



# POWER OF GIRLS End of Year Campout



Friday, June 2– Saturday, June 3

Dale Earnhardt Environmental  
Leadership Campus @ Oak Springs  
Statesville, NC

We are excited to have you join us for the Power of Girls camping trip on **Friday, June 2 thru Saturday, June 3, 2017** at the Dale Earnhardt Environmental Leadership Campus at Oak Springs in Statesville, NC. At the end of class on Friday, you will meet your school staff to depart from school with the rest of your group. On Saturday, we will depart camp at 4p.m. to head back to your school.

All girls must have a completed and signed health and permission form before she can board the bus to go to camp. If she does not have the form completed and SIGNED, she will not be able to go to camp and guardian will be called to pick her up.

If you have any questions about what to bring, what to wear or activities while at camp, please talk to your school counselor or contact Kaity Scruggs at Girl Scouts. She can be reached at 704-731-6500 or [kscruggs@hngirlscouts.org](mailto:kscruggs@hngirlscouts.org).

Please register for the campout at: <https://goo.gl/forms/hwsWmdUzZC2msxZk2>

### Luggage:

- Each person is limited to 2 bags (bedroll/sleeping bag counts as a bag-a bedroll consists of a fitted sheet, flat sheet, blanket & pillow)
- 1 camp chair (optional item)
- There are luggage tags within this packet – you MUST tag your luggage or it may get misplaced.

### Participants need to:

- **Bring completed Health History Form**
- **Bring completed Permission Form**
- **Bring completed Consent to Administer Medication form**
- **If applicable, bring complete Refusal to Consent to Medical Treatment form**
- Bring a reusable water bottle
- If you have food allergies, please notify your school staff member ASAP. Food is not allowed to be kept in the cabins, but we do have storage areas for food if someone has an allergy and needs to bring suitable food.
- Wear sturdy sneakers/hiking boots (no sandals, jellies, slides, crocs, or flip flops). Bring an extra pair of shoes in case the first get wet.
- Wear appropriate clothing for the weather conditions and activities; bring the following:
  - Rain poncho
  - Hat or bandana
  - Something to tie hair back
- Bring a folding camp chair (optional)
- Sunscreen (no aerosol), stored in plastic bag. Must be listed on your Consent to Administer Medication form.
- Insect repellent (no aerosol), stored in plastic bag. Must be listed on your Consent to Administer Medication form.

- Sleeping bag / bed roll
  - Note: Cabins contain bunk beds and bare mattresses and are heated/air conditioned as needed.
  - If you don't have a sleeping bag, bring sheets and a blanket.
- Pillow and pillowcase
- Flashlight
- Toothbrush and toothpaste
- Towel/Washcloth (Note: there are showers located in the Girl Village bath houses)
- Brush / comb
- Soap (face wash, shampoo/conditioner, body wash, etc)
- Any other personal hygiene items you require (deodorant, contact lens supplies, feminine hygiene supplies if that time or anywhere near it)
- Bring enough day clothing for 2 days in addition to what you are wearing. (1 set is extra in case something happens)
  - Bring layers that can be added or removed if temperature changes. During Spring, camp can be chilly in the mornings and hot in the afternoons.
  - **Clothing should be comfortable for walking and camp activities**
- Bring pajamas

*Note: We recommend that all clothing, bedding, and towels be stored in Ziploc bags or wrapped in water resistant material in case of rain.*

**Optional Items to Bring:**

- Camera
- Camp chair

**Do not Bring:**

- Glass containers
- Expensive electronics or jewelry
- Anything irreplaceable

**Please let us know of any dietary restrictions, need of special assistance to and from activities, or need of any other special accommodations as soon as possible.**

## Directions and Drop Off Information for Bus Drivers and Late Drop Off/Early Pickup

Directions from Charlotte to the Dale Earnhardt Environmental Learning Campus at Oak Springs (1919 Turnersburg Hwy, Statesville, NC 28625):

- Take 1-77 North from Charlotte
- Take exit 54 (Hwy 21)
- Turn right at the top of the ramp onto 21 North/Turnersburg Road.
- Go 3.7 miles and turn left into the entrance of Dale Earnhardt Environmental Leadership Campus at Oak Springs
- If you get to Fairmont Rd, you have driven too far.
- Upon entering camp, turn **right** to head towards the parking area. Enter the gate code **2956**. You will have a short drive before you exit the woods, and see the Girl Scout Sculpture on your left. Continue to follow the road. You will see a wooden structure on the right, which is the Luggage Shelter. Stop here to drop off your luggage and check in – make sure all luggage is tagged with girl's name and school!

# Power of Girls Campout Schedule

## Friday, June 2

5:30 – 6:30pm	Arrive at Camp and Setup Cabins
7:00 – 8:00pm	Dinner
9:00-10:00	Campfire and S'mores
11:00pm	Lights Out

## Saturday, June 3

7:00am	Rise & Shine
7:30 -8:00am	Breakfast
8:30 -9:30am	1 <sup>st</sup> Activity
9:45 -10:45am	2 <sup>nd</sup> Activity
11:00-12:00pm	3 <sup>rd</sup> Activity
12:00-1:30	Lunch and Pack/Clean Cabins
1:45-2:45pm	4 <sup>th</sup> Activity
3:00 –4:00pm	5 <sup>th</sup> Activity
4:00 – 5:00pm	Load buses and depart for Charlotte

\*Activities will include boating, archery, crafts, teambuilding games, and more!

**NAME:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_



Girl Scouts, Hornets' Nest Council  
 7007 Idlewild Road • Charlotte, NC 28212  
 704-731-6500, Outside Mecklenburg 800-868-0528, [www.hngirlscouts.org](http://www.hngirlscouts.org)



## Parent/Guardian Permission Form

Troop #:	Power of Girls	is planning a:	Campout
Date:	Friday, June 2 – Saturday, June 3 2017	Time:	Arrival at Camp: 5:30pm (Friday) Departure from Camp: 4:00pm (Saturday)
Location:	Dale Earnhardt Environmental Leadership Campus at Oak Springs  1919 Turnersburg Highway, Statesville, NC 28625	Phone Number:	704-731-6540
Leader's Name:	Kaity Scruggs	Phone Number:	336-740-1404

**ARRANGEMENTS FOR TRANSPORTATION:**

Time and place of departure:	Afterschool – JM Alexander, McClintock, Northeast, Sedgfield, and Whitewater Middle Schools
Time and place of return:	Approximately 5:00pm – JM Alexander, McClintock, Northeast, Sedgfield, and Whitewater Middle Schools
Mode of transportation:	Bus

**ADULTS ACCOMPANYING THE GIRLS:**

The troop/group leader is responsible for ensuring that each driver of motorized private transportation must be A REGISTERED GIRL SCOUT, at least 21 years old, hold a valid operator's license appropriate to the vehicle, and show proof of liability insurance. State laws must be followed.

Name: Event Director	Kaity Scruggs, GSHNC Staff		
Name: Event Co-Director	Iris Caldwell, GSHNC Staff		
Name: Event Co-Director	CMS Staff		
Troop First Aider (Adult) if required:	GSHNC Staff	Date Certification Expires:	

**EACH GIRL WILL NEED:**

Expenses:	\$0 – food and activity supplies will be provided		
Other equipment and clothing:	See attached list		
In case of an emergency, the leader will notify the contact below who will immediately notify the parents.			
Name:	CMS School Staff	Phone:	

------(Cut off and return below portion to troop leader)-----

My Daughter:			
Has my permission to participate in:	The Power of Girls Campout		
<b>Swimming Ability</b> Must be completed if trip includes any water activities.	I classify my daughter's swimming ability as <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced All boating activities require PFDs (personal flotation device/lifejacket) to be worn at all times. PFDs are provided at activity.		
She is in good physical condition and has not had any serious illness or operation since her last health examination. During the activity, I may be reached at:			
Address:		Phone:	
If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:			
Name & address:			
Relation to participant:		Phone:	
Physician's name:		Phone:	
Additional remarks:			

In addition to this form, a medical history signed by the parent within the current year is required for water sports, horseback riding, skiing, hiking, non-contact sports such as tennis or gymnastics, and other such physically demanding activities.

- During this event, I give permission for my child to be photographed, videotaped or otherwise electronically imaged. Images may be used in promotional materials, news releases, and other published formats for either the Girl Scouts, Hornets' Nest Council or GSUSA. The images will be the sole property of either the local Girl Scout Council or GSUSA.
- I DO NOT give permission for my daughter to be photographed, videotaped or otherwise electronically imaged.

\_\_\_\_\_  
 Signature of Custodial Parent/Guardian Date



This health history is to be completed and signed by parents/guardians of girls. \*NOTE: A health history is required for trips and participation in physically demanding activities, such as water sports, horseback riding, or skiing.

Name	Date of Birth	Age
Address	Troop No.	
Parent/Guardian	Day Phone	Evening Phone
Home Address	Cell Phone	Email
<b>Emergency Contact Name – OTHER THAN PARENT/GUARDIAN</b>	Relationship	
Address	Phone	
Name of Family Physician	Phone	
Family Medical Hospital	Phone	
Insurance Carrier	Policy/Group No.	

**Part I Chronic/Recurring Illness and Injuries – Check those that apply and give dates.**

<input type="checkbox"/> Ear Infection	<input type="checkbox"/> Seizures	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Bleeding/Clotting Disorders	<input type="checkbox"/> Musculoskeletal Disorders
<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Defect/Disease	
<input type="checkbox"/> Other – Explain and Give Dates		

**Date of last health examination** \_\_\_\_\_ (Month/Date/Year)

Were any complicating medical problems noted in last health examination? Explain.

Is participant currently under the care of a physician or psychologist? Explain.

**Since the last health examination, has the participant had any of the below? Check those that apply and give dates.**

<input type="checkbox"/> A serious injury requiring medical attention?	<input type="checkbox"/> An illness lasting more than 5 days?
<input type="checkbox"/> Any prescribed or over-the-counter medication?	<input type="checkbox"/> A surgical operation or fracture?
<input type="checkbox"/> Treatment in a hospital or emergency room?	<input type="checkbox"/> Any restrictions concerning physical activities?
<input type="checkbox"/> Any exposure to a contagious disease?	<input type="checkbox"/> Other _____

If you checked any of the above, please explain and include dates:

**Part II Allergies**

**Check all that apply and specify nature of allergic reaction.**

**Part IV Immunization History**

Part II Allergies		Part IV Immunization History		
Check all that apply and specify nature of allergic reaction.		Immunization	Year Primary Series Completed	Year of Last Booster
<input type="checkbox"/> Plants	<input type="checkbox"/> Insect Stings			
<input type="checkbox"/> Pollen	<input type="checkbox"/> Food	DTP		
<input type="checkbox"/> Animals	<input type="checkbox"/> Hay Fever	Diphtheria		
<input type="checkbox"/> Medicines/Drugs	<input type="checkbox"/> Other (specify)	Pertussis (whooping cough)		

**Part III Other Health Conditions**

<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Menstrual Cramps	Tetanus		
<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Emotional Disturbances	TD		
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Special Dietary Regimen	Measles		
<input type="checkbox"/> Constipation	<input type="checkbox"/> Motion Sickness	Mumps		
<input type="checkbox"/> Sleep Disorders	<input type="checkbox"/> Fainting	Rubella (German Measles)		
<input type="checkbox"/> Sickle Cell Trait or Disease	<input type="checkbox"/> Wears Glasses or Contact Lenses	Oral Polio		
<input type="checkbox"/> Other (specify)		Hib		
		Hepatitis B		
		Tuberculin Test (most recent)		
		Other (specify)		

**Please explain any items that are checked. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also indicate any activities to be encouraged, discouraged or restricted.**

This health history is complete and accurate. I know of no reason(s), other than the information indicated on this form, why my daughter should not participate in prescribed activities except as noted.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_





## Consent to Administer Medication to a Minor

Name of minor \_\_\_\_\_

### Prescription and over the counter medications

1. All medications, except where noted, will be turned in to, and kept by, the troop's leader/first aider.
2. Each prescription medication must be in its original pharmacy container with the girl's name clearly printed on the label. The medication will be administered in accordance with the pharmacy's label as prescribed.
3. Each over the counter medication must be in its original store bought container and will be administered in accordance with package directions unless accompanied by a physician's note.
4. Girls may keep over the counter insect repellent, sunscreen, and anti-itch lotion/ointment that they bring in their possession, but it must be listed on the back of this form. Girls are to be reminded that they are not to share their over the counter medications with anyone else.
5. Please use the form on the back of this page to authorize each medication.

### Permissions to use and carry self-administered emergency medication

I confirm that my child has the knowledge and the skills to safely have readily available (carry or possess outside of the regular supervision of the troop leader/first aider) and self-administer the indicated emergency medication as medically necessary at Girl Scout activities. They need to notify the troop leader/first aider if they have to use their medication. Please circle all that apply.

- a. Asthma inhaler
- b. Epinephrine Pen
- c. Other (please list) \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

### Non-Prescription Medications (Troop first aider may choose to keep none, some, or all of the listed OTC medications with them during GS activities)

I give my permission to the troop leader/first aider to administer the following over the counter medications to my daughter in the event of an accident or illness and I am unable to be contacted. I understand that every effort will be made to contact the emergency numbers provided on the troop history and/or activity permission forms prior to administering medications.

**I DO NOT WANT ANY OVER THE COUNTER MEDICATION ADMINISTERED TO MY CHILD.**

Please initial the following medications you authorize to be administered to your child as necessary.

- \_\_\_\_\_ Acetaminophen/Tylenol®--Pain reliever/fever reducer
- \_\_\_\_\_ Ibuprofen/Advil®--Pain reliever/fever reducer/anti-inflammatory
- \_\_\_\_\_ Cough drops or throat lozenges—cough/throat irritation
- \_\_\_\_\_ Tums—upset stomach
- \_\_\_\_\_ Antihistamine/Benadryl®-allergic reaction
- \_\_\_\_\_ Topical antibacterial ointment/Neosporin®--cuts and scrapes
- \_\_\_\_\_ .5-1% hydrocortisone cream/Cortaid®-skin irritation, rash
- \_\_\_\_\_ Anesthetic products containing benzocaine or lidocaine-reduce mild burn and sting pain



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## Medication Authorization

**Permissions to use sunscreen and bug spray (without verbal consent.)** Please check all that apply

- I give permission for my daughter to use sunscreen provided by her troop leader/first aider.
- I do not give permission for my daughter to use sunscreen provided by her troop leader/first aider.
- I give permission for my daughter to use bug spray provided by her troop leader/first aider.
- I do not give permission for my daughter to use bug spray provided by her troop leader/first aider.

**Note:** If a Girl Scout does not have her own sunscreen or have parent permission to use the troop leader/first aider provided sunscreen, she may not be allowed to participate in outside activities.

Prescription/ OTC Name	Prescribing Physician	Physician's Phone Number	Dosage	Time of Administration	Side Effects

I have read and understand the above guidelines regarding the dispensing of medications to my child. The information provided in conjunction with this form is correct to the best of my knowledge. I understand I am responsible for assuring that all medications I give to the volunteer are not expired. I further understand that the troop leader/first aider helping me in this regard is not required to undertake this responsibility. I authorize the troop leader/first aider to administer the prescription and non-prescription drugs noted herein.

\_\_\_\_\_  
 Parent or Guardian Signature

\_\_\_\_\_  
 Date



## Refusal to Consent to Medical Treatment of Minor Daughter or Ward

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To Girl Scouts, Hornets' Nest Council:

The undersigned \_\_\_\_\_, are the 1) natural parents 2) parent with sole legal custody and rights over the minor child; or 3) legal guardians of \_\_\_\_\_, a minor, who is a member of Girl Scouts, Hornets' Nest Council, Troop # \_\_\_\_\_.

The undersigned are members of \_\_\_\_\_ (designate denomination or sect) and hold religious beliefs that are in conflict with our daughter or ward receiving any medical care for any reason. On the ground of such religious belief, and pursuant to our Constitutional rights, the undersigned state and direct that the above minor is to receive NO MEDICAL TREATMENT whatsoever, in any form or manner.

**WE UNDERSTAND AND ACKNOWLEDGE THAT OUR REFUSAL TO CONSENT TO ANY MEDICAL TREATMENT FOR OUR DAUGHTER OR WARD MAY ENDANGER HER LIFE OR HER HEALTH.**

We, the undersigned, knowingly and willingly assume the risk and consequences of our REFUSAL to consent to medical treatment for our daughter or ward and release the Girl Scouts, Hornets' Nest Council and all of its members, staff, and any other person connected thereto from any and all liability for any damage, injury, sickness, disease, disability, cost or expense which in any way results, in whole or part from our refusal to consent to the performance of medical treatment on our minor daughter or ward. I understand that this is a release of liability, which is binding upon myself, heirs, executives, personal representatives and anyone else that might make a claim through or under me or my daughter or ward.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**