



Summer Me and My Gal Camper Information Packet



Welcome!

We are so glad you and your Girl Scout will be joining us this summer! This packet is filled with information to help prepare you and your Girl Scout for camp and to make the experience safe, fun, and fulfilling!

Important Information

Paperwork Procedures:

The forms required to attend camp are - Health History/ Permission form for all attendees. You need to complete this prior to coming to camp but **PLEASE NOTE** we will only be accepting it at check-in. Please bring a copy for each attendee, even the adult. You can find the health form at the end of this document.

If you have any questions, contact the Customer Care Team at: customercare@hngirlscouts.org or by calling 704-731-6500.

Camp Information

Dale Earnhardt Environmental Leadership Campus at Oak Springs

1919 Turnersburg Highway
Statesville, NC 28625

Phone Number: 704-731-6500 (for general questions before your camper's session, or technical help)

704-546-2192 (for questions after office hours on your event weekend)

Website: www.hngirlscouts.org/en/camp/summer-camp.html

Email Address: customercare@hngirlscouts.org

- **Check-in** is on Saturday at 10am.
- **Check-out** is on Sunday at Noon.
- Please respect all check-in/out procedures and signs when you arrive at camp.

Packing List

Clothing:

- T-shirts – one per day
- Shorts – one per day
- Shoes – tennis shoes or sport sandals with a heel strap
- Shower/water shoes – flip-flops
- Raincoat or poncho
- PJs
- Underwear – one per
- Hat or visor
- Sweater, sweatshirt, or jacket
- Swimsuit

Personal Care:

- Overnight Toiletries
- 1 bath towels and 1 swimming towel
- Sunscreen AND chapstick –SPF 15 or higher
- Bug repellent
- Shampoo, conditioner
- Brush, comb
- Soap and deodorant
- Toothpaste, toothbrush

Gear:

- Sleeping bag and sheets or blanket and twin sheets
- Pillow
- Daypack (backpacks work well)
- Flashlight
- Reusable Water bottle – labeled with camper's name

Please DO NOT BRING:

- ❖ Illegal drugs, alcohol
- ❖ Expensive name-brand articles
- ❖ Matches or candles
- ❖ Irreplaceable Items
- ❖ Personal sports equipment
- ❖ Weapons
- ❖ Animals, even to check-in/out

ADULT FORM

Girl Scouts, Hornets' Nest Council

Summer Camp Health/Permission Form

SECTION ONE (must be completed every year for ALL participants)

ADULT INFORMATION

Camp(s) Attending:		Session(s) Name & Date(s):			
Adult Name (First)	(Middle)	(Last)	Home Phone ()	Date of Birth	Age at Camp
Address		City	State	Zip	
Email Address					

EMERGENCY CONTACT

Name		
Day Phone ()	Evening Phone ()	Cell/Other Phone ()

HEALTH HISTORY: (Check all that apply)

Allergies <input type="checkbox"/> Animals _____ <input type="checkbox"/> Food _____ <input type="checkbox"/> Hay Fever _____ <input type="checkbox"/> Insect Stings _____ <input type="checkbox"/> Medicine/Drugs _____ <input type="checkbox"/> Plants _____ <input type="checkbox"/> Pollen _____ <input type="checkbox"/> Other (specify) _____ _____	Chronic or Recurring Illness <input type="checkbox"/> Ear Infections <input type="checkbox"/> Heart Defect/Disease <input type="checkbox"/> Seizures <input type="checkbox"/> Bleeding Disorders <input type="checkbox"/> Asthma <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Musculoskeletal Disorders <input type="checkbox"/> Other _____	Diseases <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Measles <input type="checkbox"/> German Measles <input type="checkbox"/> Mumps
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Comment where applicable:

- | | | | | |
|---|--|--|---|---|
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Motion Sickness | <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Bed Wetting |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Wears Contacts | <input type="checkbox"/> Wears Glasses | <input type="checkbox"/> Sleep Disturbances | <input type="checkbox"/> Emotional Disturbances |
| <input type="checkbox"/> Sickle Cell trait or disease | <input type="checkbox"/> Homesickness | | | |

COMMENTS:

Special medical or dietary regimen to be followed (specify – included vegetarian diets, etc.)

ADDITIONAL INFORMATION

Name of Dentist	Phone:			
Licensed Physician's Name				
Address:	City:	St:	Zip:	Phone:

SECTION TWO (must be completed every year for ALL participants)

PARTICIPANT PERMISSION AND AGREEMENT

The **health information stated on of the "Summer Camp Health/Permission Form" is correct for me and Girl Scouts Hornets' Nest council has my permission to provide routine health care; to administer medications; to order X-rays, routine tests, and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me if there is a medical illness or injury. I understand that by attending a Girl Scouts, Hornets' Nest Council sponsored camp program, I may have the opportunity to participate in all phases of camp except as noted herein on the Summer Camp Health/Permission Form, to appear in pictures for publicity purposes, including the Girl Scouts Hornets' Nest council website and related organization websites, and to be registered as a Girl Scout if I am currently not one and I have paid a registration fee as part of my participation cost. I have read the camp information and agree to cooperate with all policies. I understand that some participants will have the opportunity to participate in activities such as swimming, boating, archery, challenge courses, mountain biking, high adventure activities, overnights, and trips off the camp premises. This is not a guarantee that I will participate in all of the activities. Although care is given to greatly reduce risk through safety procedures, education and equipment, I understand adventure programs are not without an element of danger. These risks include damage to property and temporary or long-term injury to the person. I understand the risks involved with this type of program, and I feel the benefits outweigh the potential hazards of the program.

**Health history information will be handled by GSHNC staff/volunteers that have a legitimate need to know as mandated by Federal Law.

Signature: _____

Date: _____