

Emergency Information

In case of emergency please notify (contact information during camp week):

Parent or Guardian: _____ Daytime Phone: _____

Parent or Guardian: _____ Daytime Phone: _____

Emergency Contact: _____ Daytime Phone: _____

Regular Doctor or Clinic Name: _____ Telephone Number: _____

Family Medical Insurance Co.: _____

Member ID and Group Number: _____

NO YES Is your child taking any medication?

If YES → Please explain what it is and when and why it is taken (if it is needed during camp hours, please bring medication in original container with instructions to camp and leave with camp director).

NO YES Is there any restriction of activity for physical or medical reasons?

If YES → (Please explain) _____

NO YES Is Tetanus Vaccination current? Date of last shot _____

NO YES Does the camper meet State School Immunization Standards?

(If NO, a waiver signed by physician must accompany registration)

Does the camper have or is she subject to any of the following? (Please check if YES)

Asthma Diabetes Fainting Bleeding Disorders Hyperactivity ADD or ADHD

Heart Troubles Convulsions Other _____

(Any condition requiring special care, medication or diet)

BEE STINGS

NO YES Is she allergic to BEE STINGS?

If YES → Does she need an injection or oral medication? NO YES

What is the time frame and instructions for the medication? _____

If NO → Does the camp staff have permission to administer Benadryl if swelling at the injection site begins?

(Parents will be notified immediately if this happens)

YES NO Parent Initials _____

OTHER ALLERGIES

NO YES Any other allergies requiring special considerations (including food allergies)? _____

Does the camper have difficulty with any of the following? (Please check if YES)

Eyes Ears Throat Digestion Lungs Headaches

If YES → Explain what actions need to be taken as treatment: _____

Parental Authorization

I give my daughter permission to attend the Embry-Riddle Aeronautical University's GEMS (Girls Exploring Math & Science) Girl Scout Day Camp and to participate in all activities of the unit in which she is enrolled, except as noted above because of health. I have read the camp flyer and understand the arrangements for time, place, food, and transportation. I waive all claims, whether on behalf of my daughter/ward/me, or my daughter's other parent, and absolve Embry-Riddle Aeronautical University and the Girl Scouts of the Citrus Council, and their employees and volunteers, from any responsibility in the event of accident or injury to the child while she is involved in any of the activities as a camper at Day Camp or traveling to or from the camp. I will not allow her to attend if exposed to any contagious disease (including lice), or if for any reason I do not consider her in good physical condition.

I hereby give permission for my daughter to receive emergency medical or surgical treatment and to be hospitalized, if necessary. It is understood that every attempt will be made to contact me or the person named above before taking this action. I also give permission for my daughter to be photographed, and allow Embry-Riddle Aeronautical University and the Girl Scouts of the Citrus Council to use photographs for promotional material via printed material or internet use on the website (identification of girls will be kept confidential if used in promotional materials).

Signature of parent or guardian _____

Date _____