



girl scouts 
of central illinois

2026 Summer Camp Camp Fury Information





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 and attached to this email:

- Code of Conduct Form
- Camper Pick-up Form
- Parent Questionnaire
- Camper Letter to Counselor
- Health Record with vaccine record or signed exemption (Signed by a physician.)
- Camp Fury Code of Conduct Form
- Explorer Cadet Enrollment Form
- Parent Consent Form
- Coroner's Office Release Form

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.

Waivers – All waivers must be signed and turned in on arrival. Some will be emailed separately.

Health Record – A Health Record is required for all overnight campers. **This form must be signed by a physician within the past 24 months OR you must submit a copy of a physical completed within the past 24 months of the last day of the camp session they will be attending.** Health forms from previous years of camp are not available, as they are permanently stored upon closure of the camp season. Be sure to keep a copy of the health form for your records. Campers will not be allowed to attend camp without a current health form. Please contact the camp director two weeks prior to camp if there are any special medical or dietary needs so we can make arrangements and be prepared at camp.

Medications – Medication information must be included on the health record, if applicable. **DO NOT** pack any medications in your camper's luggage, including inhalers, epi-pens, prescriptions, or over-the-counter medication/vitamins/oils. All medications are required to be turned over to camp staff 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. 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, injured, or displays COVID-19 symptoms 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 cannot remain at camp, the camper will be sent home. If a camper’s illness or injury is severe, emergency care will be given at the scene and the camper will 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.

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).

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. 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.

Visitors – For the safety of all campers and staff, visitors will not be allowed at camp during the week.

Cancellations – If your camper is unable to attend, please notify us ASAP so we can contact the next person on the waiting list.



Life At Camp

Sending Food – Three meals a day and snacks are included, so sending food to camp is not necessary. However, if you do send snacks, be sure to label them with your camper’s name.

Morning Physical Fitness – Each morning campers will participate in physical fitness exercises. These are required activities that help prepare you for the day. They are designed to prepare your body for the activities for the day and to help prevent injury.

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 assures the whole community to take an active role in keeping the community running smoothly and safely.

Clothing – Each camper will receive 2 shirts and 2 pairs of shorts that they are required to wear each day as their “uniform”. Uniforms will be collected at the end of each day, by staff, to wash. Only the shirts and shorts will be taken, so please be sure to bring enough underclothes for the week. Once we return to camp and shower they are welcome to wear their normal clothing.

Packing For Camp



What Not to Bring

The following items are not allowed at camp: Strapless tops, bikinis, 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; cannabis products; vapes, e-cigarettes, or similar; 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 in luggage.

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. Please pack with your camper so they know what's in their luggage!

Sleeping Gear:

- Pillow and pillowcase
- Sleeping bag (or sheets/blankets)
- Fitted and flat twin sheet

Clothing Items:

TIP: Roll clothes to save space. For younger campers, pack an outfit for each day in a big zip top bag.

- Shorts (1 pair for each day)
- 1 or 2 pair jeans, leggings, or other long pants. Campers in horseback riding camps should bring extra.
- T-shirts (1 for each day)
- 1 or 2 long sleeve t-shirts
- 1 really old outfit to get really dirty
- Warm jacket, sweater, or sweatshirt
- 2 pairs of shoes—sneakers and sturdier ones for hiking (No open toed shoes or crocs—shoes must be worn at all times)
- 2 pairs of underwear for every day (please pack more than enough)
- 2 pairs of socks for each day—A MUST
- Warm pajamas
- 2 bathing suits (Must be something comfortable for active play, such as a one piece or tankini style suit)
- 1-2 beach towels
- Bandana or hat
- Rain coat or poncho—A MUST

Must Have Items:

- Sturdy backpack
- Mess kit (non-breakable plate, cup, bowl, and silverware with a mesh bag)
- Water bottle
- Flashlight, headlamp, lantern, extra batteries.
- Plastic bags for wet things and camp treasures
- Flip-flops (for showers only)

Optional Items:

- Disposable camera (digital cameras discouraged)
- Stationery, stamps, envelopes, pens, and addresses of friends and family (stamped, addressed, peel & seal envelopes are ideal!)
- Money for trading post –turn in at check-in
- Stuffed animal, t-shirt or autograph book and multi- colored permanent marker to collect signatures
- 1 pair of water shoes/old tennis shoes (NO OPEN-TOED SHOES)
- A new/special book to read at camp
- Notebook for addresses, phone numbers, and song lyrics
- Something to tie-dye (white t-shirt, socks, bandana) Note: not all camps will tie-dye, but it's good to be prepared, just in case.

Personal Items:

- Comb and/or brush & hair ties/bands
- Small bag to carry items to the shower house
- Bath soap—non-scented and in travel case
- Shampoo/conditioner - non-scented or lightly scented, no fruit scented shampoos (it attracts animals/bugs)
- Toothbrush, toothpaste, dental floss
- Deodorant
- Sanitary items
- Shower towels and washcloths
- Laundry bag (a trash bag or other waterproof bag works well as items will get wet and smelly at camp)
- Sunglasses
- Lip Balm with SPF



Arrival & Departure

Arrival – Check-in will take place between 9:30am and 10:00am on Monday morning. Please bring all paperwork filled out and completed.

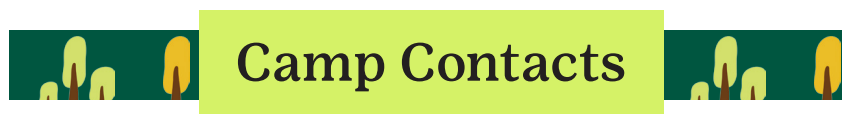
Departure – Pickup will take place at the Graduation Ceremony at the Illinois Fire Service Institute at 11 on Friday at Gerty Dr, Champaign, IL. Ceremony begins at 11am. A staff member will greet you and check your identification card. Anyone picking up a camper, INCLUDING parents/guardians, must present a driver's license or other picture identification 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.



Directions to Camp

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 Contacts

Sara “Squatch” Tate
Program Director
state@girlscouts-gsci.org
309-214-1375

Kelsey “Cupcake” Parker
Camp Kiwanis Director
kparker@girlscouts-gsci.org
217-273-4287

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 Law.

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 or 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 #
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Name	Relation to Camper	Phone #
------	--------------------	---------

Name	Relation to Camper	Phone #
------	--------------------	---------

Name	Relation to Camper	Phone #
------	--------------------	---------

Name	Relation to Camper	Phone #
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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 <input type="checkbox"/> Food <input type="checkbox"/> Hay fever/Pollen <input type="checkbox"/> Insect stings <input type="checkbox"/> Medicine/Drugs <input type="checkbox"/> Plants <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Chicken pox <input type="checkbox"/> Eating disorder <input type="checkbox"/> German measles <input type="checkbox"/> Measles <input type="checkbox"/> Mononucleosis <input type="checkbox"/> Mumps <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Asthma <input type="checkbox"/> Bleeding disorders <input type="checkbox"/> Diabetes Type 1 <input type="checkbox"/> Diabetes Type 2 <input type="checkbox"/> Ear Infections <input type="checkbox"/> Heart defect/disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Kidney disease <input type="checkbox"/> Musculoskeletal disorders <input type="checkbox"/> Seizures/Epilepsy <input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Sinusitis <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Anxiety <input type="checkbox"/> Bedwetting <input type="checkbox"/> Behavioral disturbances <input type="checkbox"/> Constipation <input type="checkbox"/> Depression <input type="checkbox"/> Diarrhea <input type="checkbox"/> Emotional disturbances <input type="checkbox"/> Fainting <input type="checkbox"/> Frequent colds <input type="checkbox"/> Frequent headaches <input type="checkbox"/> Frequent sore throats	<input type="checkbox"/> Frequent stomach aches <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Learning disability <input type="checkbox"/> Menstrual cramps <input type="checkbox"/> Motion sickness <input type="checkbox"/> Night terrors <input type="checkbox"/> Nosebleeds <input type="checkbox"/> Pediculosis (lice) <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Wears glasses/contacts <input type="checkbox"/> Wears orthodontic devices <input type="checkbox"/> Other (specify)

In the past year has your daughter 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 daughter 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 daughter been taught about menstruation?

Yes No

Has your daughter begun menstruation?

Yes No

E. PERMISSION TO TREAT

My daughter 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/antacid
- 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 daughter 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 daughter should the need arise while she is at camp. In case of emergency, if none of the above can be contacted, I consent to treatment for my daughter under the supervision of and as deemed advisable by a physician licensed under the Medicine Practice Act. If my daughter 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 daughter's over-the-counter and prescription medications will need to be brought with her 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 <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Bedtime <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <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 have 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.

J. 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 your camper's 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. What kind of sleeper is your camper typically? Heavy Moderate Light

Are they prone to sleeping problems? Yes No

Comments: _____

18. 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.					