

Overnight User Group Emergency Information

Girl Scout Troop and Service Unit Events at Camp Ginger Cascades

Girl Scout Council of the Catawba Valley Area, Inc.

Responsible Adult Attending the Event (signed the reservation forms) _____

Dates using camp _____

First Aid Adult _____ CPR Adult _____

Certified Troop Camp Adult _____

For each participant (children/adults) bring this completed form or Troop Health History form with you to camp for overnight events. The ranger will check to see if you have completed forms.

List of all participants – children and adults – Overnight events only

Name _____ Child ___ or Adult ___ Female ___ or Male ___ Phone _____

Address _____ City _____ State _____ Zip _____

Emergency Contact – Name _____ Phone (H) _____ Phone (W) _____ Cellular Phone/Pager _____

Any illness or injuries (hearing, breathing, heart, etc.) _____

Medication during event _____

Allergies (food, drug, insects, plants, etc.) _____

Other health conditions _____

Activity restrictions _____

____ Yes, I need transportation between camp activities due to health reasons.

Permission to seek medical emergency treatment: This health history and information is correct as far as I know and my child has permission to engage in all prescribed activities except as noted by me. I hereby give permission to the physician selected by the event director to order x-rays, routine tests and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to the selected physician to hospitalize, secure proper treatment for, and to order injection and/or surgery for my child as named above.

Female Parent/Guardian signature _____ Date _____ (Both parents must sign if parents are married or there is joint custody of minor.)

Male Parent /Guardian signature _____ Date _____

Name _____ Child ___ or Adult ___ Female ___ or Male ___ Phone _____

Address _____ City _____ State _____ Zip _____

Emergency Contact – Name _____ Phone (H) _____ Phone (W) _____ Cellular Phone/Pager _____

Any illness or injuries (hearing, breathing, heart, etc.) _____

Medication during event _____

Allergies (food, drug, insects, plants, etc.) _____

Other health conditions _____

Activity restrictions _____

____ Yes, I need transportation between camp activities due to health reasons.

Permission to seek medical emergency treatment for Minors: This health history and information is correct as far as I know and my child has permission to engage in all prescribed activities except as noted by me. I hereby give permission to the physician selected by the event director to order x-rays, routine tests and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to the selected physician to hospitalize, secure proper treatment for, and to order injection and/or surgery for my child as named above.

Female Parent/Guardian signature _____ Date _____ (Both parents must sign if parents are married or there is joint custody of minor.)

Male Parent /Guardian signature _____ Date _____

Name _____ Child ___ or Adult ___ Female ___ or Male ___ Phone _____

Address _____ City _____ State _____ Zip _____

Emergency Contact – Name _____ Phone (H) _____ Phone (W) _____ Cellular Phone/Pager _____

Any illness or injuries (hearing, breathing, heart, etc.) _____

Medication during event _____

Allergies (food, drug, insects, plants, etc.) _____

Other health conditions _____

Activity restrictions _____

____ Yes, I need transportation between camp activities due to health reasons.

Permission to seek medical emergency treatment: This health history and information is correct as far as I know and my child has permission to engage in all prescribed activities except as noted by me. I hereby give permission to the physician selected by the event director to order x-rays, routine tests and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to the selected physician to hospitalize, secure proper treatment for, and to order injection and/or surgery for my child as named above.

Female Parent/Guardian signature _____ Date _____ (Both parents must sign if parents are married or there is joint custody of minor.)

Male Parent /Guardian signature _____ Date _____

Name _____ Child ___ or Adult ___ Female ___ or Male ___ Phone _____
Address _____ City _____ State _____ Zip _____
Emergency Contact – Name _____ Phone (H) _____ Phone (W) _____ Cellular Phone/Pager _____
Any illness or injuries (hearing, breathing, heart, etc.) _____
Medication during event _____
Allergies (food, drug, insects, plants, etc.) _____
Other health conditions _____
Activity restrictions _____
____ Yes, I need transportation between camp activities due to health reasons.

Permission to seek medical emergency treatment: This health history and information is correct as far as I know and my child has permission to engage in all prescribed activities except as noted by me. I hereby give permission to the physician selected by the event director to order x-rays, routine tests and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to the selected physician to hospitalize, secure proper treatment for, and to order injection and/or surgery for my child as named above.

Female Parent/Guardian signature _____ Date _____ (Both parents must sign if parents are married or there is joint custody of minor.)
Male Parent /Guardian signature _____ Date _____

Name _____ Child ___ or Adult ___ Female ___ or Male ___ Phone _____
Address _____ City _____ State _____ Zip _____
Emergency Contact – Name _____ Phone (H) _____ Phone (W) _____ Cellular Phone/Pager _____
Any illness or injuries (hearing, breathing, heart, etc.) _____
Medication during event _____
Allergies (food, drug, insects, plants, etc.) _____
Other health conditions _____
Activity restrictions _____
____ Yes, I need transportation between camp activities due to health reasons.

Permission to seek medical emergency treatment: This health history and information is correct as far as I know and my child has permission to engage in all prescribed activities except as noted by me. I hereby give permission to the physician selected by the event director to order x-rays, routine tests and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to the selected physician to hospitalize, secure proper treatment for, and to order injection and/or surgery for my child as named above.

Female Parent/Guardian signature _____ Date _____ (Both parents must sign if parents are married or there is joint custody of minor.)
Male Parent /Guardian signature _____ Date _____

Name _____ Child ___ or Adult ___ Female ___ or Male ___ Phone _____
Address _____ City _____ State _____ Zip _____
Emergency Contact – Name _____ Phone (H) _____ Phone (W) _____ Cellular Phone/Pager _____
Any illness or injuries (hearing, breathing, heart, etc.) _____
Medication during event _____
Allergies (food, drug, insects, plants, etc.) _____
Other health conditions _____
Activity restrictions _____
____ Yes, I need transportation between camp activities due to health reasons.

Permission to seek medical emergency treatment: This health history and information is correct as far as I know and my child has permission to engage in all prescribed activities except as noted by me. I hereby give permission to the physician selected by the event director to order x-rays, routine tests and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to the selected physician to hospitalize, secure proper treatment for, and to order injection and/or surgery for my child as named above.

Female Parent/Guardian signature _____ Date _____ (Both parents must sign if parents are married or there is joint custody of minor.)
Male Parent /Guardian signature _____ Date _____

Name _____ Child ___ or Adult ___ Female ___ or Male ___ Phone _____
Address _____ City _____ State _____ Zip _____
Emergency Contact – Name _____ Phone (H) _____ Phone (W) _____ Cellular Phone/Pager _____
Any illness or injuries (hearing, breathing, heart, etc.) _____
Medication during event _____
Allergies (food, drug, insects, plants, etc.) _____
Other health conditions _____
Activity restrictions _____
____ Yes, I need transportation between camp activities due to health reasons.

Permission to seek medical emergency treatment: This health history and information is correct as far as I know and my child has permission to engage in all prescribed activities except as noted by me. I hereby give permission to the physician selected by the event director to order x-rays, routine tests and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to the selected physician to hospitalize, secure proper treatment for, and to order injection and/or surgery for my child as named above.

Female Parent/Guardian signature _____ Date _____ (Both parents must sign if parents are married or there is joint custody of minor.)
Male Parent /Guardian signature _____ Date _____