



# Day Camp Program Aide Registration

Girl Scouts Heart of Central California | 6601 Elvas Avenue Sacramento, CA 95819 | www.girlscoutshcc.org

**Please mail a complete registration packet to the day camp registrar. Packet to include:**

- One** completed Day Camp registration form
- Girl Emergency Health Information form
- Consent to Administer Medication to a Minor form
- Transportation Form
- Payment by check
- Business Size, Self-Addressed Stamped Envelope

Girl's Name \_\_\_\_\_ Requested Camp Nick Name \_\_\_\_\_

Name of Day Camp \_\_\_\_\_ Dates of Camp \_\_\_\_\_

Age \_\_\_\_\_ Grade in School (fall) \_\_\_\_\_ Troop # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Would you prefer to receive all information from Day Camp via email? Yes \_\_\_\_\_ No \_\_\_\_\_

Program Aide Core Training: \_\_\_\_\_ date completed. Area of Concentration: \_\_\_\_\_ date completed

Do you have previous day camp experience? \_\_\_\_\_ No \_\_\_ Yes \_ as a \_\_\_\_\_ camper \_\_\_\_\_ program aide

**Please note: you must be 2yrs older than the girls you work with.**

Age Level you prefer to work with: Daisy (K-1) Br (2-3) Jr (4-5) Cad (6-8) Snr (9-10)

Circle your T-shirt size: Child: L Adult: S (34-36) M (38-40) L (42-44) XL (46-48) 2X (50-52) 3X

**My daughter has my permission to participate in all activities at day camp.** Yes \_\_\_\_\_ No \_\_\_\_\_

**I will make sure that my daughter does not attend day camp if she is not feeling well.** Yes \_\_\_\_\_ No \_\_\_\_\_

**(If not already a Girl Scout) I am also enclosing a Girl Registration Form # 6624 and \$12 so that my daughter may join Girl Scouts.** Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\*Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

DAY CAMP REGISTRAR USE ONLY					
	DATE	AMOUNT	BALANCE		
Deposit	_____	_____	_____	AMOUNT OF CAMP FEE	\$ _____
Financial Assistance Confirmed	_____	_____	_____	If your daughter is not a Girl Scout, add \$12.00	\$ _____
Cookie Credit	_____	_____	_____	<b>SUBTOTAL</b>	\$ _____
Payment	_____	_____	_____	<b>AMOUNT OF FEE ENCLOSED:</b>	\$ _____
Payment	_____	_____	_____	<b>AMOUNT OF COOKIE CREDIT(S)</b>	\$ _____
GS Health Info	rec'd			<b>COOKIE CREDIT #</b>	_____
Consent/Meds	rec'd	Check #:	_____	Must be attached or be <u>turned in prior to camp registrar</u> by the registration deadline for each camp.	
Transportation	rec'd	Reg. Fee:	_____	<b>AMOUNT OF FINANCIAL ASSISTANCE REQUEST</b>	\$ _____
				Send FA request form to Sacramento Program Center - <u>DO NOT</u> attach.	
				<b>TOTAL (should equal subtotal above)</b>	\$ _____



# Girl Emergency Health Information

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This form is to be completed and signed by parents/guardians of the girl and updated annually.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Troop # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_

Family medical/hospital insurance carrier \_\_\_\_\_ Policy or Group No. \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_

Evening Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

### Emergency Contacts (in the event parents cannot be reached)

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_

Evening Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

### The child may NOT be released to the following individuals:

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Does the participant have any allergies, special needs or a special diet we should be aware of?  Yes  No

If Yes, please explain: \_\_\_\_\_

(For example, please list all medications, plants, animals, etc. that the participant is allergic to and/or indicate whether the participant has special needs like asthma or diabetes.)

Please provide any information in relation to the care of the participant that would be useful to the adult in charge. Also indicate any activities to be encouraged or restricted. \_\_\_\_\_

The above information is correct to the best of my knowledge, and my daughter has my permission to engage in all activities, except as noted. I hereby authorize Girl Scouts Heart of Central California, through the adult person(s) caring for my daughter, to order emergency X-rays, anesthetic, medical or surgical diagnosis or treatment and hospital care as deemed advisable by a licensed physician. It is understood that every reasonable effort will be made to contact me or the person noted above before taking this action. I understand that this permission is given in advance of need for any diagnosis, treatment, or hospitalization. This authorization shall remain effective throughout the entirety of the individual's membership in the Girl Scouts Heart of Central California.

I agree to inform a troop or activity leader of any changes in the above information. For example, if a Girl Scout later develops an allergy or contagious disease or is no longer allowed to participate in a particular activity, the parent or individual must inform the troop or activity leader to ensure the safety of both the individual and those around her.

\_\_\_\_\_ Date

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

\_\_\_\_\_ Updated

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

\_\_\_\_\_ Updated

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



# Consent to Administer Medication to a Minor

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Name of minor \_\_\_\_\_ Date(s) of event \_\_\_\_\_

Name of camp \_\_\_\_\_

### Prescription Medications

1. Each medication must be in its original pharmacy container and will be administered in accordance with the pharmacy label as prescribed.
2. Please use the attached page to authorize each prescription.

### Non-Prescription Medications

Minors are not permitted to bring medications to Girl Scout activities. Consent must be provided by the parent or guardian in order for Girl Scout personnel to administer non-prescription medications. Please initial the following medications you authorize to be administered to your child as necessary.

\_\_\_\_\_ Pain reliever (Tylenol®, Advil®, acetaminophen, ibuprofen)

\_\_\_\_\_ Allergy and itch relief (Diphenhydramine: Benadryl®, Caladryl®, and Cortizone®)

\_\_\_\_\_ Stomach remedies (antacids)

Are there any over the counter medications or first aid remedies that your child is allergic to or that you **do not** wish to be administered?  Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Sunscreen and Insect Repellent

Minors may bring their own insect repellent (containing 15% DEET or less) and sunscreen. Please indicate if you DO NOT give us permission to administer these items to your child.

Do not administer: \_\_\_\_\_  
\_\_\_\_\_

The information provided in conjunction with this form is correct to the best of my knowledge. I authorize Girl Scouts to administer the prescription and non-prescription drugs noted herein. I acknowledge that in the event of an emergency, the use of some medication not previously approved may be necessary. In these circumstances, I authorize Girl Scouts to administer medication without prior approval. I agree to inform a troop or activity leader of any changes in the above information. For example, if a Girl Scout later develops an allergy or contagious disease or is no longer allowed to participate in a particular activity, the parent or individual must inform the troop or activity leader to ensure the safety of both the individual and those around her.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature





# Transportation Arrangement Form

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This form must be completed and on file before your child may attend day camp. Please return promptly to the registrar of the day camp your child will be attending (registrar names and mailing addresses are located in the day camp brochure). **List all people who might be dropping off and picking up your child from Day Camp.**

Camper's First Name:	Camper's Last Name:
Nickname:	Home Phone: (    )
Home Street Address:	City:
Parent/Guardian Name:	Phone # during day camp hours: (    )
Adults authorized to <b>sign-in</b> and/or <b>sign-out</b> my child are (INCLUDE PARENTS):	
Name -	Relationship to child -
_____	<u>PARENT</u> _____
_____	_____
_____	_____
_____	_____
Please DO NOT release my child to: _____	
PARENT SIGNATURE: _____	

### Daily Camper Attendance Log

DATE	SIGN-IN (signature of responsible adult)	SIGN-OUT (signature of responsible adult)