



2021 Summer Family Camp Camper Information Packet



Welcome!

We are so glad you and your camper will be joining us this summer! This packet is filled with information to help prepare you and your camper for camp, and to make the experience safe, fun and fulfilling! We look forward to providing you and your camper the PREMIERE Girl Scout camp experience that will include care from the highest-quality staff, and leadership and personal development like no other, all located in one of the best locations to instill a great sense of appreciation for the outdoor world!

Camp is a pathway for girls to experience the Girl Scout program. Girl Scouts is girl driven and girls have the CHOICE of how they want to participate! Our primary mission for summer camp is the same as the overall mission of our organization - we are building girls of courage, confidence, and character who make the world a better place.

In addition to the Girl Scout Leadership Experience, we will strive this summer to:

- Promote the physical, mental and spiritual well-being of every girl and adult.
- Develop resourcefulness, initiative, self-reliance, and recognition of the worth and dignity of each individual.
- Provide opportunities for practice in democratic living.
- Develop a sense of responsibility, qualities of leadership, and an awareness of the capacities of all people.
- Provide an inner satisfaction, a sense of awe and wonder, and a deep enjoyment for both girl and staff.
- Provide a sense of accomplishment.
- Stimulate each girl's awareness of the scope of the natural world.
- Develop the individual's sense of responsibility to conserve the natural world.

Even if you have been to a Girl Scout camp before, please read through this thoroughly as some things may be different.

If you have any questions that are not answered here, please visit our website: hngirlscouts.org or contact one of our Camp Team members at 704-731-6500.

Camp Location and Dates

Dale Earnhardt Env. Leadership Campus at Oak Springs
1919 Turnersburg Highway, Statesville, NC 28625
Phone: 704-731-6554
(to contact camp staff during event)

Check in: June 5th, 9-10am
Check out: June 6th, 2-3pm
Please respect all check-in/out procedures and signs when you arrive at camp!

Important Notes and Camp Information

- **ALL CAMPERS** (girls and adults) should complete the **2021 Summer Camp Health History** form at the end of this packet – there is one form for girls, and one for adults. **Each** camper needs to have a completed form.
- **DO NOT mail the Health Form in early.** Bring a **copy** of the health form to the first day of **every** session. So if your camper is coming to multiple sessions, keep your originals of **all** forms to make copies from!
- All medications must be in **original packaging**. This includes over-the-counter meds, vitamins, and creams. They can only be dispensed using labeled instructions unless we receive a physician's note specifying otherwise.
- Medications must be given to the camp medical staff for storage and administration through the weekend.
- If you or your camper have any specific medical or dietary needs or allergies, please make sure this is noted in your camp registration. If you have any concerns, please contact us at customercare@hngirlscouts.org or 704-731-6500.
- Campers are covered by a supplemental insurance for accidents and sickness that may occur while participating in activities; pre-existing conditions are not covered.
- Program Cancellation & Refund Policy: Girl Scouts, Hornets' Nest Council reserves the right to cancel or modify any program if insufficient registrations or any extenuating circumstances should occur.
- Refunds will only be given if: 1) The camp session is cancelled by GSHNC due to lack of minimum participation or other extenuating circumstances, in which case all registered participants will receive a full refund, or 2) A request for cancellation is received in writing (or via e-mail) no later than 3 weeks prior to the event; this refund will be minus a 25% processing charge.

Important New Health and Safety Information

- At least 2 weeks before your session you will receive our most up to date health procedures and last minute reminders please make sure to read these carefully.
- At this time, we can tell you we will be requiring all staff and campers (girls and adults) to wear masks during times when they are doing activities that require them to be in close proximity (not while sleeping) to each other. Our plan is to vary our days so we switch back and forth between activities that will require masks and ones where you will be spread out and be mask free.
- All food will be prepared by staff that will be trained and will follow all NC state laws and CDC guidelines. All staff and campers will be spread out at least 6 feet apart while eating and drinking.
- We are proud to be an American Camp Association Accredited camp and will be using their “Field Guide for Camps” that was developed with CDC guidance and is continually being updated with the most current information. You can view the full field guide by going to this webpage <https://www.acacamps.org/resource-library/coronavirus/camp-business/field-guide-camps> .

Packing List

Clothing: <ul style="list-style-type: none"><input type="checkbox"/> Wear comfortable, weather-appropriate clothes you can get dirty<input type="checkbox"/> Bring another full change of clothes<input type="checkbox"/> Shoes – at least one pair of closed toe & closed heel shoes. Other pairs can be sports sandals with heel straps.<input type="checkbox"/> Water shoes – old tennis shoes, sports sandals, slip-on mesh shoes. NOT Crocs or flip flops – water shoes must fit snugly.<input type="checkbox"/> Masks – three per day (well-fitting and comfortable)<input type="checkbox"/> Raincoat or poncho<input type="checkbox"/> PJs<input type="checkbox"/> Hat or visor<input type="checkbox"/> Sweater, sweatshirt, or light jacket<input type="checkbox"/> Swimsuit	Toiletries: <ul style="list-style-type: none"><input type="checkbox"/> Overnight toiletries<input type="checkbox"/> Sunscreen and bug repellent<input type="checkbox"/> Shower toiletries<input type="checkbox"/> Towel(s)<input type="checkbox"/> Shower caddy and shower shoes<input type="checkbox"/> Sanitary items, if needed Gear: <ul style="list-style-type: none"><input type="checkbox"/> Bedding: sleeping bag + twin fitted sheet OR twin sheet set + blankets<input type="checkbox"/> Pillow<input type="checkbox"/> Backpack/sling bag<input type="checkbox"/> Flashlight and extra batteries<input type="checkbox"/> Reusable water bottle – labeled with name<input type="checkbox"/> Item to tie-dye, like t-shirt or pillowcase
---	--

Please DO NOT BRING:

- ❖ Gum/candy/snacks/food of any kind
- ❖ Tobacco, illegal drugs, alcohol
- ❖ Expensive name-brand articles
- ❖ Matches or candles
- ❖ Irreplaceable Items
- ❖ Personal sports equipment
- ❖ Weapons
- ❖ **Pets/Animals – not even to check-in/out**

Important Notes:

Campers are responsible for all items brought to camp. Label everything! Especially sleeping bags and luggage. We recommend that you leave at home any items you consider to be irreplaceable or valuable. Girl Scouts, Hornets’ Nest Council, Inc. is not responsible for lost, damaged or stolen items.

Lost and Found:

Parents may pick up lost and found by visiting Customer Care at the Council Office. **No items can be mailed.** Items not claimed by September 1st will be donated to an appropriate agency. To prevent large amounts of Lost & Found, girls **must** write their first and last name in **all** of their clothing for identification purposes.

2021 Family Camp Health History Form - GIRL

One copy of this form is required for each camper at the beginning of each week of camp she attends!

Camper Information

Camp Type <input type="checkbox"/> Day Camp <input type="checkbox"/> Overnight Camp <input type="checkbox"/> Family Camp		Camp Dates: _____ to _____	
Camper Name (circle name used if not first) (First) (Middle) (Last)		Date of Birth DD/MM/YYYY	Age at Camp
Home Address		City	State Zip

Parent/Guardian Information

Name of Primary Guardian		Relationship to Camper (Mother, Guardian, etc.)	
Email Address		Primary Phone ()	Secondary Phone ()

Address is same as camper address above **OR** Different address filled in below

Address	City	State	Zip
----------------	-------------	--------------	------------

Name of Secondary Guardian		Relationship to Camper (Father, Guardian, etc.)	
Email Address		Primary Phone ()	Secondary Phone ()

Address is same as camper address above **OR** Different address filled in below

Address	City	State	Zip
----------------	-------------	--------------	------------

Emergency Contact Information

(Someone not at camp with you)

Name		
Relationship to Camper	Primary Phone ()	Secondary Phone ()

Insurance Information

Name of Insurance Company	Address	Insurance Company Phone Number
Policy Holder Name	Member or ID #	Policy or Certificate #

Physician Information

Physician's Name

Health Information

<p style="text-align: center;">Medication Permission</p> <p style="text-align: center;">My camper has permission to take the following:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Tylenol/acetaminophen</td> <td><input type="checkbox"/> Tylenol/acetaminophen</td> </tr> <tr> <td><input type="checkbox"/> Advil/ibuprofen</td> <td><input type="checkbox"/> Advil/ibuprofen</td> </tr> <tr> <td><input type="checkbox"/> Sudafed/decongestant</td> <td><input type="checkbox"/> Sudafed/decongestant</td> </tr> <tr> <td><input type="checkbox"/> Benadryl/antihistamine</td> <td><input type="checkbox"/> Benadryl/antihistamine</td> </tr> </table>	<input type="checkbox"/> Tylenol/acetaminophen	<input type="checkbox"/> Tylenol/acetaminophen	<input type="checkbox"/> Advil/ibuprofen	<input type="checkbox"/> Advil/ibuprofen	<input type="checkbox"/> Sudafed/decongestant	<input type="checkbox"/> Sudafed/decongestant	<input type="checkbox"/> Benadryl/antihistamine	<input type="checkbox"/> Benadryl/antihistamine	<p style="text-align: center;">Menstruation History</p> <p><input type="checkbox"/> My camper has menstruated</p> <p><input type="checkbox"/> My camper has not yet menstruated, but she knows what to expect if it happens at camp</p> <p><input type="checkbox"/> My camper has not yet menstruated, and we have not yet discussed it</p>
<input type="checkbox"/> Tylenol/acetaminophen	<input type="checkbox"/> Tylenol/acetaminophen								
<input type="checkbox"/> Advil/ibuprofen	<input type="checkbox"/> Advil/ibuprofen								
<input type="checkbox"/> Sudafed/decongestant	<input type="checkbox"/> Sudafed/decongestant								
<input type="checkbox"/> Benadryl/antihistamine	<input type="checkbox"/> Benadryl/antihistamine								

Medications being brought to camp: All medication must be in its original packaging!	_____

(Continued on next page)

Camper Name (First) _____ (Middle) _____ (Last) _____

Health Information (Continued)

Type	Allergies	Severity	Chronic or Recurring Illnesses
Check type, and list specifics (eg: dogs) <input type="checkbox"/> Animals _____ _____ <input type="checkbox"/> Food _____ _____ <input type="checkbox"/> Stings/Bites _____ _____ <input type="checkbox"/> Medicine _____ _____ <input type="checkbox"/> Plants _____ _____ <input type="checkbox"/> Other _____ _____	Eg: for peanuts, can other campers eat peanuts nearby? Animals: _____ _____ Food: _____ _____ Stings/Bites: _____ _____ Medicine: _____ _____ Plants: _____ _____ Other: _____ _____	<input type="checkbox"/> Ear Infections <input type="checkbox"/> Heart Defect/Disease <input type="checkbox"/> Seizures <input type="checkbox"/> Bleeding Disorder <input type="checkbox"/> Asthma <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Musculoskeletal Disorder <input type="checkbox"/> Other _____ Provide Details _____ _____ _____	

History	Other Health Considerations
My camper has had the following: <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Measles <input type="checkbox"/> German Measles/Rubella <input type="checkbox"/> Mumps Dietary Restrictions: _____ _____	<input type="checkbox"/> Fainting <input type="checkbox"/> Constipation <input type="checkbox"/> Sickle Cell Trait/Disease <input type="checkbox"/> Motion Sickness <input type="checkbox"/> Nosebleeds <input type="checkbox"/> Wears Contacts <input type="checkbox"/> Wears Glasses <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Sleep Disturbances <input type="checkbox"/> Bed Wetting <input type="checkbox"/> ADHD <input type="checkbox"/> Mental/Behavioral Concerns <input type="checkbox"/> Homesickness Provide Details: _____ _____

Immunizations

Current and up-to-date age-appropriate immunizations are required to attend camp

Proof of my camper's immunizations are provided by:	Immunization	Year of 1st Series	Year of Last Booster
[CHECK ONE] <input type="checkbox"/> Copy of state shot record (attached) OR <input type="checkbox"/> Screenshot of my camper's online health portal with dates included (attached) OR <input type="checkbox"/> Dates completed to the right -> Must fill in <u>at least</u> the year for each	DTaP (Diphtheria, Tetanus, Pertussis) Td (Tetanus - booster only) IPV (Polio) MMR (Measles, Mumps, Rubella) HepB RV (Rotavirus) Hib (Haemophilus influenzae) Varicella (Chickenpox) PCV13 (Pneumococcus) Meningococcal	_____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____

Permission Form

The health information* I have provided is correct for my camper, and Girl Scouts, Hornets' Nest council has my permission to provide routine health care; administer medications; order X-rays, routine tests, and treatment; release any records necessary for insurance purposes; and provide or arrange necessary related transportation for my camper if there is a medical illness or injury. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my camper. This completed form may be photocopied for trips out of camp. My camper has permission to attend Girl Scouts Hornets' Nest Council-sponsored camp and participate in all phases except as noted herein, 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 she is presently a non-Girl Scout. I have read the camp information and agree to cooperate with all policies. I understand that some campers will have the opportunity to participate in activities such as swimming, boating, archery, challenge courses, mountain biking, high adventure activities, horseback riding, overnights, and trips off the camp premises. This is not a guarantee that my camper 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. I have completed this form with accurate information, and my child is up-to-date with all age-appropriate vaccinations.

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

Signature of Parent/Guardian: _____ **Date:** _____

PLEASE KEEP YOUR ORIGINAL, COMPLETED COPY OF THIS FORM

Bring a **copy** with you on the first day of **each** of your camper's camp sessions and **DO NOT MAIL** this form in early

2021 Family Camp Health History Form - ADULT

Adult Information

Camp Type: Family Camp		Camp Dates: _____ to _____	
Adult's Name (circle name used if not first) (First) (Middle) (Last)			Date of Birth DD/MM/YYYY
Home Address		City	State Zip

Emergency Contact Information

(an adult not attending Family Camp who can make medical decisions on your behalf)

Name		
Relationship to Adult	Primary Phone ()	Secondary Phone ()

Insurance Information

Name of Insurance Company	Address	Insurance Company Phone Number
Policy Holder Name	Member or ID #	Policy or Certificate #

Physician Information

Physician's Name			
Address	City	State	Zip

Medications being brought to camp: All medication must be in its original packaging!	_____

Health Information

Type	Allergies	Severity	Chronic or Recurring Illnesses
Check type, and list specifics (eg: dogs) <input type="checkbox"/> Animals _____ _____ <input type="checkbox"/> Food _____ _____ <input type="checkbox"/> Stings/Bites _____ _____ <input type="checkbox"/> Medicine _____ _____ <input type="checkbox"/> Plants _____ _____ <input type="checkbox"/> Other _____ _____	Eg: for peanuts, can other campers eat peanuts nearby? Animals: _____ _____ Food: _____ _____ Stings/Bites: _____ _____ Medicine: _____ _____ Plants: _____ _____ Other: _____ _____		<input type="checkbox"/> Ear Infections <input type="checkbox"/> Heart Defect/Disease <input type="checkbox"/> Seizures <input type="checkbox"/> Bleeding Disorder <input type="checkbox"/> Asthma <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Musculoskeletal Disorder <input type="checkbox"/> Other _____ Provide Details _____ _____ _____

History I have had the following: <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Measles <input type="checkbox"/> German Measles/Rubella <input type="checkbox"/> Mumps	Other Health Considerations <input type="checkbox"/> Fainting <input type="checkbox"/> Constipation <input type="checkbox"/> Sickle Cell Trait/Disease <input type="checkbox"/> Motion Sickness <input type="checkbox"/> Wears Contacts <input type="checkbox"/> Wears Glasses <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Sleep Disturbances <input type="checkbox"/> ADHD <input type="checkbox"/> Mental/Behavioral Concerns <input type="checkbox"/> Nosebleeds	Dietary Restrictions: _____ _____ Provide Details: _____ _____
--	--	--

(Continued on next page)

Camper Name (First) (Middle) (Last)

Immunizations

Current and up-to-date age-appropriate immunizations are required to attend camp

Proof of my immunizations are provided by:	<u>Immunization</u>	<u>Year of 1st Series</u>	<u>Year of Last Booster</u>
<input type="checkbox"/> Copy of state shot record (attached) OR	DTaP (Diphtheria, Tetanus, Pertussis)	_____	_____
<input type="checkbox"/> Screenshot of my online health portal with dates included (attached) OR	Td (Tetanus - booster only)	_____	_____
<input type="checkbox"/> Dates completed to the right ->	IPV (Polio)	_____	_____
Must fill in <u>at least</u> the year of your last Tetanus booster, plus any other information you can provide.	MMR (Measles, Mumps, Rubella)	_____	_____
	HepB	_____	_____
	RV (Rotavirus)	_____	_____
	Hib (Haemophilus influenzae)	_____	_____
	Varicella (Chickenpox)	_____	_____
	PCV13 (Pneumococcus)	_____	_____
	Meningococcal	_____	_____

Permission Form

The health information* I have provided is correct for myself, and Girl Scouts, Hornets' Nest council has my permission to provide routine health care; administer medications; order X-rays, routine tests, and treatment; release any records necessary for insurance purposes; and provide or arrange necessary related transportation for me if there is a medical illness or injury. In the event my emergency contact cannot be reached while I am incapacitated, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for myself. This completed form may be photocopied for trips out of camp. I understand that by attending Girl Scouts Hornets' Nest Council-sponsored camp, I am providing my approval to participate in camp activities, appear in pictures for publicity purposes, including the Girl Scouts Hornets' Nest council website and related organization websites, and be registered as a Girl Scout if I am presently a non-Girl Scout. I have read the camp information and agree to cooperate with all policies. I understand that some campers will have the opportunity to participate in activities such as swimming, boating, archery, challenge courses, mountain biking, high adventure activities, horseback riding, 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. I have completed this form with accurate information, and I am up-to-date with all age-appropriate vaccinations.

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

Signature of Adult Camper: _____ **Date:** _____

PLEASE KEEP YOUR ORIGINAL, COMPLETED COPY OF THIS FORM

Bring a copy with you on the first day of **each** of your camper's camp sessions and **DO NOT MAIL** this form in early