

# Girl Scout Camp Packet



Serving girls in Fresno, Madera, Kern, Kings, and  
Tulare Counties

Toll Free: 1 (800) 490-8653  
[www.girlscoutscs.org](http://www.girlscoutscs.org)

**girlscouts**   
of central california  
south









# Camper Forms Checklist

Use the following checklist and review the information found in the Camp Packet when completing the forms. Write camper's name on every page and any additional pages you attach.

**Return ALL forms NO LATER THAN one month before first day of camp your girl is attending.**



-  Parent Permission Form
-  Camper Expectation Form
-  Health History Form
-  Clyde Pack Station Waiver  
(required if horseback riding)
-  Camper Release Form  
(required if camper is to be transported home by someone other than parent)
-  All About Me, All About My Camper Questionnaire Form

*Please contact us at  
[customercare@girlscoutscs.org](mailto:customercare@girlscoutscs.org) or  
(800) 490-8653 with any questions  
or concerns.*

**Return forms to:  
[customercare@girlscoutscs.org](mailto:customercare@girlscoutscs.org)**

# Girl Scout Camp Parent Permission Form

Child's Name (please print): \_\_\_\_\_

\_\_\_\_\_  
Name of Parent or Guardian 1 Telephone Number (home) Telephone Number (cell)

\_\_\_\_\_  
Name of Parent or Guardian 2 Telephone Number (home) Telephone Number (cell)

\_\_\_\_\_  
Email of Parent or Guardian 1 Email of Parent or Guardian 2

\_\_\_\_\_  
Parent/Guardian's Address City, State, Zip Code

\_\_\_\_\_  
Name of Emergency Contact 1 Telephone Number (home) Telephone Number (cell)

\_\_\_\_\_  
Name of Emergency Contact 2 Telephone Number (home) Telephone Number (cell)

I have read the camp information and give my child \_\_\_\_\_ permission to attend and participate in all phases of activities. I understand and agree that she is to cooperate with all camp regulations that follow the Girl Scout Promise & Law as well as safety standards.

I give permission for my child to be treated in case of illness or emergency at the direction of the Camp Health Administrator and/or Camp Director, and understand I will be notified in an emergency situation. She may be transported by the car designated by the Camp Director for emergency purposes.

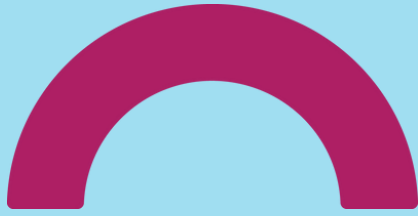
I understand that in case of cancellation, my \$75 deposit fee (which is to be applied to the camp fee) is non-refundable. I will notify the Girl Scout Council if my daughter is unable to attend her session as soon as I become aware of circumstances. I understand that fees are only refundable (minus \$75 deposit fee) if the Council is notified IN WRITING at least thirty (30) working days before the session is scheduled to begin. Any refund or overpayment will be refunded after the camping session. For campers not attending due to illness, the camp fee (minus \$75 deposit fee) will be refunded only with doctor's written statement. Please submit all refund requests to Customer Care.

I agree that any pictures taken of my daughter at camp may be used to promote the Girl Scout program.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Email all forms to: [customercare@girlscoutscs.org](mailto:customercare@girlscoutscs.org)**



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Camper's Name

## Camper Expectation Form

All of our camp rules, policies and safety regulations are in place to protect the safety and well-being of our campers. Please take a moment to review these behavior expectations with your camper so they understand what is expected of them at camp. If you or your camper has any questions, please feel free to contact staff at [customercare@girlscoutscs.org](mailto:customercare@girlscoutscs.org) or (800) 490-8653.

- Campers will be respectful, at all times, of themselves and others.
- Campers will be respectful, at all times, of others' personal property.
- The use of alcohol, non-prescribed drugs and tobacco is strictly prohibited.
- Campers will be respectful, at all times, of all camp property and equipment.
- Campers are supervised at all times by the camp staff and are expected to listen and pay attention to their counselors.
- Electronic devices such as cell phones, portable televisions, iPods, CD players, e-readers, handheld video games etc., personal sports equipment and weapons of any kind, are strictly prohibited.
- During their camp session, campers might have the opportunity to participate in a variety of program activities (i.e., arts and crafts, nature, archery, swimming, canoeing, mountain bicycling, horseback riding, etc.). Campers are expected to challenge themselves but will always have a choice in their level of participation.
- Campers are required to participate in all camp safety discussions, emergency drills, meals, unit and all-camp Kapers.

If a camper should have difficulty with these rules to the extent that the camp environment is no longer safe for her, other campers or the staff, she will be sent home. It is the responsibility of the parents/guardians (or emergency contact, if parents/guardians cannot be reached) to pick up the camper from camp. In this situation, no refund will be granted.

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Camper Signature

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Signature of Parent/Guardian

# Girl Scouts of Central California South Health History and Medical Examination Form for Minors

Health History: The more complete information you provide, the better we are able to work with your child to ensure she receives the care she needs.

Please type or write clearly and legibly.

Name of Minor: (Last, First, Middle Initial)		Date of Birth: (XX/XX/XXXX)	
Address:	City:	St:	Zip:
Parent or Guardian:	Phone:	Alternate Phone:	
Parent or Guardian:	Phone:	Alternate Phone:	

**Emergency Contact Information (parent/guardian):**

Emergency Contact:	Relationship:
Phone:	Alternate Phone:

**Health Insurance Information (Family insurance is primary insurance in case of accident or illness, Girl Scout insurance is secondary.)**

Policy Holder's Name:	Policy Number:
Insurance Company Name:	Group Number:
Insurance Company Address:	Insurance Company Phone:

**Check all that apply in detail checked answers:**

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sleep disturbances
<input type="checkbox"/> Heart Defects/Disease	<input type="checkbox"/> Fainting
<input type="checkbox"/> Asthma	<input type="checkbox"/> Bed wetting
<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Constipation
<input type="checkbox"/> Musculoskeletal Disorders	<input type="checkbox"/> Chicken Pox
<input type="checkbox"/> Convulsions/Epilepsy/Seizures	<input type="checkbox"/> Measles
<input type="checkbox"/> Sinusitis (Sinus Infections)	<input type="checkbox"/> German Measles
<input type="checkbox"/> Physical Restrictions	<input type="checkbox"/> Mumps
<input type="checkbox"/> Kidney/bladder illness	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Mental/psychological disorder	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Kidney Disease
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Eating Disorders (Anorexia, Bulimia, etc.)
<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Emotional - Separation Anxiety
<input type="checkbox"/> Has begun menstruation	<input type="checkbox"/> Headaches/Migraines
<input type="checkbox"/> Menstrual cramps	<input type="checkbox"/> Had surgery or hospitalized in the last 5 years
<input type="checkbox"/> Bleeding disorder	<input type="checkbox"/> Currently under doctor's care
<input type="checkbox"/> Other: _____	

Please explain in detail all checked answers marked above:

Girl Name: \_\_\_\_\_

Allergies: Please list all allergies, the type of reaction and its severity, treatment and date of last reaction. Include allergies to medications, food, bees, animals, plants, etc.

Allergies	Reaction/Severity	Treatment	Date of last reaction

Does your daughter suffer from Anaphylaxis?  Yes  No

\*Anaphylaxis is a severe allergic reaction marked by swelling of the throat or tongue, hives, and trouble breathing.

Does your daughter carry an EpiPen?  Yes  No

Does your daughter carry an inhaler?  Yes  No

Medical Conditions (including any precautions or restrictions on activities)

Name of Condition	Effects

Medications: List any medications she is currently taken (or has taken in the recent past) including dosage schedule and specific instructions for use. Also, please indicate (Yes/No) if minor is allowed to take the medication on her own or if she should be monitored by an advisor. This would include any type of birth control.

Medication	Purpose	Dosage Schedule	Specific Instructions	Self-Medicate? Y/N

Over-the-Counter Medications: My daughter has permission to take over-the-counter medications in case of accident or injury. Please check all that she has permission to take:

- |                                 |   |
|---------------------------------|---|
| _____ Tylenol/Acetaminophen     | _____ Imodium (anti-diarrhea)   |
| _____ Aspirin (fever reducer)   | _____ Dramamine (motion sickness prevention)                                |
| _____ Ibuprofen (pain/swelling) | _____ Skin Ointments (in case of rash, antibacterial, athlete's foot, etc.) |
| _____ Benadryl/Antihistamine    | _____ Other: _____  |
| _____ Robitussin/expectorant    | _____ Other: _____  |
| _____ Sudafed/decongestant      |   |
| _____ Pepto Bismol              |   |
| _____ Tums/antacid              |   |

Special considerations or notes regarding over-the-counter medications:

Does your child have a Special Medical or Dietary Regime to be followed?  Yes  No

If so, please explain: \_\_\_\_\_

Have you ever had any adverse reactions to general anesthetics?  Yes  No

If so, please explain: \_\_\_\_\_

Is there any other information not covered on this form that is important that camp advisors know?

\_\_\_\_\_

Does your child need any other accommodations (i.e. sensory, physical, behavioral)?

\_\_\_\_\_

PLEASE CONTINUE TO THE NEXT PAGE

# Clyde's Pack Station Waiver

DINKEY • WISHON • COURTRIGHT LAKES

**ACKNOWLEDGEMENT OF RISK**  
**ACCEPTANCE OF RESPONSIBILITY & RELEASE OF LIABILITY**

I, the undersigned, hereby acknowledge that I have voluntarily applied to engage in the activity of horseback riding with Clyde Pack Outfitters.

I understand that the activity of horseback riding involves numerous inherent risks of injury that are an integral part of such activity. I assume full responsibility for all such risks, including loss of control, collisions, and obstacles, whether they are obvious or not obvious. I and/or my family further understand that an animal, irrespective of its training and usual past behavior and characteristics, may act or react unexpectedly or unpredictably at times and I also assume such risks.

I understand that I may encounter variations in terrain, which may result in injury or damages. I acknowledge that there are my responsibility, and I assume the risks for these hazards, including breaks, growth, debris, rocks, cliffs and other hazardous surface or subsurface conditions and obstacle, whether they are obvious, man-made or natural.

I understand that animals are unpredictable and that the risk of injury is inherent to the activity. I agree to assume all risk of injury or death caused by horseback riding, whatever the cause as provided by law.

As consideration for being permitted by Clyde Pack Outfitters to engage in the activity of horseback riding, I do hereby waive any claim and release Clyde Pack Outfitters and all of their owners, officers, members, affiliated organizations, land owners, agents, and /or employees for any injury or death caused by or resulting from my participation in the activity of horseback riding.

This contract shall be legally binding upon my heirs, my estate, assigns, legal guardians, my personal representatives, and me.

I have carefully read this agreement and fully understand the contents. I am aware that I am releasing certain legal rights that I otherwise may have, and I enter into the contract in behalf of myself and/or family of my own free will.

**THIS IS A RELEASE OF LIABILITY. DO NOT SIGN OR INITIAL THIS RELEASE IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH ITS TERMS.**

_____ Signature of Participant	_____ Date	_____ Signature of Participant	_____ Date
_____ Signature of Participant	_____ Date	_____ Signature of Participant	_____ Date
_____ Signature of Participant	_____ Date	_____ Signature of Participant	_____ Date

**Under 18 years of age, signature of parent or guardian required.**

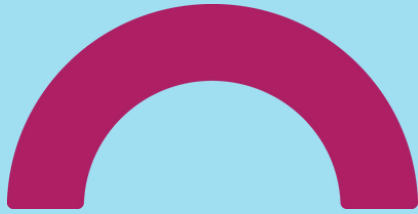


# **Clyde Pack Outfit**

## **Guidlines for Tour Rides**

- Reigns must be kept in hand while mounting. If you cannot mount a horse on your own, please ask for assistance from one of our staff.
- Keep the tips of your toes in your stirrups at all times.
- Your horse must be kept at a walk at all times! Absolutely NO running or trotting.
- No drinking of alcoholic beverages or smoking allowed while on horseback.
- DO NOT take pictures or open out maps while mounted.
- Nothing is to be carried on the saddle except your coat. DO NOT attempt to take off/on your coat/rain gear while mounted in the saddle.
- If your saddle or saddle blanket begins to slip, bring it to the attention of your guide immediately. He/She is there to help you.
- All deposits for reservations are non-refundable.
- All trips are to be paid for at the beginning of the trip, prior to departure from the trailhead or from the pack station.
- Do Not Over Estimate Your Ability. All Rides Are At Your Own Risk.

**Please Read and Sign the Reverse**



\_\_\_\_\_

Camper's Name

## Girl Scout Camp Camper Release Form

Please complete this form if someone other than the parent or guardian of the camper will be picking them up from camp.

\_\_\_\_\_ has permission to be released to \_\_\_\_\_  
Camper's Name Adult's Name

on \_\_\_\_\_.  
Date

The following picture identification will be presented to the Camp Director:

\_\_\_\_\_      \_\_\_\_\_  
Type of Identification      Number

\_\_\_\_\_      \_\_\_\_\_  
Signature of Picking Up Camper      Date

\_\_\_\_\_  
Relationship to Camper

\_\_\_\_\_      \_\_\_\_\_  
Signature of Parent or Guardian      Date

# 4 Day Camp

## Camp Personal Equipment List

Clothing list is for a 4 day camp

Camp elevation is at 5,500 feet, so nights can be in the 30's while days are in the 80's.

### Clothing

- \_\_\_\_\_ 3-4 pairs of cotton pants, i.e. jeans or khakis
- \_\_\_\_\_ 3-4 pairs of shorts (preferably cotton)
- \_\_\_\_\_ 3-4 cotton t-shirts (El-O Win's guidelines states "No tank tops or sleeveless tops will be allowed at camp.")
- \_\_\_\_\_ 3-4 sets of underwear
- \_\_\_\_\_ 3-4 pairs of socks (cotton or wool)
- \_\_\_\_\_ Shower shoes
- \_\_\_\_\_ 1 warm jacket with hood (or warm cap) or several sweaters to layer
- \_\_\_\_\_ 1 brimmed hat for sunshade
- \_\_\_\_\_ 3-4 sets of warm pajamas or sweat shirt & pants
- \_\_\_\_\_ 1-2 plastic bags for dirty clothes
- \_\_\_\_\_ 1 swim suit and a set of light weight over-clothes

**Note: Clothing must be worn over the top of the swim suit (a t-shirt and shorts are appropriate). Please send your daughter with light weight shorts that will dry quickly for this activity. Even though we are going to be in the water, sandals are not allowed for this event due to rocks and sharp objects potentially in the water. Girls must wear water shoes.**

Items with a (\*) are required

### Personal Items

- \_\_\_\_\_ Ponytail holder(s) if hair is long
- \_\_\_\_\_ \*Toothbrush and toothpaste
- \_\_\_\_\_ Soap (best if biodegradable)
- \_\_\_\_\_ Shampoo/conditioner
- \_\_\_\_\_ \*Towel & washcloth
- \_\_\_\_\_ \*Comb or brush
- \_\_\_\_\_ Deodorant (non-aerosol)
- \_\_\_\_\_ Kleenex
- \_\_\_\_\_ Chapstick
- \_\_\_\_\_ Insect repellent
- \_\_\_\_\_ Sunscreen
- \_\_\_\_\_ Flashlight or headlight
- \_\_\_\_\_ Bandana
- \_\_\_\_\_ Sit upon (optional)
- \_\_\_\_\_ Sanitary Maxi Pads
- \_\_\_\_\_ \*Medication/s (if applicable)

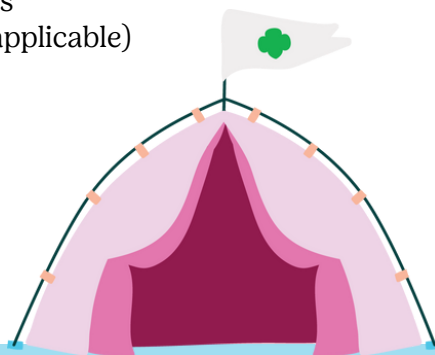
### Sleeping Items

- \_\_\_\_\_ \*Warm sleeping bag and blanket  
(not a slumber bag)
- \_\_\_\_\_ Pillow (optional)
- \_\_\_\_\_ Small stuffed animal (optional)

**Note: A mattress and/or bed will be available for all campers.**

### Other Items

- \_\_\_\_\_ Glasses case for night storage
- \_\_\_\_\_ \*Refillable water bottle
- \_\_\_\_\_ Camera (optional)
- \_\_\_\_\_ Book, notebook, or drawing pad (optional)



## Packing Tips

We suggest durable and inexpensive clothing--used items are better than new, especially when it comes to shoes.

We suggest that families pack luggage in a plastic tote or large duffel bag. It can be helpful to campers to pack complete outfits in Ziploc bags within their luggage. We suggest avoiding packing in small bags as it is easier to miss luggage on outgoing days.

- Please mark everything you pack with your camper's first and last name.
- It is helpful if the camper packs their own gear--that way, they'll know what they have brought to camp and will have some experience in packing for the trip home.
- All luggage must be clearly labeled with the camper's name, address, and phone number.
- Use only luggage that can be securely fastened and do not pack your camper's gear in a trash bag, as it can easily be confused for trash!
- Pack sets of clothing by rolling them or placing in plastic bags to ensure they stay clean & dry and to make it easier to get dressed.
- Place clean underwear and socks with pajamas to be worn overnight and the next day. Fresh underwear and socks should be worn each evening for the next day. This will ensure the girls sleep warmer at night.
- Remember the layered look is the proper camp style for warmth and to accommodate weather changes.
- Any medications must be given to the camp nurse with full-detailed written instructions concerning their use and how they should be administered.\*
- Camp El-O-Win is at 5,500 feet so remember nights can be cold (32 degrees) and days can be warm (85 degrees).
- Shoes and socks must be worn by everyone – including adults. No sandals! Shoes must have enclosed toes and heels. Tank tops or sleeveless shirts are not allowed at anytime.

## Additional Camp El-O-Win Guidelines

- No candy, gum, or snack. Food in camper's sleeping area attracts animals, so please do not send snacks with your Girl Scout.
- No knives or weapons.
- It is recommended that girls do not bring cell phones and/or personal devices (i.e. iPads, iPods, MP3 players, eReaders, etc.). She may bring a camera (disposable or digital) to take pictures. Please note if your camper brings a digital camera, she is solely responsible for this belonging. Please send with her name on it.
- No sandals (except for shower use).
- Pets/live animals.

## Lost and Found

Girl Scouts of Central California is not responsible for loss, theft or damage to personal belongings, money, or items left at camp. Please write your camper's full name and phone number on everything of importance—if it's left behind, we'll make every effort to contact you by phone or email. Lost and found items will be kept until September 1st. Any item not claimed by September 1st will be donated.

## Instructions for Packing Medications

Pack medication containers in a plastic zip bag with the camper's name printed in permanent ink on the bag. All medications, vitamins, and supplements must be in original containers with the doctor's name, dosage, and any instructions clearly stated. The Camp Nurse will keep all medications, vitamins, ointments, etc. in the nurse's office during camp. Inhalers, Epi Pens, and other necessary items will be kept with each camper as determined by the nurse and the information on the Health History Form.

*\*We will have a supply of commonly used over-the-counter medications, so it is not necessary to send these to camp. If you have a question about specific medicine, please contact us.*



# All About Me

(To be completed by camper)



My name is \_\_\_\_\_.

I'm going into \_\_\_\_\_ grade.

My Birthday is \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Month) (Date) (Year)

I have attended camp before:  Yes  No

If yes, when did you last attend camp? \_\_\_\_\_

I have \_\_\_\_\_ sisters and \_\_\_\_\_ brothers.

Ages: \_\_\_\_\_

Name of a buddy you want to be with at camp \_\_\_\_\_

\_\_\_\_\_



# All About Me

(To be completed by camper)



## My Favorites



My hobbies are:

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My favorite color is:

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My favorite book is:

---

My favorite singer is:

---

My favorite food is:

---

My favorite activity(s) is:

---

---

## More About Me



I wear (please circle one):

Glasses

Contacts

Hearing Aids

Other: \_\_\_\_\_

I do not eat:

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I am afraid of:

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