girl scouts of california's central coast

2019 Camp Artemis Medical Release

Mail completed form to:
Camp Artemis, P.O. Box 1053, Greenfield, Ca 93927

PART I: PARTICIPANT INFORMATION

Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian 1: _____ Phone: ( ) _____ Work: ( ) _____

Parent/Guardian 2: _____ Phone: ( ) _____ Work: ( ) _____

PART II: IMMUNIZATION HISTORY

□ I attest that all immunizations for school are current.

□ NOT immunized. *Immunization is not mandatory. We respect the rights of parents to elect or decline immunization for their child. However, should we be notified of a possible exposure or threat of exposure to illnesses which are customarily immunized, as a safety precaution, you will be notified, and your child will not be allowed to attend camp.*

PART III: RECORD OF HEALTH EXAMINATION

To be completed WITHIN 12 MONTHS of camp attendance by: a Licensed Physician (MD), Physician's Assistant (PA) or Nurse Practitioner (NP) acting under the supervision of a licensed MD.

The examination date for the above participant must be dated after August 1, 2018.

Exam Date: _____ Height: ____ft ____inches _____ lbs. Blood Pressure: _____/_____

The participant is under care for the following condition(s): _____

ALLERGIES: Describe what the camper is allergic to and the reaction.

□ To Foods (list):	
□ To medications (list):	
□ To the environment (insect stings, hay fever, etc. list):	
□ Other allergies (list):	

DIET: Describe dietary needs.

□ This camper eats a vegetarian diet	
□ This camper has special food needs.	

Does the camper take any prescribed medication(s)? □ No □Yes Are either of the following prescribed? □ Inhaler □ EpiPen

Medication Name	Dosage	To Administer At *	Reason for taking
		□B □L □D □ Bed □As needed	
		□B □L □D □ Bed □As needed	
		□B □L □D □ Bed □As needed	
		□B □L □D □ Bed □As needed	

*__B__: Breakfast 8-9 a.m., __L__: Lunch noon-1 p.m., __D__: Dinner 6-7 p.m., __Bed__: Bedtime 8-10 p.m.

I have reviewed the Camper Health History Form and have discussed the camp program with the camper and their parent/guardian. It is my opinion that the camper is physically and emotionally fit to participate in an active camp program which will include backpacking, camping, swimming and archery.

Medical Office Stamp

_____

Signature of Physician Date Signed