



# 2024 SUMMER CAMP DAY CAMPER INFORMATION



# Find Your Adventure at Camp!

## Table of Contents

|   |    |
|---|----|
| Required Information .....                                | 3  |
| Health & Safety .....                                     | 4  |
| Life at Camp .....  | 6  |
| Packing for Camp .....                                    | 7  |
| Arrival/Departure .....                                   | 8  |
| Post-Camp .....   | 8  |
| Helpful Tips .....  | 9  |
| Code of Conduct Form .....                                | 10 |
| Camper Pick-Up Form .....                                 | 11 |
| Challenge Course, Climbing and Bouldering Wall Form ..... | 12 |
| Health Record .....                                       | 13 |
| Parent Questionnaire .....                                | 17 |
| Camper Letter to Counselor .....                          | 19 |
| Directions to GSCI Camps .....                            | 20 |
| Camp Contact Information .....                            | 21 |

## Required Information

The following forms should be completed and are due at camp CHECK-IN.

**Forms are not accepted by mail or at the office. Please do not print forms double sided.** They must be turned in on the first day of camp. Look for them at the end of this packet:

- Code of Conduct Form
- Camper Pick-up Form
- Parent Questionnaire
- Camper Letter to Counselor (Optional)
- Waivers (if applicable, for Equestrian and Challenge Course)
- Health Record with vaccine record or exemption letter signed by a physician

**Code of Conduct** - Behavior agreement that campers and parents sign, agreeing to abide by all camp and council rules. Used as the first reminder if behavior problems arise.

**Camper Pick-Up** - Grants permission for your camper to be picked up from camp. Parents must list themselves on the form in addition to any other adult who may pick up the camper.

**Parent Questionnaire** - Enables staff to become familiar with campers and with parent expectations. Please provide us with information on your camper's mental, emotions, and physical needs. We want to make camp a positive experience, so we need to know what makes them unique.

**Letter to the Counselor (Optional)** - Many of our campers want a chance to share more about themselves and what they hope to do over the summer in their own words. The letter to the counselor is a chance for a Girl Scout to share their traits and characteristics about them.

**Waivers** - Challenge Course areas must have signed waivers on file in order to participate in activities. Challenge Course Form is to be completed by all campers at Camp Widjiwagan as these camps have a challenge course/rock wall available. Review the camp description to see if your camper will be participating in the challenge course. Not all campers will be taking part depending on age and skill and conservations during girl planning.

**Health Record** - *For day camp*, the Health Record is required, but does not need to be signed by a physician. Please keep a copy for your records as they are not available after the camp season ends. A copy of a vaccine record or a letter of exemption signed by a physician is also required. Please contact the camp director two weeks prior to camp if there are any special medical or dietary needs so we can make arrangements.

**Medications** - If a camper will be taking medication at camp, the medication portion of the Health Report must be completed. DO NOT pack any medications in your camper's luggage, including inhalers, epi-pens, prescriptions, or over-the-counter medication/vitamins. All medications are required to be turned over to the health supervisor upon arrival. All medications must be in original containers with instructions from a physician or pharmacy—times and dosage should be clearly stated, and medications must not be expired. If your camper has special medical needs, arrangements will be made to transport them to a doctor's office. Parents are responsible for these expenses.

# Health & Safety

## Health Information

Camp staff is First Aid and CPR-certified and trained to respond to minor scrapes, bumps and bruises. An on-call physician is available if needed. The local police and fire departments are notified at the start of the camp season and are prepared to respond within minutes.

Should a camper become ill or injured at camp, the staff will administer first aid and follow written procedures given by the camp physician. This may include a visit to a local doctor's office or emergency room after hours. If a camper requires a long rest period for recovery or they cannot remain at camp, they will be sent home. If a camper's illness or injury is severe, they will be given emergency care at the scene and be transported to the hospital emergency room. Parents/guardians will be notified, but in life-threatening situations, treatment may begin before notification, as indicated on the health consent form.

A qualified health professional will be accessible each day to oversee the health and wellness of all campers and staff.

## COVID-19 Information

During the ever-evolving pandemic, summer camp is more beneficial than ever. The safety of our campers, staff, and volunteers is paramount. Based on guidance from the Centers for Disease Control (CDC), the American Camp Association, and our local and state health departments, we have a proactive plan in place to keep camp as safe as possible. We will continue to have as many activities outdoors as possible, and will have increased handwashing and sanitizing procedures. As summer camp gets closer, we will review the CDC, American Camp Association, and local and state health department guidelines at that time and update our practices as necessary. We will share this information with caregivers before and during summer camp.

In the event that your campers begins exhibiting COVID-19 symptoms while at camp, you will be informed and you must come pick up your camper immediately. The camper may be able to return to camp with a negative test and approval from the camp nurse.

In the event that another camper becomes ill with COVID-19, you will be informed if your camper is a close contact.

If a session must be cancelled, your camper is sent home due to COVID-19, or your camper is unable to attend altogether due to COVID-19, refunds will be issued. Refunds may be pro-rated if camp is cancelled mid-week.

## Health Check

All campers will receive a health screening by trained staff upon arrival at camp. This will include a check for contagious scalp and skin conditions and current body temperature. Any camper with a temperature over 100° F, who has evidence of nits or lice, or who is otherwise ill will be sent home by the camp director. Parents must remain at camp until their camper has been screened.

## Activity Insurance

The camp fee includes insurance providing supplementary coverage to campers' personal insurance and includes sickness and accident coverage for any incidents that occur during their stay at camp.

## Lice Procedures

Campers will be checked for head lice and nits during their health check at check-in. Please be aware that your camper may be asked to remove braids and other hair styles to ensure a thorough check. If a camper is found with evidence of lice or nits, they will be sent home until they no longer has evidence of them. If, after all precautions, a head lice outbreak occurs, parents/guardians of the campers who have head lice will be notified. It will be parents'/guardians' responsibility to pick up their campers from camp, launder all clothing and provide lice shampoo treatment for their camper. After a minimum of 24 hours, if there is no longer evidence of head lice or nits, the camper may return to camp. Camp fees are not refunded when a camper arrives with a pre-existing condition. We recommend you carefully check your camper in bright light before they head to camp in order to avoid any unpleasant surprises.

## **Homesickness**

Being homesick is a completely natural experience and is experienced by all campers on some level. You can help your camper cope with homesickness by:

- Discussing it with them prior to camp. Encourage them to talk to their counselors about how they are feeling and what they are thinking about camp—both the good and the bad. Role-play at home so your camper will find it easier to talk about their feelings.
- Making your camper aware of what camp life is like: deep woods, sounds of nature, bugs, platform tents, latrines, outdoor cooking, making new friends, learning new skills, rainy days, sunny days, hot days, bugs and, most of all, fun times.

Please do not tell your camper that they can call you or you will pick them up if they become homesick. This is vital to their development and to learning coping skills. Tell them that you believe in them and know they can do it!

## **Insect Repellent and Sunblock**

Our camps are in wooded settings with bugs and lots of sun. Campers are expected to be able to properly apply sunblock and insect repellent on their own with limited assistance from friends/counselors. Make sure the sunblock and insect repellent are not expired, as they lose their ability to be effective. Look for waterproof sunblock that has a high SPF and repellent that doesn't have a sweet smell, is non-aerosol, and has a lower level of DEET (under 30% is preferred; DEET is harmful to children if ingested). Pack natural-colored clothing (white and dark colors attract bugs). Prior to camp, wash clothing in unscented detergent. While at camp, girls should use unscented hair products and lotions. Teach your camper how to take extra precautions, such as wearing a rash guard when swimming, if they are very fair-skinned, or wearing a hat while hiking.

## **Weather Conditions**

Camp activities may change due to weather. If the weather is inclement, campers may not be able to participate in activities that are affected by rain, storms, and extreme heat, including but not limited to boating, swimming, challenge course, and archery. Activities and schedules will be modified as necessary. In the event of severe weather, a building at camp is reserved for the safety of campers. Staff members are able to communicate with each other and the camp office for weather updates and emergencies. When severe weather occurs, all campers are safely moved to the designated buildings for shelter and an all-camp activity takes place to occupy them, such as a dance, camp idol contest, etc. This helps to ease the campers concerns about the weather and keeps the focus on fun!

## **Visitors**

For the safety of all campers and staff, visitors will not be allowed at camp. The camp director handles emergency calls. If your camper forgot something from home (e.g., backpack, water bottle, rain coat), please call the camp director – we have extras! If you would like to see camp before attending, contact the camp director or sign up for an event at camp.

## **Cancellations**

If a session or event does not meet the minimum registration as of the deadline date, GSCI reserves the right to cancel. Notice will be made by email.

Deposits, extra fees, camper adventure care packages, and prepaid trading post account funds are non-refundable. A full refund, including deposit, is made only if a camper cannot be placed in a program or if it is necessary to cancel the program. No refunds will be made for campers arriving late, leaving early, attending only part of the program, for those who fail to attend, or for campers who violate camp policies and rules and are sent home.

Contact Customer Care at [customercare@girlscouts-gsci.org](mailto:customercare@girlscouts-gsci.org) or 1-888-623-1237 to obtain a Refund Request Form. After camp ends, partial refunds may be considered on a case-by-case basis and only in the case of extenuating family circumstances or medical reasons supported by a doctor's statement.

# Life at Camp

## Facilities

Flushable toilet facilities are located at our shower house and in several of the lodges. Primitive pit toilets are also used at some camps.

**We encourage all campers to visit the facility before camp. This can be done at an event with your troop or by arrangement with the camp director.**



## Trading Post

Your camper will get the opportunity to purchase camp memorabilia (T-shirts, water bottles, stuffed animals, bandanas, etc.) at the Trading Post. If you would like to send money with your camper for shopping, we recommend an amount between \$15 and \$25. You may have already added trading post money during the registration process. If not, money will be collected for Trading Post at check-in and deposited in your camper's Trading Post account. Trading Post accepts cash, check, and Cookie Dough cards and Nutty Bucks. Unused money deposited at the beginning of the week will be returned to the parent/guardian at the end of the session. Unused money that was deposited during registration will NOT be refunded, or carried over to another week, and will be applied to our campership fund.

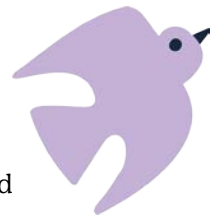
## Meals



Morning and afternoon snacks are served at all camps. Camp Widjiwagan, Camp Kiwanis and Quincy Community Day Campers must bring a sack lunch each day. Please do not send lunches or snacks containing peanuts due to allergy concerns, unless the camp director notifies you differently.

## Telephones

Campers do not have access to a telephone and cannot be called directly. If there is an emergency, call the camp director. Parents will be notified by phone of any accident, illness, or other problems involving their camper. **DO NOT SEND CELL PHONES**—your camper will not be allowed to keep a phone with them.



## Girl Planning

Campers work together to create their own experiences at camp by building their schedules of activities. Counselors facilitate this process as they keep in mind the program the girls have signed up for and guide them as needed. The campers also play an active role in creating rules for their group and creating a unit agreement. Encourage your camper to speak up about any activities they may want to experience while they are at camp.

## Badge Work



Just as girl planning is a fundamental aspect of Girl Scouting, badge work is also a strong component of Girl Scout camp. Counselors work with campers to focus the girls' activities on badges and Journeys. Campers may choose to work on badges that are unrelated to their program area or stick to their program – it's up to them. At the end of the week, parents will be given a badge sheet outlining activities girls completed toward badges and Journeys that can be purchased at any GSCI Trefoil Boutique.

## Kapers

Kapers are simple daily chores campers share while attending camp. Each staff member models and teaches campers proper ways to care for the environment and their camp surroundings. Each unit is responsible for the upkeep and cleaning of their area and for additional small daily camp responsibilities. Campers are closely monitored to make sure that established health and safety procedures are used in completing cleaning tasks. Living in a community setting reassures the whole community to take an active role in keeping the community running smoothly and safely.

## Packing Tips

It is a good idea to have your camper practice packing their bookbag/backpack they will bring each day to camp at home. Your camper must be able to carry their own bag. All clothing and equipment must be labeled with the camper's name. When possible, use a permanent marker or label-maker. Weather can be unpredictable and range from a cool 50 degrees to a very hot 115 degrees. Please send clothes to cover all temperature ranges.

## Camp Birthdays



If your camper will spend their birthday at camp and would like to bring treats, please make arrangements with the camp director prior to first day of camp.

## Swimming



Campers at Camp Widjiwagan will have the option to swim. The first day, campers will be given a swim test to assess their abilities. Only those that pass the swim test will be allowed in the deep end.

Lifeguards and watchers will be monitoring whenever campers are swimming. Campers will be required to wear a colored swim cap that designates which areas of the pool they are allowed to swim in. Camp provides these swim caps.

## Adventure Activities

Your camper may have the opportunity to go boating, shoot archery, or take on the challenge course at Camp Widjiwagan. These are great learning experiences for campers and will build self-esteem. These activities are supervised by trained facilitators. See your camp description for information if your camper will be participating in these activities. Waivers may be required.

# Packing for Camp

## What Not to Bring

The following items are not allowed at camp: Strapless tops, sandals; Crocs or open-toed shoes; hair dryers; curling irons; cell phones; tablets or similar electronic devices; headphones; radios; CD players; MP3 players; gaming systems; DVD players; iPods; expensive jewelry; weapons or weapon look-a-likes; alcohol; illegal substances; tobacco products; pets/animals; or personal sports equipment. Campers will be checked for these items. If found, items will be held by the camp director for safe keeping until the end of the camp session. Do not pack your medication.

Girl Scouts of Central Illinois is not responsible for lost or stolen items. If your name is not on it – it may not be returned.

## DAY CAMP What to bring

- A change of clothes
- Book bag—**A MUST** (camper is responsible for carrying book bag)
- Warm jacket, sweater, or sweatshirt (if needed)
- Filled water bottle
- Rain coat or poncho
- Bandana or hat
- Comfortable one piece or tankini swimsuit appropriate for active play and towel
- Insect repellent (non-aerosol)
- Sunscreen
- An extra set of socks, shorts, and underwear is not a bad idea for younger campers

## DAY CAMP Dress for the weather every day

- Shorts/Pants (depending on the weather)
- T-shirt/Tank top
- 1 pair of shoes—sneakers (No open-toed shoes or Crocs—shoes must be worn at all times)
- Socks

# Arrival/Departure

**Check-in and check-out will be done in a drive-through style where you will not even need to get out of your car! Keep an eye on your email for detailed instructions from your camp director in your final confirmation. See below for an overview of the process.**

## **Arrival**

When you arrive all paperwork listed on page 1 must be turned in on the first day of camp. Once this is complete, you will be directed where to go to complete check-in, including a brief health check.

## **Departure**

A staff member will greet you in your car and check your identification card. Anyone picking up a camper from camp, INCLUDING parents/guardians, must present a driver's license or other valid picture identification each day AND be listed on the Camper Pick-Up Form. For safety and risk management purposes, campers will not be released to anyone not listed on the pick-up form and cannot be released to anyone without photo identification. Once your identification has been checked, you will be instructed where to proceed to pick up your camper. On Friday, any leftover trading post money, the badge sheet, and any medications will also be returned.

## **Typical Camper Check-In Times**

### **Day camp**

7:30-9:00 a.m. Before care. You must be registered for before/after care.

8:50 – General arrival begins

## **Typical Camper Check-Out Times**

### **Day camp**

4:00-4:15 – General pickup

4:00-5:30 p.m. check-out and after care

# Post-Camp

## **Lost & Found**

Girl Scouts of Central Illinois is not responsible for valuables or lost, stolen, or damaged personal items. Please mark everything with your camper's full name and check their bag before leaving camp on check-out day. All lost and found articles will be donated to a charitable organization or disposed of by the end of camp season. Please contact camp or your local service center to check for lost items.

## **Evaluating Camp**

We appreciate and welcome your feedback so that we may provide the best experience for our campers. After your camper's session is over, you will receive an evaluation form. Please take the time to let us know how your camper liked camp. Have your camper help you answer some of the questions (campers will also complete evaluations at camp to let us know how they enjoyed their experiences).



## Helpful Tips

### **Talking about Camp**

Shortly before camp begins, remind your camper about the benefits of going away to camp—they will meet new friends and try new activities. Stay positive! Your attitude shows your camper how they should react. Don't stress how you are going to miss them—it may make them feel bad for wanting to go, and they may hold themselves back from having fun while at camp. When the big day arrives, say goodbye to your camper cheerfully—the fewer tears for everyone, the better. It will be difficult for you as parents, but if your camper sees you upset, it may cause them to be fearful of their new situation.

### **Making New Friends**

Tell your camper not to be afraid to introduce themselves. Other campers are probably just as shy to start a conversation. Role play and practice at home! Remind your camper to keep an open mind, not to judge others, and to give others the same chance that they deserve. Tell your camper to stay involved, even if they are having a bad day, and to talk to their counselors about how they is feeling! Remind campers to have a friendly attitude. Smiles go miles! The more approachable you are, the more others will talk to you.

### **If Your Camper Needs Something**

If your camper has an issue with a fellow camper or counselor we want your camper to tell us! Please share with your camper the importance of speaking up if something is not right. They can always speak to any of our counselors or directors.

### **Camp-sickness**

After camp, campers may come down with a case of camp-sickness. This is also entirely normal, as your camper will have friends and places that they must say goodbye to. Even though your camper may be sad to leave, know that they are still excited to see you and their family! Encourage them to trade addresses with their new friends before you check out and head home. Camp friends are often lifelong friends; help your camper keep in touch.

### **Packing Tips**

Helping your camper pack is a fun activity! Have a special journal, book, or water bottle that is new and just for camp. Label everything so nothing is accidentally taken or lost; campers don't always recognize their things.

### **Above All...**

Contact the camp director if you are worried about something or have questions. With an open dialogue, we'll be able to work together so your camper will thrive at camp.

# Code of Conduct Form

(All campers must complete and turn in at check-in)

This Code of Conduct, combined with the Girl Scout Promise and Law, is our guide for behavior at all Girl Scout activities and camps (including trips). To be read and signed by **both** parent/guardian and girl participant.

- I understand that rules are made to protect me and others; to help make sure program activities and travel are safe, fun, and successful; and to create a welcoming camp community.
- I will treat other people, myself, property, and equipment with respect.
- I will follow the principles of the Girl Scout Promise and Law.

***The Girl Scout Promise***

**On my honor, I will try;**  
 To serve God and my country,  
 To help people at all times,  
 And to live by the Girl Scout

***The Girl Scout Law***

**I will do my best to be**  
 honest and fair,  
 friendly and helpful,  
 considerate and caring,  
 courageous and strong, and  
 responsible for what I say and I do,  
**And to**  
 respect myself and others,  
 respect authority,  
 use resources wisely,  
 make the world a better place,  
 and be a sister to every Girl Scout.

**I understand the following are unacceptable and will be grounds for dismissal from camp:**

- Violence, bullying, name calling, and put-downs in person or using technology
- Cursing or verbally abusing anyone for any reason
- Intimidating, threatening use of verbal or non-verbal language that makes others feel that their safety is at risk
- Fighting, threatening, stealing, damaging property, or endangering the well-being of self or others
- Inappropriate clothing, jewelry, or swimwear
- Swimming, boating, archery, or challenge course after dark or without a facilitator present
- Entering the Health Center without a counselor
- Leaving the group without permission; leaving camp property without a counselor. The buddy system and adult supervision is required at all time at camp and on trips.
- Inappropriate conversations/topics or touches

**I understand the following are not allowed at camp and will be taken by the counselor or director and will be grounds for dismissal from camp:**

- Cell phones, tablets, or similar communication devices
- Headphones, CD/MP3 players, radios
- Weapons or look-a-likes
- Alcohol, cannabis, or illegal substances
- Medication which is not turned in to the Health Center (**All medications must be turned in to the Health Center in the original container with the specific, unaltered directions of a licensed physician on the original prescription bottle. Do not send expired medication to camp.**)
- Tobacco/vaping products
- Vehicles
- Pets/animals
- Personal sports equipment

Girl Scouts of Central Illinois reserves the right to send home any camper who exhibits unsuitable behavior.

Parents/guardians are responsible for picking up their camper in a reasonable timeframe as deemed necessary by the camp director. There is no refund in the event a girl is sent home. Person listed as emergency contact may be contacted if parent/guardian cannot be reached.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Camper signature \_\_\_\_\_ Date \_\_\_\_\_

## Camper Pick-Up Form

(All campers must complete and turn in at check-in)

*This form must be completed and turned in at camper check-in. Anyone who will be picking up your camper from camp, including a parent/guardian, must be listed. The person picking up your child must show a photo ID before the child will be released. Siblings attending camp at the same time may be listed on the same form. Campers attending multiple sessions may use one form for all sessions.*

**Camper Name:** \_\_\_\_\_

**Camp Session(s) Attending:** \_\_\_\_\_

I hereby authorize the following person(s) to pick up my child from camp:

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

Name

Relation to Camper

Phone #

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

Name

Relation to Camper

Phone #

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

Name

Relation to Camper

Phone #

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

Name

Relation to Camper

Phone #

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

Name

Relation to Camper

Phone #

Any Special Pick-Up Notes: \_\_\_\_\_

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

\_\_\_\_\_  
Date



# Challenge Course, Climbing, and Bouldering Wall Form

Waiver and Release of Liability, Assumption of the Risk and Indemnification Agreement  
(All campers at Camp Tapawingo, and Camp Widjiwagan must complete and turn in at check-in)

Waiver and Release of Liability: In consideration of \_\_\_\_\_ (print full name of participant) being permitted to use facilities, equipment and materials and to participate in the Girl Scouts' Challenge Course, the Undersigned, for him/herself, for his/her spouse, and for and on behalf of the participating minor child or ward (collectively and individually referred to as the Undersigned), does hereby release, waive, discharge, and agree not to sue the Girl Scouts of Central Illinois, Inc. (GSCI), its officers, agents, employees, representatives, volunteers, successors, and assigns (collectively and individually referred to as the Released Party), from and/or for any and all liability and any and all claims, including without limitation, those based in tort (strict liability or otherwise), contract, negligence, or any other federal, state, or local law, due to any illness or injury (including without limitation death) and/or property loss arising directly or indirectly from or related to the Challenge Course and Climbing and Bouldering Wall. The Undersigned voluntarily and forever releases and discharges the Released Party from any and all known and unknown claims, actions, and/or liability of any kind including, without limitation, any loss, damage, or injury to person (including death) or property.

\_\_\_\_\_  
Initial of Parent/Guardian #1

\_\_\_\_\_  
Initial of Parent/Guardian #2

\_\_\_\_\_  
Initial of Participant

Assumption of Risk: Participation in the Challenge Course carries certain inherent risks regardless of the care taken to avoid injury. Risks may be affected by variable factors such as the weather, course condition, and conduct of participants. Injury risks range from: 1) minor injuries such as scratches, bruises, bumps, and sprains, to 2) major injuries such as broken or sprained joints, tendons, ligaments, legs, or arms, other limb injury or loss of use, and concussions, to 3) catastrophic injuries such as paralysis and death. The risks have been explained and the Undersigned fully understands the risks. In any event, the Undersigned accepts, assumes, and undertakes all risks after adequate and full inquiry and investigation by the Undersigned. The Undersigned agrees to use sound judgment in undertaking the Challenge Course and Climbing and Bouldering Wall and to follow instructions, whether oral or written. The Undersigned agrees that participation in the Challenge Course and Climbing and Bouldering Wall is voluntary. The Undersigned has read this paragraph carefully in its entirety and knows, understands, accepts, and voluntarily assumes all risks arising out of or relating to participation in the Challenge Course and Climbing and Bouldering Wall.

\_\_\_\_\_  
Initial of Parent/Guardian #1

\_\_\_\_\_  
Initial of Parent/Guardian #2

\_\_\_\_\_  
Initial of Participant

Indemnification and Hold Harmless: The Undersigned also agrees to INDEMNIFY AND HOLD GSCI HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, judgments, damages, settlement, and liabilities (including without limitation, court costs and attorneys' fees) arising out of or related to the Challenge Course and Climbing and Bouldering Wall, and the Undersigned agrees to reimburse GSCI for any and all such expenses.

\_\_\_\_\_  
Initial of Parent/Guardian #1

\_\_\_\_\_  
Initial of Parent/Guardian #2

\_\_\_\_\_  
Initial of Participant

Severability: The Undersigned expressly agrees that this Waiver and Release of Liability, Assumption of Risk, and Indemnification Agreement is intended to be as broad and inclusive as permitted by the law, and if any portion of this Agreement is held invalid, the other portions shall continue to be and remain in full force and effect.

\_\_\_\_\_  
Name of Minor Participant

\_\_\_\_\_  
Parent/Guardian #1 signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian #2 signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
City State Zip



# GIRL/ADULT HEALTH RECORD FOR CAMP

This form is required for Overnight Camp, Day Camp, trips of 3 days or more, and certain adventure activities. Overnight Campers must have this form completed by a physician. Day Campers may have the form completed by a parent/guardian. Physician signature is not required. Fill out all sections completely. Indicate None or Does Not Apply as necessary.

|  |  |   |       |          |               |     |     |
|--|--|---|-------|----------|---------------|-----|-----|
| A. Participant Name (Last, First, Initial) |  | Name and relationship of parent/guardian completing this form |       |          | Phone         |     |     |
| Address (Street & Number)                  |  | City or Town  | State | Zip Code | Date of Birth | Age | Sex |

**B. EMERGENCY/TRANSPORTATION CONTACT** - Must include parent/guardian or person completing form.  
Relationship Key: M=Mother, SM=Stepmother, F=Father, SF=Stepfather, GP=Grandparent, O=Other

| NAME | RELATIONSHIP | DAY PHONE | EVENING PHONE | CELL PHONE | THIS PERSON IS AN EMERGENCY CONTACT                      | MY GIRL SCOUT MAYBE RELEASED TO THIS PERSON              |
|------|--------------|-----------|---------------|------------|--|--|
|      |              |           |               |            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|      |              |           |               |            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|      |              |           |               |            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|      |              |           |               |            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Physician's name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Dentist's name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Are there any legal custodial issues we should be aware of? Yes No

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

**C. HEALTH HISTORY** - To be completed by parent/guardian. Check all that apply. Please contact the camp director before the start of camp if you would like to discuss any accommodations or needs to ensure your camper is successful at camp. Explanations of any items checked should be added at the end of this section sections F & G.

| ALLERGIES (Complete reverse side.)   | DISEASES  | CHRONIC OR RECURRING ILLNESS   | OTHER HEALTH CONDITIONS   |   |
|--|---|--|---|---|
| <input type="checkbox"/> Animals<br><input type="checkbox"/> Food<br><input type="checkbox"/> Hay fever/Pollen<br><input type="checkbox"/> Insect stings<br><input type="checkbox"/> Medicine/Drugs<br><input type="checkbox"/> Plants<br><input type="checkbox"/> Other (Specify) | <input type="checkbox"/> Chicken pox<br><input type="checkbox"/> Eating disorder<br><input type="checkbox"/> German measles<br><input type="checkbox"/> Measles<br><input type="checkbox"/> Mononucleosis<br><input type="checkbox"/> Mumps<br><input type="checkbox"/> Other (Specify) | <input type="checkbox"/> Asthma<br><input type="checkbox"/> Bleeding disorders<br><input type="checkbox"/> Diabetes Type 1<br><input type="checkbox"/> Diabetes Type 2<br><input type="checkbox"/> Ear Infections<br><input type="checkbox"/> Heart defect/disease<br><input type="checkbox"/> Hypertension<br><input type="checkbox"/> Kidney disease<br><input type="checkbox"/> Musculoskeletal disorders<br><input type="checkbox"/> Seizures/Epilepsy<br><input type="checkbox"/> Sickle Cell Anemia<br><input type="checkbox"/> Sinusitis<br><input type="checkbox"/> Tuberculosis<br><input type="checkbox"/> Other (specify) | <input type="checkbox"/> ADD/ADHD<br><input type="checkbox"/> Anxiety<br><input type="checkbox"/> Bedwetting<br><input type="checkbox"/> Behavioral disturbances<br><input type="checkbox"/> Constipation<br><input type="checkbox"/> Depression<br><input type="checkbox"/> Diarrhea<br><input type="checkbox"/> Emotional disturbances<br><input type="checkbox"/> Fainting<br><input type="checkbox"/> Frequent colds<br><input type="checkbox"/> Frequent headaches<br><input type="checkbox"/> Frequent sore throats | <input type="checkbox"/> Frequent stomach aches<br><input type="checkbox"/> Hearing impairment<br><input type="checkbox"/> Learning disability<br><input type="checkbox"/> Menstrual cramps<br><input type="checkbox"/> Motion sickness<br><input type="checkbox"/> Night terrors<br><input type="checkbox"/> Nosebleeds<br><input type="checkbox"/> Pediculosis (lice)<br><input type="checkbox"/> Sleepwalking<br><input type="checkbox"/> Wears glasses/contacts<br><input type="checkbox"/> Wears orthodontic devices<br><input type="checkbox"/> Other (specify) |

**In the past year has your camper had:**  
 an injury/illness requiring medical attention  
 a surgical operation or fracture  
 restrictions from participation in physical education  
 an illness lasting longer than 5 days  
 hospital treatment  
 exposure to contagious disease

**Is your camper currently:**  
 receiving psychological counseling  
 under a physician's care  
 restricted in physical activity  
 taking prescription medication (Complete reverse side.)  
 taking over the counter medication (Complete reverse side.)  
 taking no medication on a routine basis

Please explain any items checked on the lines below. Include dates and any information that would be helpful to camp staff in relation to these health conditions. Add a separate sheet if needed. Allergies and medications should be explained on reverse side.

\_\_\_\_\_

\_\_\_\_\_

**D. OTHER INFORMATION**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Specify any special dietary regimen to be followed:

Specify activities to be encouraged:

Specify activities to be restricted:

List necessary adaptations or limitations:

Has your camper been taught about menstruation?

Yes  No

Has your camper begun menstruation?

Yes  No

**E. PERMISSION TO TREAT**

My camper has permission to take or use the following:

- Advil/Ibuprofen
- Midol
- Tylenol/acetaminophen
- Calamine/Cala-gel/Aloe gel
- Hydrocortisone cream
- Neosporin
- Benadryl/antihistamine (oral)
- Robitussin/expectorant
- Sudafed/decongestant
- Cough Drops
- Chloraseptic/Throat spray
- Tums/Maalox/Mylanta/an-tacid
- Kaopectate/anti-diarrheal
- Milk of Magnesia/laxative
- Swimmer's Ear/alcohol
- Eye drops
- Other \_\_\_\_\_

This health record, including the allergy and medication information on the reverse side, is complete and accurate. My camper has my permission to engage in all prescribed activities, including strenuous activities such as hiking, swimming, climbing hills, and horseback riding (if applicable), except as noted by me and the examining physician.

I give my permission for the camp staff to obtain in-camp or out-of-camp medical treatment for my camper should the need arise while they is at camp. In case of emergency, if none of the above can be contacted, I consent to treatment for my camper under the supervision of and as deemed advisable by a physician licensed under the Medicine Practice Act. If my camper is out of camp on a trip, I will not be contacted before medical treatment is given.

**HEALTH INFORMATION PRIVACY STATEMENT**

The **Girl/ Adult Health Record for Camp** is for health care concerns at Girl Scout day camp or resident camp sessions only. All records will be handled by staff/volunteers whose job includes processing or using this information for the benefit of the participant. All medical records will be held in limited access by the health service supervisor at the camp. Minimal necessary information may be shared with other staff/volunteers in order to provide adequate participant safety and health care. Girl Scouts of Central Illinois, will retain the health form until it is destroyed. All forms/records with noted treatment will be retained for seven years past the age of maturity of the participant. I have read the above procedures for handling the health form information and I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

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

**F. MEDICATION INFORMATION** - To be completed by the parent/guardian. Your camper's over-the-counter and prescription medications will need to be brought with them to camp in the original containers with their correct label and dosage information. Attach a separate sheet if necessary.

| Medication | Condition Treated | Dosage | Time of Day   |  | Taken With Food   |
|------------|-------------------|--------|---|--|---|
|            |                   |        | <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner | <input type="checkbox"/> Bedtime<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|            |                   |        | <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner | <input type="checkbox"/> Bedtime<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|            |                   |        | <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner | <input type="checkbox"/> Bedtime<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|            |                   |        | <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner | <input type="checkbox"/> Bedtime<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

PARTICIPANT NAME (LAST, FIRST, INITIAL) \_\_\_\_\_

**G. ALLERGIES** - To be completed by the parent/guardian. List all known allergies. Attach a separate sheet if necessary.

| MEDICATION ALLERGIES                      | REACTION OR SYMPTOMS | MANAGEMENT OR TREATMENT |
|---|----------------------|-------------------------|
| _____                                     | _____                | _____                   |
| _____                                     | _____                | _____                   |
| FOOD ALLERGIES                            | REACTION OR SYMPTOMS | MANAGEMENT OR TREATMENT |
| _____                                     | _____                | _____                   |
| _____                                     | _____                | _____                   |
| OTHER ALLERGIES (animals, hay fever, etc) | REACTION OR SYMPTOMS | MANAGEMENT OR TREATMENT |
| _____                                     | _____                | _____                   |
| _____                                     | _____                | _____                   |

**H. DOCTOR'S APPROVAL TO SELF-ADMINISTER INHALERS**

Please allow \_\_\_\_\_ to self-administer their inhaler. \_\_\_\_\_ has asthma and understands how to use the inhaler, since they has been self-administering the inhaler for some time. (In the past, nurses kept the inhalers in their office, but the law has changed since Governor Ryan signed SB979 into law amending the School Code to require a school to permit the student to self-administer.)

\_\_\_\_\_  
 Doctor Signature and Date

\_\_\_\_\_  
 Parent/Guardian Signature and Date

**I. IMMUNIZATIONS**

An immunization record is required for all day camp and overnight campers. Immunizations should meet current requirements for public school attendance in Illinois. The record may be completed by a physician or you may attach a current copy of your immunization record.

| IMMUNIZATIONS                        | YEAR PRIMARY SERIES COMPLETED      | YEAR OF LAST BOOSTER     |
|--------------------------------------|------------------------------------|--------------------------|
| Diphtheria                           |                                    |                          |
| DTP/DTaP                             |                                    |                          |
| Hepatitis B                          |                                    |                          |
| HIB (Haemophilus influenza b)        |                                    |                          |
| Measles                              |                                    |                          |
| Oral polio                           |                                    |                          |
| Pertussis (Whooping Cough)           |                                    |                          |
| Rubella                              |                                    |                          |
| TD (Adult tetanus-diphtheria toxoid) |                                    |                          |
| Tetanus                              |                                    | _____ (w/in last 10 yrs) |
| Tuberculin test                      | Year last given _____ Result _____ |                          |
| COVID-19                             |                                    |                          |
| Other                                |                                    |                          |

## PHYSICIAN DOCUMENTATION

Physician documentation is required for overnight camps or trips of 3 nights or more. It is not required for day camps. Complete all sections as well as the immunization record on page 3. Required health exam must be completed by a licensed physician, nurse practitioner, physician's assistant, or registered nurse with 24 months prior to the start of the camp session.

### B. HEALTH EXAMINATION

Patient's first and last name \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

EYES - Without Glasses R 20/\_\_\_\_ L 20/\_\_\_\_ With Glasses R 20/\_\_\_\_ L 20/\_\_\_\_ EARS - Hearing R \_\_\_\_\_ Hearing L \_\_\_\_\_

| ORGANS, ETC.                          | SATISFACTORY | NOT SATISFACTORY | NOT EXAMINED |
|---------------------------------------|--------------|------------------|--------------|
| Abdomen                               |              |                  |              |
| Color vision                          |              |                  |              |
| General physical and emotional status |              |                  |              |
| Genitalia                             |              |                  |              |
| Heart                                 |              |                  |              |
| Hernia                                |              |                  |              |
| HGB *                                 |              |                  |              |
| Lungs                                 |              |                  |              |
| Musculoskeletal                       |              |                  |              |
| Nose                                  |              |                  |              |
| Skin                                  |              |                  |              |
| Teeth                                 |              |                  |              |

\* Not required for every health examination. A Girl Scout in grades K-6 should have this test if they have not already had it, either when entering school or at any time since. A Girl Scout in grades 7-12 should have this test if they have not had it since entering puberty.

### K. PHYSICIAN'S COMMENTS AND RECOMMENDATIONS

Note any restrictions, limitations, needed adaptations, and/or guidelines for care and treatment of health conditions. Give details or indicate management of significant illness.

\_\_\_\_\_

### L. LICENSED PHYSICIAN'S RELEASE

This person is in satisfactory condition and may engage in all prescribed activities, including strenuous activities such as hiking, swimming, climbing hills, and horseback riding (if applicable), except as noted.

Physician's signature \_\_\_\_\_ Date of physician's signature \_\_\_\_\_ Date of patient's last health examination \_\_\_\_\_

Physician's name (please print) \_\_\_\_\_ Facility/Office name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Facility address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

|                           |                                       |
|---------------------------|---------------------------------------|
| Department: Program       | Approved by: COO Operational Services |
| To Be Reviewed: September | Last Reviewed: April 2009             |
| Last Revised: April 2009  | Revision Number: 1                    |



## Parent Questionnaire

Camper Name \_\_\_\_\_ Nickname, if any \_\_\_\_\_

Session Name & Date \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_ # of years as Girl Scout \_\_\_\_\_ # years as Camper \_\_\_\_\_

# of Sisters \_\_\_\_\_ # of Brothers \_\_\_\_\_ Pets \_\_\_\_\_

1. What responsibilities does your camper have at home? \_\_\_\_\_
2. What kind of eater is your camper typically? Hearty      Moderate      Light
3. What are your camper's favorite foods? \_\_\_\_\_
4. Is your camper prone to stomach problems?      Yes      No

Comments: \_\_\_\_\_

5. Has your camper ever been away from home without members of your family?      Yes      No
    - a. For how long? \_\_\_\_\_
  6. What is their comfort level in the outdoors? \_\_\_\_\_
  7. What is your camper looking forward to at camp? \_\_\_\_\_  
\_\_\_\_\_
  8. What are your hopes/goals of their camp experience? \_\_\_\_\_  
\_\_\_\_\_
  9. What worries/fears does your camper have about camp? \_\_\_\_\_  
  
What worries/fears do you have? \_\_\_\_\_
  10. How long do you anticipate it will take them to adjust to camp? \_\_\_\_\_
  11. What situations at camp do you expect to be particularly challenging for your camper? \_\_\_\_\_  
\_\_\_\_\_
- How have you encouraged them when things are challenging? \_\_\_\_\_

12. What behaviors does your camper typically show when stressed/uneasy? \_\_\_\_\_

\_\_\_\_\_

What can their counselors do to help them in those situations? \_\_\_\_\_

\_\_\_\_\_

13. Is your camper likely to speak up if something is wrong or bothers them? \_\_\_\_\_

14. Does your camper have any special needs/ behaviors of which our camp staff should be aware? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Does your camper know anyone else attending camp? Who? \_\_\_\_\_

16. How easily does your camper usually make new friends? \_\_\_\_\_

17. Is there anything else you would like the camp staff to know? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Camper Letter to Counselor

Dear Camp Counselor,

My name is \_\_\_\_\_ and my friends call me \_\_\_\_\_.

I am \_\_\_\_\_ years old and will be in the \_\_\_\_\_ grade next year. My favorite color is \_\_\_\_\_ and my favorite food is \_\_\_\_\_.

If I could be any animal I would be \_\_\_\_\_. I decided to come to camp because \_\_\_\_\_.

I am excited to do \_\_\_\_\_ at camp.

This will be my \_\_\_\_\_ summer at Girl Scout Camp. My friend \_\_\_\_\_ is coming to camp too. The thing that worries me about camp is \_\_\_\_\_.

You also need to know this about me; \_\_\_\_\_.

Sincerely,

\_\_\_\_\_

**Tell us a little more about you!**

|   | Disagree a lot | Disagree a little | Agree a little | Agree a lot | Not sure |
|---|----------------|-------------------|----------------|-------------|----------|
| I often tell people how I feel about things         |                |                   |                |             |          |
| I feel comfortable being outdoors at camp.          |                |                   |                |             |          |
| I think I will have fun making new friends at camp. |                |                   |                |             |          |
| Nature is important to me.                          |                |                   |                |             |          |
| I like to try things I've never done before.        |                |                   |                |             |          |

## ➔ Directions to GSCI Camps ←➔

### **Camp Kiwanis: 301 Sugar Lane, Mahomet, IL**

From Champaign, take I-74 West to Prairieview Rd exit. Turn right. At the 4-way stop at Tincup Rd., turn left. When you come to the T-road, turn left and go uphill approximately 1 mile. Look for a Camp Kiwanis sign before the overpass. Turn right/north at the sign. Follow gravel road into camp.

### **Camp Widjiwagan: 71 Wienold Lane , Springfield, IL**

Take Interstate 55 to Toronto Rd exit (exit 90). At the three-way stop, turn west. Wind around on Toronto road until you come to a residential area. Take a left onto North Lake Road. Go to the T intersection and turn right onto Wienold Lane. The first drive to your left is the camp entrance. Go through gate to parking lot.

## Camp Contact Information

Feel free to contact the camp director for the camp you are attending:

**Camp Kiwanis**

Kelsey “Cupcake” Parker  
[kparker@girlscouts-gsci.org](mailto:kparker@girlscouts-gsci.org) / 217-725-9189

**Camp Widjiwagan**

Serena “Broadway” Selinfreund  
[sselinfreund@girlscouts-gsci.org](mailto:sselinfreund@girlscouts-gsci.org) / 815-780-7139

**Camp Tapawingo**

Sarah “Freckles” Roberts  
[sroberts@girlscouts-gsci.org](mailto:sroberts@girlscouts-gsci.org) / 217-299-0108

**Program Director  
(all camps)**

Sara “Squatch” Tate  
[state@girlscouts-gsci.org](mailto:state@girlscouts-gsci.org) / 309-214-1375



**Facebook:**

Each camp director and camp have a Facebook page. We encourage you to become friends with the camp director and like the camp's page.

Camp Kiwanis – gscikiwanis

Camp Tapawingo – CampTapawingogsci

Camp Widjiwagan – CampWidjiwagangsci

Girl Scouts of Central Illinois – gscentralil

**WE CAN'T WAIT TO SEE YOUR GIRL SCOUT AT CAMP!**

