

Butano Creek Girl Scout Camp Medical Update and Pick-Up Authorization

1) This is to verify that camper _____

has / has not experienced injuries, illnesses, exposure to illnesses, or started a new
(circle one)

medication since her camp medical form was completed. Details of recent injuries, illnesses, exposure or medication:

_____.

2) I have checked my camper's scalp for lice and/or nits today. _____ Yes _____ INITIAL
I understand that health checks will take place later today. I understand that if my child is found to have head lice, I will receive a call to return to camp, to do one of the following:

- Treat my camper on-site, using camp-provided supplies or my own supplies. This process will take 3-4 hours.

OR

- Bring my camper home to be treated at home, either by a parent or professional. I understand that she will be welcome to return to camp after treatment.

3) PERSONS AUTHORIZED TO PICK UP MY CHILD:

The following persons are authorized to pick up my child from camp. I understand that these people, including myself, will be asked to show identification to the staff member at checkout. I understand that if someone who is not on this list attempts to pick up my child, the camp or Girl Scout office will contact me or the emergency contact listed on the front of the health form for authorization. I understand that Girl Scouts of Northern California will not release my daughter to anyone who is not authorized by me as the parent/legal guardian.

Contact phone number: _____

Please list the authorized pick up people in this section, including parents:

	During Camp	At Check Out
1. _____	_____ YES	_____ YES
2. _____	_____ YES	_____ YES
3. _____	_____ YES	_____ YES

4) _____
Signature relationship to camper date

DO NOT MAIL THIS FORM! BRING IT WITH YOUR CAMPER TO CAMP!