girl scouts of southwest texas

Camp La Jita – Forms Package - Hand Carry to Camp Check-in

Information forms in this package need to be hand-carried and presented at Camp La Jita check-in. **Please note that campers must have a record of a health examination given by a licensed physician within 12 months before attending camp.** This also includes the enclosed health history.

Parents/caregivers should review information in the Camp La Jita Family Guide located on website and complete required documents/waivers in **CampDoc** to 100% (all green checkmarks).

The attached forms in this package need to be filled out and brought to check-in; do not pack away in camper's luggage.

- **Medication Form**
    - Fill out medication form with all medications your camper will be taking to camp.
    - All medications, prescription or over the counter to include vitamins, need to be turned in to the health supervisor at check-in. All medications must be administered by the health supervisor.
    - Bring this form along with any medications. Note: All medications must be in the original container with camper's name.
- **Camper Profile Information Form**
    - Fill out form, sign, and turn in at check-in.
- **All About Me Form**
    - This form is a chance for your camper to tell us a couple of things about them. If she can, have her fill it out by herself. If she needs help, of course, help her.
- **Camp La Jita Resident Camp Health History Form with Physician Exam**
    - This form needs to be filled out completely and brought to check-in.
    - Note that the physical portion is on page 2 of this form and needs to be completed by a physician.
    - Camper must have a completed camp physical signed by a physician and it must be within the past 12 months before the beginning of camp session.

If you have questions, please send an email to customercare@girlscouts-swtx.org. Be sure and add camper's name and camp session/date.

Medication Form for: Camper's Name: _____

Session Name: _____ Session Date: _____

Medications – Hand carry this form, along with all medications needed at camp in a zip-lock bag with camper's name and camp session/date. All medications at camp must be administered under direction of the camp health supervisor to include prescription, aspirin, Tylenol, ointments, and vitamins. If your camper is taking medications to camp, they must be in the original container and clearly marked with her name and name of medication. All medications will be turned in with this form and given to the health supervisor upon arrival. Medications will be returned upon departure. Do NOT pack medications in your camper's suitcase. (Copy form if you are sending more than 4 medications – sign each form.)

Medication _____ Taken For _____ Dosage (amount) _____ Give How often _____ Regularly _____ When Needed _____ Special Instructions/Comments _____ _____ _____	Medication _____ Taken For _____ Dosage (amount) _____ Give How often _____ Regularly _____ When Needed _____ Special Instructions/Comments _____ _____ _____
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The medications on this form are to be administered to my daughter as indicated above while at camp.

_____ _____

Parent/Guardian Signature Date

Camper Profile Information

This information is also in CampDoc; however, sometimes there are connectivity/software issues, so we need you to fill out this form and hand carry to check-in.

Camper's Name: _____

Session Name: _____ Session Date: _____

Parent/Guardian Name: _____ Phone: _____

Address/City/State/Zip: _____

Last Red Cross swimming level (if known): _____

Camper has experience with:

		#Years
Day Camp	Yes/No	_____
Troop Camp	Yes/No	_____
Family Camping	Yes/No	_____
Primitive Camping	Yes/No	_____
Camp La Jita	Yes/No	_____
Other _____	Yes/No	_____

Please comment on these experiences: _____
_____
_____

Camper lives with: (Check all that apply.)
Mother ____ Father ____
Number of Brothers: _____ Ages _____
Number of Sisters: _____ Ages _____
Other children: _____ Ages _____
Number and type of pets: _____
_____
Name of sister(s), if any, who will be at the same camp session: _____
Is this camper's first time away from home without family? Yes _____ No _____

Please share any situation in your daughter's life which may affect her adjustment to, or enjoyment of camp, such as:
[ ] separation [ ] divorce [ ] new baby in family [ ] health of camper [ ] illness of a family member
[ ] death [ ] moving [ ] Other Comments: _____
_____

- Does your daughter have any fears we should be aware of (i.e., dark, animals, etc.)? _____
_____

- Does your daughter have any special needs or require special accommodations? If yes, please explain:
_____

- Will your daughter need to take medication at camp? Yes____ No_____

List allergies: _____

- Is there anything else you would like for us to know, to better care for your daughter? _____
_____

- Please describe camper's responsibilities at home: _____

- Does your daughter have any special dietary needs? If yes, please explain: _____
_____

- What do you hope your daughter will gain from her resident camp experience? _____
_____

- Any other comments: _____

_____

_____ _____

Parent/Guardian Signature Date

All About Me!

(To be filled out by camper)

Camper's Name: _____

Session Name: _____ Session Date: _____

The reason(s) I chose to come to this session: _____

_____

_____

Some things I'd like to do while at camp: _____

_____

_____

My favorite thing to do at home or school: _____

_____

_____

I can swim – check one:

{ } Not at all { } Okay, just beginning { } Pretty good { } Really Great

_____

Camper's Signature

Camp La Jita Resident Camp Health History and Camp Physical Form

(Fill out completely. Hand carry and turn into health supervisor at check-in.)

Name _____ Birthdate _____ Age at Camp____
Last First Middle

Home Address _____
Street Address City State Zip Code

Parent/ _____
Guardian *Name Address if different from camper Home Phone Work Phone Cell Phone*

Parent/_____
Guardian *Name Address if different from camper Home Phone Work Phone Cell Phone*

Emergency Contact Other than Parent/Guardian:

Name	***Relationship***	***Home Phone***	***Work Phone***	***Cell Phone***
Name	***Relationship***	***Home Phone***	***Work Phone***	***Cell Phone***

Health History (Check all that apply):

Diseases
[ ] Chicken Pox
[ ] Measles
[ ] German Measles
[ ] Mumps
[ ] Other _____

Allergies - Describe specific allergy and reaction:
[ ] Animals _____
[ ] Food _____
[ ] Insect Stings_____
[ ] Medicine/Drug _____
[ ] Plants _____
[ ] Pollen _____
[ ] Milk _____

Chronic or Recurring Illness - Please give explanation:
[ ]Ear Infections _____
[ ] Sinus _____
[ ] Heart Defect/Disease _____
[ ] Seizures _____
[ ] Bleeding Disorders _____
[ ] Asthma _____
[ ] Diabetes _____
[ ] Musculoskeletal Disorders _____
[ ] Cancer _____

I _____ hereby give Camp La Jita permission to administer the following over the counter medications if health supervisor deems it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

Symptom/Illness	**OTC Medication**
Headache	[ ] Tylenol B Children's Motrin
Upset Stomach	[ ] Pepto Bismol
Diarrhea	[ ] Imodium AD
Menstrual Cramps	[ ] Ibuprofen or Midol
Poison Ivy	[ ] Calamine Lotion
Minor cuts or skin infections	[ ] Triple Antibiotic Ointment
Insect Bites/Stings	[ ] Calamine and/or Diphenhydramine (Benadryl)
Athletes Foot	[ ] Anti-Fungal Treatment
Swimmers Ear	[ ] Alcohol/Vinegar Drop (all campers receive at pool)

Current Medications being taken:

[ ] This person takes no medication on a routine basis.

[ ] This person takes medication as follows:

Med #1 _____
Dosage _____
Reason _____
Med #2 _____
Dosage _____
Reason _____

Please describe conditions and give dates:

Operations or Serious Injury:
_____
_____

Hospitalizations:
_____
_____

Other diseases/disabilities:_____

_____

Specific activities to be encouraged:_____

_____

Specific activities to be discouraged: _____

_____

Special dietary regime to be followed: _____

_____

This health history is correct, and my daughter has permission to engage in all prescribed activities except as noted by me and the examining physician. I hereby give permission to the physician selected by the Camp Director to order x-rays, routine tests and treatment for the health of my child, and in the event, I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as needed above.

Signature of Parent/Guardian_____ **Date** _____

PHYSICAL EXAM PORTION: Must be filled out by Physician after review of health history with parent/guardian.

Date of Exam: _____

Height _____ Weight _____ Blood Pressure _____

Appearance B Nutrition _____

Eyes: Without Glasses: **R20**_____ **L20**_____ With Glasses**:** **R20**_____ **L20**_____

Ears: _____ Hearing: **R**_____ **L** _____

Code: ☐ **Satisfactory** ☐ **Not Satisfactory**

Nose _____ Throat _____ Heart _____ Lungs_____ Abdomen_____ Skin_____ Musculoskeletal_____

General Physical Status _____ General Emotional Status _____

General Notes:

_____

_____

Physician Comments and Recommendations: Give details or indicate management of significant illness.

_____

_____

Record of Immunizations:

	Date		Date
DTP	_____	Haemophilus Influenza B	_____
PCV	_____	Geoatutus B	_____
TD	_____	MMR	_____
IPV	_____	Varicella (Chicken Pox)	_____
Tetanus	_____		

This person is in satisfactory condition and may engage in all usual activities except as noted.

Licensed Physician's Information:

_____ _____

Printed Name Signature Date

_____

Address City State Zip

Phone Number ( ) _____