback riding, etc.):**

**Please describe any treatment to be continued while at camp:**

**Please list any medications to be continued while at camp:**

Medication	Use	Dosage/Frequency

**PHYSICIAN'S SIGNATURE:**

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_