

2017 Farmington Girl Scout Health/Permission Form

(All participants of camp, including adults, must complete this form. One form per person.)

_____ has permission to participate in "Lights, Camera, Action!" Camp June 23-25, 2017. I give permission for my daughter/myself to receive emergency medical treatment if emergency contact cannot be reached beforehand.

Parent/Guardian or Self Signature: _____ Date: _____

I give permission for my daughter to be photographed and filmed for Girls Scout purposes.

Parent/Guardian Signature: _____ Date: _____

Insurance Carrier: _____

Policy#: _____

Insurance Carrier Phone Number: _____

Policy Holder's Name: _____

Basic Health History (USE BACK OF PAPER IF NEEDED FOR ANY MEDICAL/FOOD ISSUES):

Frequent ear infection	asthma	bleeding disorders	diabetes
Heart defect	convulsion	epilepsy/seizures	hyperactivity
Hypertension	sleepwalking		

Allergies:

penicillin serious poison ivy bee stings hay fever aspirin

Food allergies/restrictions _____

Other (specify) _____

(No dietary restrictions will be accepted unless noted on this health form. You can bring your own food if needed for dietary needs ONLY)

Physical Restriction: (list, use back if needed) _____

Date of Birth: _____ **Date of Last Physical:** _____

Planned Prescription/Non-Prescription Drugs Camper bringing to camp: (list, use back if needed)

- All medications (prescriptions and non prescriptions) must be given to first aid staff upon arrival to camp with written instructions.
- All medications must be in their original containers.
- No medications will be left in cabins for safety reasons.

Emergency Contact Information:

1) Name _____ Relationship to camper _____ Phone _____

2) Name _____ Relationship to camper _____ Phone _____

3) Name _____ Relationship to camper _____ Phone _____

Name of Family Physician: _____ **Phone Number:** _____