

San Marino Service Unit
presents

Twilight Camp 2017



THE TRADITION CONTINUES.....SINCE 1935!

A classic Girl Scout Day Camp Program
100% Volunteer Run by Parents and Older Girl Scouts

Join us for another fabulous year of fun at Lacy Park. This year's theme will focus on adventure, teamwork, & the celebration of the American flag! Girls will enjoy Girl Scout games and traditions from around the world.

When: Monday, July 24, 2017 to Saturday, July 29, 2017

Where: Lacy Park - 1485 Virginia Road, San Marino, CA 91108

Time: 2:00 – 7:00 pm M-F & Optional Overnight Fri. – Sat. at 10:00 am

(Girls Only – Buddies Must Depart Camp by 7:00 pm on Friday Night.)

Arts & Crafts! Flag Ceremonies!

Badge Work! Camping Skills!

Singing & Dancing! Local History!

Celebrate Our Cabaña in Mexico!

Laughter, Fun, & Friends!

Don't wait! 🐌 Registration is now open to all registered Girl Scouts!

NO Refunds after June 1, 2017!

Registration Fee:

\$220.00* – Daisy – Junior

\$60.00* – Cadette & Above

\$30.00 – Buddies (boys age 6-18 / attending w/ a full time volunteer at camp only)

\$15.00 – Camp DVD (Optional)

\$20.00 – Camp Hat (Optional)

Fee includes camp program, t-shirt, water bottle, snacks, dinner, camp supplies, patches, & badges

*Discount given based on volunteer status

Please forward Registration materials and payment to:

Jennifer Tom

PO Box 1075

Arcadia, CA 91077-1075

girlscout.twilightcamp@gmail.com

Please make checks payable to "San Marino Girl Scouts."

Registration closes when camp is full

Questions? Please contact Jennifer Tom at GirlScout.Twilightcamp@gmail.com or 626-215-8622
Emergency Contacts at Camp (Lacy Park): Jennifer Tom – 626-215-8622 or Lana Saucedo – 626-831-8058
Offsite Emergency Contact: Dawn Miller – 626-797-1880

Girl Scout Twilight Camp in Lacy Park – 2017

July 24 – July 28, 2017

Registration for Buddies or “Brothers”

of Scouts at Camp - Parent must be a Full Time volunteer at camp

--- Ages 6 - 18 years old

The Buddies Unit earns Cub Scout belt loops, and is supervised by Adult Volunteers and Boy Scout Volunteers who earn community service hours.

1. Information

Name_____ Phone#_____

Address_____

City_____ Zip_____

School _____ Grade (Fall 2017) _____

Parents' names _____

Parents' email address (legible, please!)_____

Scout level as of July 31, 2017 (Circle one): Tiger Wolf Bear Jr. Webelos

Sr. Webelos Boy Scout

Have you attended Lacy Park Twilight Camp before? Yes No

If yes, what scout level were you when you attended?_____

When did you last attend Twilight Camp? _____

2. Parent Signature _____ Date: _____



BUDDIES UNIT FORM DAY CAMP EMERGENCY HEALTH RECORD

Boy's Name _____ Birth date _____ Age _____
~~Girl's~~ Name _____

Insurance Carrier _____ Policy # _____ Physician _____

Parent/Guardian _____ Home # (____) _____ Work # (____) _____

Address _____

Email Address: _____

Emergency Contact _____ Home # (____) _____ Work # (____) _____

Address _____ Relation to ^{Boy} Girl _____

HEALTH HISTORY (Check those that apply)

- ADD/ADHD
- Asthma
- Bleeding Disorders
- Diabetes
- Emotional Disturbances
- Epilepsy/Seizures
- Fainting or dizziness
- Hearing Impairment
- Headaches/Migraines
- Motion Sickness
- Nosebleeds
- Recent Injury
- Surgery/Hospitalization (Specify) _____
- Wears Glasses or Contact Lenses
- Other (specify) _____

ALLERGIES (Check & Specify)

- Animals _____
- Medications _____
- Food _____
- Hay Fever
- Insects (Stings) _____
- Plants
- Pollen
- Other (specify) _____

IMMUNIZATION HISTORY (Information for emergency/medical use only)

VACCINE	DATE EACH DOSE WAS GIVEN					
	1 st	2 nd	3 rd	4 th	5 th	Booster
POLIO (OPV or IPV)						
DTP/DTaP/DT/Td (Diphtheria, tetanus and/or [acellular] pertussis)						
MMR (Measles, mumps, and rubella)						
HIB						
HEPATITIS B						
VARICELLA (Chickenpox)						
TB SKIN TEST (Most recent)	Date: _____		Negative / Positive (Circle one)			

Check box if personal and/or religious beliefs dictate against immunization

Is child regularly taking any medication (including inhaler for asthma)? _____ Please list all medication(s) _____

Note: All medication must be in original container, with ^{boy's} ~~girl's~~ name, address, dosage, and frequency clearly printed on the label. Additional health information including disabilities and/or special needs _____

PARENT CONSENT FOR EMERGENCY MEDICAL TREATMENT

The undersigned do hereby authorize the officers, leaders or agents of Girl Scouts of Greater Los Angeles, adult persons into whose care our ~~daughter~~ ^{son} has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician or surgeon licensed under the provisions of the Medical Practice Act, or to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

It is further understood that permission is hereby granted to the officers, leaders or agents of Girl Scouts of Greater Los Angeles to obtain and administer such medical aid or assistance as might, in their judgment, be required for the immediate care of said minor. In the event of such help, the Girl Scouts of Greater Los Angeles, its officers, leaders and agents will not be held liable for any first aid treatment or hospital care rendered, drugs, medicine or surgical procedures performed pursuant to this consent. This consent supersedes all prior authorization.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

If you do not consent to the care or treatment set forth herein, describe in detail what is or is not allowed/permitted. _____



Over-the-Counter (OTC) Form

First-aider should customize their troop/group first aid kit to fit the group.
 Parents/Caregivers are required to fill out a NEW OTC Form if anything changes.

Child's name: _____ Age: _____ Weight: _____

Child allergies: _____ Troop #: _____

Please help us keep your child safe by informing us of what you do not want your child to be given and include unmentioned medicines we should avoid.

MEDICINE NOT to be used (if not listed below): _____

Medication	Dosage according to the MRSD* label	Usage	Can be used?	
			YES	NO
Acetaminophen, Tylenol Reg. & Extra Strength	Reg. 250mg ES 500mg	minor aches, pains, cramps, fever	YES	NO
Antacid, Pepto-Bismol, Tums	According to label	indigestion, gas	YES	NO
Bromine/Dramamine	According to label	motion sickness	YES	NO
Glucose gel or tablets	According to label	low blood sugar	YES	NO
Ibuprofen, Advil, Motrin (NON-Aspirin)	1 or 2 tabs, 200mg	minor aches, pains, fever	YES	NO
Naproxen, Midol, Pamprin, Aleve	1 or 2 tabs, various	minor aches, pains, cramps	YES	NO
Throat lozenges / cough drops	According to label	sore throat	YES	NO
Antihistamine, Benadryl topical & oral, Caladryl/Calamine lotion, Sting/Bite wipes, Hydrocortisone	According to label	Stings, bites, colds, allergies, itch relief	YES	NO
Burn gel		burn relief	YES	NO
Eye wash, contact lens solution		Irritation of the eye	YES	NO
Hand sanitizer		hand sanitation	YES	NO
Hydrogen Peroxide		wound care	YES	NO
Insect repellent	Non DEET	insect repellent	YES	NO
Neosporin foam, wound cleaner, BZK towels	Small dab to area, wipes	wound cleaning treatment	YES	NO
Petroleum jelly, lip balm		dry skin, dry nose	YES	NO
Sunscreen, Aloe vera gel	15+ SPF	sun protection, sun burn	YES	NO
Triple antibiotic, Polysporin, Neosporin		wound care	YES	NO
Other:				

**Manufacturer's Recommended Starting Dose.*

I give permission for my child (named above) to receive products listed on an as-needed basis. I understand that the troop/group isn't expected to carry all of the following items in their first-aid kit _____ **(Initials)**. To the best of my knowledge, my child is not allergic to those mentioned. Unless otherwise directed, the medications will be administered as directed by package labeling.

Parent/caregiver signature: _____ **Date:** _____

Print name: _____ Phone # to reach adult: _____

All medication must be in its original containers with a readable label and clear expiration date. It must be handed over in a clear resealable bag identified with the child's name on it and parents/caregivers need to fill out a Provided Prescription and/or Provided OTC Medication Form.



Provided Prescription and/or Provided OTC Medication Form

Child's name: _____ Troop #: _____

Parent/caregiver: Please complete, sign, and submit this form to the troop leader/first aider for each trip your child takes or when changes occur. This is required for the adult to assist with any prescription or administer over-the-counter medication **you provide** to the troop/group.

All medications **must** be kept in the possession of the adult first-aider, the **only** exceptions are: birth control, Epi Pens®, bronchial inhalers, or diabetes medication which may be carried by the child.

All medication; prescription and parent/caregiver provided, must be in its original container with original label, dose and expiration date. Prescription labels must include child's name, physician's name and phone number. These **must** be handed over in a clear resealable bag identified with the child's name on it.

My child takes the following medication(s) on a DAILY/AS NEEDED basis and will need them with her while in your care: Please indicate those also carried by the child. i.e. Epi Pen®, Albuterol® ...			
Medication Name & Allergic to...	Dose/ As Prescribed	Frequency/ As needed	Time Administered/Taken
Special instructions:			

Medications I have already given my child today:			
Medication Name	Dose	Frequency	Time Administered/Taken

My child is currently taking the following medication/s on a <u>temporary</u> basis and will need to use them while in your care: This area is for antibiotics and/or any medication the parent/caregiver deems allowable to the child. i.e. Allergy Relief, Amoxicillin, Prednisone...			
Medication Name	Dose	Frequency/ As needed	Time Administered/Taken
Special instructions:			

Parent/caregiver signature: _____ Date: _____

Girl Scout Twilight Camp in Lacy Park – 2017
July 24 – July 29, 2017

RELEASE AUTHORIZATION

**To be completed even if the child's parent is
volunteering at Twilight Camp:**

I, _____, authorize the following additional adults
to pick up my daughter/son _____ from Twilight Camp in
Lacy Park, July 24 – July 29, 2017:

1. Name _____ Parent
2. Name _____ Parent
3. Name _____ Relationship _____
4. Name _____ Relationship _____
5. Name _____ Relationship _____

Parent Signature _____ **Date** _____

Additions or corrections to this form may be made (by custodial parents only) during camp

Girl Scout Twilight Camp in Lacy Park – 2017

July 24 – July 28, 2017

Buddies DO NOT participate in the Friday Overnight Program

BUDDIES

PAYMENT FORM – ONE PER PARTICIPANT

Name _____

Phone _____

Email (legible, please!) _____

Program fees:

Campers: Buddies*

\$30 – Includes Cub Scout belt loops, food, T-Shirt \$ _____

T-Shirts – Each camper and volunteer gets one FREE shirt.

Child S – M – L, Adult S – M – L – XL – XXL

T-Shirt Size _____

Additional Shirts: \$7 each

Child S – M – L, Adult S – M – L – XL – XXL

\$ _____

TOTAL COST (checks payable to San Marino Girl Scouts) = \$ _____

No refund after June 1, 2017

*Completed Adult Volunteer Registration materials must be included with Buddies Registration.