

Caddoodles

August 10-13, 2020



Camper Registration Packet

- **All Caddoodles Campers MUST be registered Girl Scout Members.**
 - If you are not currently registered, please use this link to complete the process: <https://girlscouts.secure.force.com/>. Or contact the Girl Scouts River Valleys Council office at 800-845-0787.
- There is limited enrollment in this program.
- Cost for the program is **\$150.00**. Make checks payable to: **Caddoodles Camp**
- Cookie Credits/Fall Funds are accepted as payment. Mail with your registration form.
- Caddoodles is eligible for Financial Assistance. Details regarding FA can be found here: <https://girlscoutsrv.org/en/girls-families/resources/financial-assistance.html>
- Adult Volunteers Needed! Full time adult volunteers receive one FREE camper registration.
- Registration confirmation and packing list will be sent to the girls upon acceptance to Caddoodles.
- No refunds will be issued after July 13, 2020.

Registration must be received by June 29th.

This registration packet is a fillable PDF form*.

1. Download this file to your computer.
2. Complete all fields with the information requested.
3. Print the completed packet.
4. Sign and Date all required lines.
5. Include a Check & any Cookie Credits/Fall Funds for payment.
6. Mail completed packet to:

Caddoodles Camp

PO Box 131522, Roseville, MN 55113

* If you are unable to complete the form online to print, you may print the form and write-in all required information. Ensure to print legibly.

Email Questions to: Caddoodles@gmail.com

Camper Registration Form – 2020

Your preferred camp name:

How shall we address you at camp? _____

Payment Enclosed:

Check \$ _____

Cash \$ _____

Cookie Credits or Fall Funds \$ _____

Girl Contact Information:

| | | | | | | |
|----------------------------------|--|-------------|------------------|-----------|--|--|
| Girl Contact Information: | | | Birth Date: | | | |
| Last Name: | | First Name: | | Initial: | | |
| Address: | | | | | | |
| City: | | State: | | Zip Code: | | |
| Parent/Guardian #1: | | | Primary Phone: | | | |
| Email: | | | Secondary Phone: | | | |
| Parent/Guardian #2: | | | Primary Phone: | | | |
| Email: | | | Secondary Phone: | | | |

Please complete the following:

Service Unit: _____ Troop Number: _____

Grade Entering Fall of 2020: 6 7 8

Have you attended Caddoodles with us before? No 1 year 2 years

All Campers receive a Caddoodles Camp t-shirt. Please indicate the size you would like.

All t-shirts are adult unisex sized.

Small Medium Large
 X-Large 2-Xlarge Other: _____

Parent/Guardian Permission:

My daughter is a registered Girl Scout and has my permission to attend the Caddoodles program and participate in all activities. This includes overnights, which are a part of the program, unless otherwise indicated. I agree to cooperate with all regulations including refund of fees. I give permission for my daughter to be photographed or recorded and for the council to use this material for publicity purposes. I give my permission for the adult in charge to obtain medical treatment for my child at area hospitals/medical centers.

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

Insurance Carrier: _____ **Policy Number:** _____

| | | | | |
|-------------------------------|--------------------------|---------------------|--------------------------|-------------------------|
| <i>Registration Use Only:</i> | <i>Registration Rcvd</i> | <i>Payment Rcvd</i> | <i>Sent Confirmation</i> | <i>Health Form Rcvd</i> |
| | | | | |

Camper Health History Form – 2020

Camper Contact Information:

| | | | | | |
|------------------------------------|--|-------------|-------------|-----------|--|
| Camper Contact Information: | | Birth Date: | | Age: | |
| | | Last Name: | First Name: | Initial: | |
| Address: | | | | | |
| City: | | State: | | Zip Code: | |

Emergency Contact Information:

Camper is in the custodial care of: Both Parents Mother Only Father Only Other:

| | |
|---|--|
| Custodial Parent/Guardian Name: _____ | |
| Emergency Phone Number: _____ | |
| Home address (if different from above): _____ | |
| Second Parent/Guardian Name: _____ | |
| Emergency Phone Number: _____ | |
| Home address (if different from above): _____ | |
| FIRST ALTERNATE EMERGENCY CONTACT (Not a parent/guardian) | SECOND ALTERNATE EMERGENCY CONTACT (Not a parent/guardian) |
| Name: _____ | Name: _____ |
| Relationship: _____ | Relationship: _____ |
| Address: _____ | Address: _____ |
| City / State / Zip: _____ | City / State / Zip: _____ |
| Emergency Phone: _____ | Emergency Phone: _____ |
| List individuals that the camper can NOT be released to: _____ | |
| Other than the Custodial Parent, camper may be released to: _____ | |

Family Medical/Hospital Insurance Carrier – Is camper covered by medical insurance? Yes No

Carrier or Plan Name: _____ Group/ID #: _____

Physician Name: _____ Phone: _____

ALLERGIES: List all known allergies (**medication, food, environmental**) and **describe reactions** as well as **management plan**:

MEDICATIONS: List all medications (including over-the-counter or non-prescribed drugs) taken routinely. Please bring enough medication to last the entire camp session. **Keep prescription medication in its original pharmacy containers that identifies the prescribing physician, the name of medication, the dosage and the frequency of administration.**

No medications are taken on a routine basis.

Medication #1: _____ Dosage: _____ Specific Times Taken: _____

Reason for taking: _____

Medication #1: _____ Dosage: _____ Specific Times Taken: _____

Reason for taking: _____

Medication #1: _____ Dosage: _____ Specific Times Taken: _____

Reason for taking: _____

Please check here if all immunizations are up to date.

Dietary Restrictions: *The following restrictions apply.*

Egg

Gluten Free

Dairy

Peanut/Nut

Other – Specify: _____

Caddoodles will administer over-the-counter medications in the Program Center. Please do not feel that you need to send these with your child, unless they are needed on a regular basis. Your child will be responsible to check into the Program Center at meal times for their medications. The following non-prescription medications may be stocked at the Program Center and are used on an as needed basis to manage illness and injury. **Please cross out those the camper should NOT be given.**

| | | | |
|--------------------------------|--------------------------------------|---|------------|
| Tylenol (various strengths) | Ibuprofen (and children’s Motrin) | Benadryl | Tums |
| Chloraseptic Lozenges | Generic cough drops | Calamine Lotion | Bacitracin |
| Triple Antibiotic Cream | Hydrocortisone Cream/Spray | Aromatherapy such as: peppermint, lemon & orange oil for nausea. The oil will be placed on a cotton ball for the camper to smell. | |

ACTIVITY: *Explain any restrictions to activity (e.g. knees, back, ankles and what cannot be done)*

Has your camper ever stayed away from home overnight (relatives, camp or friends)? Yes No

Has she ever been homesick*? Yes No What can our staff do to help with this?

** If your camper is homesick, we will attempt to work with her to resolve the issues. If she continues to be homesick, we will attempt a phone call home. However if she continues to be homesick after calling home, then the parent/guardian will be expected to pick-up the camper from Caddoodles camp.*

Does she have any fears (insects, storms, etc.)?

Have there been any recent changes or stressful events in her life (moving, divorce, death, new baby)? If yes, how is she dealing with the issue?

Any other information that will be helpful in providing your Girl Scout with the best experience at camp?

Use this space to provide any additional information about the camper’s behavior and physical, emotional, or mental health which the camp should be aware. Such as sleepwalking, bed wetting, diabetes, seizures, asthma, etc.

To the best of my knowledge, the Health History Form is complete and accurate. My daughter has permission to participate in all prescribed activities, except as noted by the physician and/or myself. In the event that I cannot be reached in an emergency, I give permission for camp authorities to take necessary emergency actions, which may include related transportation, admission to hospital, x-rays, routine tests, emergency surgery and treatment for the health of my child. I agree to the release of any records necessary for treatment, referral billing, or insurance purposes. It is also my intension that camp authorized be treated as a “personal representative” for purposes of disclosing protected health information to keep me informed of my child’s health status. The Girl Scouts Council provides supplemental sickness and accident insurance. This completed form may be photocopied for trips out of camp. This information will be shared with camp counseling staff as appropriate.

Custodial Parent/Guardian Signature

Date