

Girl Scout Council of Greater New York, Inc.

Camp Henry Kaufmann

GIRL EMERGENCY CONSENT AND HEALTH HISTORY

My daughter, _____, has permission to participate in all activities (Except: _____) during the Teen Program at Camp Henry Kaufmann. My daughter will wear suitable, comfortable clothing and low-heeled, closed sturdy shoes with socks. I understand that the temperature at camp is likely to be an average of 10 degrees lower than in the city. She is in good physical condition and has not had any serious illness or operation since her last health examination. She may participate in all camp activities. During the Camp weekend, I may be reached at:

Parent/Guardian Name and Address: _____

Day phone () _____ Evening phone () _____

If I cannot be reached in case of an emergency, the following person is authorized to act on my behalf:

Name and Address: _____

Relation to Camper: _____

Phone #: () _____ Cell Phone # () _____

In the event I or the contact person cannot be reached the Camp Henry Kaufmann Administrative Staff is Authorized to act in my behalf.

Parent's Signature: _____

This health history is to be completed and signed by the Parents/Guardians.

Name	Date of Birth	Age
Address City State Zip	Troop No.	
Parent/Guardian	Home Phone () Cell Phone ()	
In Emergency Notify Name: Phone:	Relationship	
Name of Family Physician:	Phone ()	
Family Medical/Hospital Insurance	Policy or Group No.	

I, _____, do authorize _____, a representative from the Girl Scout Council of Greater New York, Inc. (Troop Leader, Co-leader, Council Staff, Camp Staff and/or volunteer) to use the medical information below regarding my daughter _____, during troop meetings, trips, camping activities, and other Girl Scout events.

Please check appropriate boxes

- No medical condition exists that would limit participation in any specific activity.
- No known allergies exist.
- The following medical condition / allergies exist _____

Please explain how this condition may limit the participant:

This authorization shall expire on **April 30, 2010**.

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