CAMP ELK RIVER
GIRL SCOUTS RIVER VALLEYS

CAMP ELK RIVER
PREPARING FOR RESIDENT AND ADULT & ME CAMPS FOR PARENTS/GUARDIANS AND CAMPERS
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Welcome!
Thank you for choosing Camp Elk River and Girl Scouts River Valleys! We have nearly one hundred years of experience in offering great camp experiences to girls, and we will do everything to make sure your camper has a great experience this year.

This guide is designed to give you essential information to prepare your girl for camp. Please visit gsrv.gs/Prep-for-Camp for more detailed information.

Contact the Camp Director
Camp Elk River Director, Jen Tschida
800-845-0787 x 1558
camps@girlscoutsrv.org

Check-in for Resident Campers
Reference your camp’s description on our website to learn the precise check-in time. Please note that smoking and pets are not allowed on camp property.

Check-in begins at the time listed on your session, also included in your confirmation emails, and it continues for one hour after this time. Please contact the camp director as soon as you can if this time frame might not work for you.

Once you arrive at camp, you will be directed where to go – follow the signs to the Gray Koch building. You will be asked to do the following:

- Turn in forms listed at the end of this document.
- Let us know in writing who can pick up your camper.
- Review health history and turn in any medications.
- Turn in money and Cookie Credits to the camp store.
- Move luggage to your camper’s unit and help her get settled.
- Meet your camper’s counselor and other staff.

Check-in for Adult & Me Campers
Once you arrive at camp, you will be directed where to go – follow the signs to the Gray Koch building. The leader or adult attending with the girls will:

- Verify who is attending the session
- Review allergy or accommodation needs with health staff.
- Move luggage to your unit and get settled.
- Meet the staff.
Pick-up for Resident Campers
Reference your camp’s description on our website to learn the precise check-out time. Campers will be ready to go once you arrive, and pick-up should take a matter of minutes. You will receive the following:

- All medications and any remaining camp store money.
- A letter from your camper’s counselor letting you know about your camper’s time at camp and the activities she participated in.
- A letter from the health director if your camper required anything besides basic first aid treatments, if we found any ticks on your camper, or if there are any concerns.
- You will be asked to officially check your camper out by signing the check-out report. Parents/guardians or others designated to pick up a camper should bring photo ID.
- If you are unable to pick up your camper within one hour of the listed end time, please let us know when you drop her off. We can accommodate girls at camp for late pick-ups if necessary.

Check-out for Adult & Me Campers
Reference your session’s description to learn the precise check-out time. Prior to check-out groups will have the opportunity to pack-up their belongings and sweep out the cabin.

Directions to Camp Elk River
Camp Elk River
10775 237th Ave. Northwest
Zimmerman, MN 55398-8725
763-441-0169

Notice about GPS or Google Maps: These are sometimes inaccurate and take you to the wrong location, if you choose to use please make sure it matches up with these directions.

Directions from Minneapolis/St. Paul
- Travel west on Interstate 94 to Rogers, Highway 101.
- Highway 101 will become 169 as you approach Elk River. Follow the sign to Princeton and Cambridge.
- Continue north on Highway 169 to Sherburn County Road 74, turn right.
- Drive about 1 mile down County Road 74 to the Girl Scouts Camp Entrance.
- Follow the signs to the check-in area.
Camp Policies

**Behavior**

Attendees to all Girl Scouts River Valleys events are expected to follow the Girl Scout Promise and Law. Visit GirlScoutsRV.org/Mission-Promise-Law.

Girls and adults cannot bring or use weapons, alcoholic beverages, drugs (other than those prescribed by a physician), or tobacco products at any River Valleys event or onto any River Valleys property.

If, for any reason, an attendee’s behavior is not within our expectations, she/he will be asked to leave. We will expect a parent/guardian to pick up a girl as soon as possible, and adults will need to provide their own transportation. This is at the expense of the parent/guardian or adult attendee. We will not refund session fees.

**Animals**

Pets are not allowed on any River Valleys property or camp. Exceptions are made for service animals.

**Cancellations**

Cancellations must be made 30 days prior to the session date to receive a refund – the deposit is non-refundable.

All sessions are subject to cancellation or rescheduling. If a session is canceled, and the camper is unable to attend an alternate session, all fees paid will be refunded, including the deposit. If a program or camp is canceled, you will be notified by email/phone.

*All cancellations must be received in writing at the St. Paul Service Center:*

Fax: 651-227-7533  
Email: girlscouts@girlscoutsrv.org  
Mail: 400 S. Robert St.  
St. Paul, MN 55107

**Housing and Bathrooms**

If attending an Adult & Me Camp, moms/gals and girls will be housed with other participants in the same space. Dads/pals and girls will be housed with other dads/pals and girls in the same space. During Dad/pal and girl events, restrooms will become unisex.

If attending a resident camp (one not labeled as “Troop Camp”) with your troop, we typically do not house more than four girls from the same troop together to encourage friendships among all campers. If a troop requests to be housed together, they may be divided among cabins, depending on troop size.

Please note that accommodations may change up to the day of the event and cannot be guaranteed. If it is necessary for you to have a certain type of housing due to medical or other needs, please contact the camp director one month prior to attending camp.

Bathroom and shower facilities are located throughout the camp. Some housing requires an outdoor walk to the nearest location—remember to pack a flashlight. We strive to have girls shower at least every other day. Please help teach younger campers to shower or wash their own hair prior to arrival camp.
Camp Store/Trading Post
Camp Elk River has a store or “trading post,” and all campers will get to shop during their stay at camp.

Items at the trading post may include camp T-shirts, stuffed animals, stationary, stamps, camp patches, and postcards. Prices range from $1.25 to $35.

Campers in resident camp programs deposit their money in a personal camp account during check-in (to prevent it from being lost) to be used throughout the session, and the balance is returned on checkout day. We accept cash, cookie credits, credit cards, and checks.

The trading post will be open on the first day of each session, so you will be able to shop and deposit money into her account.

Health and Safety

Special Needs, Medications, and Food
Parent/Guardians are responsible for their camper’s health forms and medications during Adult & Me camps. Medications should be kept by the adult in a secure manner. Adults are responsible for giving the medication to the girls as needed.

For resident camp all health forms and medications (over the counter and prescription) will be turned into the health director.

If your camper has specific health needs (e.g. injections, specialized equipment, dietary concerns beyond vegetarian), contact the camp director one month prior to your camper’s attendance.

Pack medication containers in a plastic zip bag with the camper’s name printed in permanent ink on the bag. All medications and supplements must be in the ORIGINAL container with the camper’s name, doctor’s name, dosage, and any instructions clearly stated.

The health supervisor will keep medications, vitamins, ointments, etc. in the health center during resident camp. On trips, we will send medications, etc. with staff. Inhalers, Epi Pens, and other necessary items will be kept with each camper as determined with the health supervisor and information on the health history form.

We have a supply of commonly used over-the-counter medications, so it is not necessary to send those to camp. See the list of items on the second page of the Resident Camp Health History Form.

Illnesses and Communicable Diseases
Do not send your camper to camp if she has been exposed to a communicable disease or if she is ill. Any child with a communicable disease will need to leave camp. We will make every effort to reschedule your girl in a different session, but no refunds will be issued if a camper goes home due to illness.
**Emergency Contacts**

All designated emergency contacts should be available while your camper is at camp. Camp staff may call you for the following:

- Homesickness of your camper that is getting worse, not better.
- Inappropriate conduct by your camper while at Girl Scout Camp.
- Illness or injury to your camper for an extended period of time, requires medical attention outside of camp, or requires her to be picked up by the parent/guardian.

**Water Safety**

All campers participate in a swimming skills assessment as one of the first activities at camp. This ensures your camper is safe and ready for swim time. Campers will be assigned to swim areas according to their swimming ability. If campers are not comfortable in the water at all or in taking the swim skill assessment, please alert the staff when dropping off your camper.

Everyone is required to wear a life jacket in all boats, regardless of swimming ability. All aquatic activities are supervised by certified lifeguards.

**Weather and Emergencies**

A Girl Scout is always prepared, and that includes at camp. During training, staff will learn and practice emergency weather procedures and emergency action plans. Each opening day, campers also learn the information and will have practice drills during their time at camp. If the weather is unusually hot or cold, activities are changed to keep campers safe.

Weather alert radios are monitored, and there are designated storm shelters for each camp. Please remember, during weather alerts, phone lines need to remain open to contact different parts of camp or emergency services; please do not call during severe weather.

**Contact Your Camper**

**Send Mail to Your Camper**

Everyone loves to get mail at camp! Please write to your camper frequently during her stay. Happy mail (not worrisome news or information on what she is missing out on) is the best type of mail to send.

Please do not send food to your camper as it attracts bugs and other critters. If a camper receives food, it will be kept in the kitchen until departure.

**Mail should be addressed as follows:**

[CAMPER NAME]
Camp Elk River
10775 237th Avenue
Zimmerman, MN 55398

On arrival day, there will be a mail station where you can drop off letters for the week or to write a note or two to your camper.
**Camp Care Packages**

Whether it’s her first or tenth time at camp, nothing is quite as comforting as getting a camp care package on her first night away. Order one of our care packages today and it will be delivered to your camper the first night she is at camp. You can find a Camp Care Package order form on our website or on the last page of this packet.

**Bunk Notes Using Bunk1.com**

Bunk1 provides a secure, easy way to send notes to your camper. Learn more about Bunk1 and how to use this service at [Bunk1.com](http://Bunk1.com) or visit [Camp.GirlScoutsrv.org/contact-your-camper](http://Camp.GirlScoutsrv.org/contact-your-camper).

**Packing Lists**

Work with your camper to ensure everything gets packed and she knows what she has. As you pack, label everything with your camper’s first and last name. Remember that camp is rustic – think dirt, dust, and humidity. Please pack old clothes and shoes, as they will get dirty. We do not have laundry facilities available for camper use. Please ensure you pack enough for your camper’s entire stay.

**Lost and Found**

Camp Elk River and Girl Scouts River Valleys are not responsible for loss, theft or damage to personal belongings, money, or items left at camp. Lost and found items will be kept at camp for one month. Any items not claimed by that time will be donated. Please contact the camp director if you have forgotten something at camp.

**What NOT to Pack**

**Do NOT bring:**

- Weapons
- Pets
- Tobacco
- Alcohol
- Candy, food, or beverages
- Personal sports equipment (unless approved by the camp director)
- Electronic devices

**Additional Notes on Electronic Devices**

- Cell phones, iPods, tablets, and game devices will be confiscated if brought to camp, and will be kept in the camp office until departure day.
- eReaders, such as Nooks and Kindles, may be brought for reading, but they will be confiscated if seen being used for playing games or using the internet.
Packing Lists for Overnight Summer Camp

**Clothing and Equipment**
- Underwear (enough for each day plus at least one extra)
- Socks (enough for each day plus at least one extra)
- T-shirts or tops (one for each day)
- Two sweatshirts or warm tops
- Raincoat or poncho
- Shorts
- Long pants (yoga, sweats, jeans)
- Towels (for swimming and showers)
- Washcloth + hand towel
- Day/Backpack (for carrying items around camp)
- Swimsuit
- Pajamas (one pair)
- Sleeping bag or sheets and blankets
- Pillow and pillowcase
- Flashlight with extra batteries
- Water bottle
- Shower shoes or flip-flops
- Sturdy walking shoes that are closed-toed

**Toiletries**
- Soap
- Insect repellent
- Sanitary napkins or tampons
- Lip balm or chapstick
- Toothpaste and toothbrush
- Comb or brush
- Sunscreen (SPF 15 or higher)
- Medications (see p.6)
- Bandana or hat
- Shampoo and conditioner

**Optional Items**
- Facial tissue
- Notebook/journal and pencil/pen
- Books to read
- Sunglasses
- Lotion
- Deodorant
- Camera
- Stationary or postcards and stamps
- Stuffed animal or other comfort item
- Camp store money
- Something to tie-die. A t-shirt can be purchased in the trading post or bring something from home like socks, bandanas, or t-shirts

**For Returning 6, 13, and 21-day Resident Campers**
- Lanyard with Honor Pins
- Honor Card

*If you previously attended a 6, 13, or 21-day resident camp last summer, you would have received a lanyard along with honor pins and a card.*
**Additional Gear for Horse Camp**

In addition to the items listed on the packing lists, please bring the following items if attending a horse camp:

- Rain gear, pants and jacket (no ponchos).
- Long pants for riding to prevent pinching between saddle and legs (thicker materials like denim works best—no sweatpants or soft/velvety pants).
- Boots or sturdy tennis shoes.
- Cowboy boots do work best. Make sure boots have a one-inch heel, but no more than two inches.
- Not suitable for horse camps: "Ugg"-style boots, rain boots, Converse-style shoes, dress boots, and any type of sandals.
- We have a limited selection of boots for girls to borrow if they do not have their own, and we are always looking for new boot donations to add to our collection.

**Camp Forms**

Bring all forms with your girl to camp. Any forms sent ahead of time will be returned. Girls will not be able to stay at camp without required forms in hand.

<table>
<thead>
<tr>
<th>Form Name</th>
<th>Required for Camps lasting 4 or more days</th>
<th>Required for Adult &amp; Me/Day Camps</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camper Information Form</td>
<td></td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>Resident Camp Health History Form (2-page form)</td>
<td></td>
<td>√</td>
<td>Attach a copy of your/her insurance card</td>
</tr>
<tr>
<td>Resident Camp Physical Exam Form</td>
<td>Required for those with health issues or issues that require continuous or specialist care.</td>
<td></td>
<td>Call the camp director at least one month in advance to discuss any specialized care that will be needed at camp.</td>
</tr>
<tr>
<td>Health History Form (1 page form)</td>
<td></td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>Camp Code of Conduct</td>
<td></td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>Camp Care Package Order Form</td>
<td></td>
<td></td>
<td>Order gifts for your camper during her stay.</td>
</tr>
</tbody>
</table>
CAMPER INFORMATION FORM

Please bring this form to camp on opening day or to the bus stop.

To be completed by parent/guardian.

This information is used by camp to ensure that we provide an excellent experience for your camper. All information on this form is shared only with appropriate staff members (your camper’s counselor, the health care staff, etc.) Having information from you about how your camper reacts to certain situations or whenever she has a recent life-changing or stressful event, allows us to be more sensitive to her needs. If you have any concerns about this information or would like to discuss, please feel free to contact the camp director.

Camper’s Name: ___________________________ Date of Birth: _______________ Age at Camp: __________

Preferred gender pronouns (please circle one): She/Her/Hers  He/Him/His  They/Them/Theirs  Prefer not to say

Camp attending:  □ Camp Elk River  □ Camp Lakamaga  □ Camp Northwoods  □ Camp Singing Hills  □ Day Camp

Program attending and dates: ______________________________________________________

Has your camper ever stayed away from home overnight (relative or friends)?  YES  NO

Has she ever been homesick?  YES  NO

If she becomes homesick at camp, what might our staff do to help with this?________________________________________

What chores is your camper responsible for at home?____________________________________

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

If these fears arise at camp, how can her counselor best support her?________________________

Is your camper able to take care of her own personal needs such as picking out her clothes, hair care, showering on her own, getting to sleep on her own? If not, what kind of help does she need from staff?

____________________________________________________________________________________

What is your camper looking forward to at camp?__________________________________________

Does your camper wet her bed, talk or walk in her sleep?  YES  NO

If yes, how are these issues managed?____________________________________________________

Has your camper begun menstration?  YES  NO

If no, what information has she been given?______________________________________________

Is there any other information that will be helpful in providing the best possible experience at camp?

____________________________________________________________________________________
**RESIDENT CAMP HEALTH HISTORY FORM**

Please print clearly in ink.

<table>
<thead>
<tr>
<th>□ Girl Member  □ Adult Member</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Troop #: or Individual</th>
<th>Service Unit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td>Middle Name:</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>Apt:</td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Phone: ( )</td>
<td>Email:</td>
</tr>
</tbody>
</table>

Parent/Guardian(s) name and address if different from girl's (complete for girl form only):
1. Phone: ( )
   Cell: ( )

Parent/Guardian(s) name and address if different from girl's (complete for girl form only):
2. Phone: ( )
   Cell: ( )

Custodial Care Information: □ Both parents □ One parent (specify):__________ □ Other:__________

Name of Family Physician: Phone: ( )

Family Medical/Hospital Insurance Carrier: Policy or Group No.: **Please attach a photo copy of your health insurance card (front and back)**

Family Dental Insurance Carrier: Policy or Group No.:

Health Information: Age: ______ Date of Birth:__________

Immunization Record: Please give all dates of immunizations

<table>
<thead>
<tr>
<th>Vaccine:</th>
<th>Dates: Mo/Yr. Mo/Yr. Mo/Yr. Mo/Yr. Mo/Yr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td></td>
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<tr>
<td>Chicken Pox</td>
<td></td>
</tr>
<tr>
<td>German Measles</td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
</tr>
<tr>
<td>Hepatitis A</td>
<td></td>
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<tr>
<td>Hepatitis B</td>
<td></td>
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<tr>
<td>Hepatitis C</td>
<td></td>
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<tr>
<td>DTP</td>
<td></td>
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<tr>
<td>TD (Tetanus/Diphtheria)</td>
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<tr>
<td>Tetanus</td>
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<tr>
<td>Polio</td>
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<td>MMR</td>
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<tr>
<td>or Measles</td>
<td></td>
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<tr>
<td>or Mumps</td>
<td></td>
</tr>
<tr>
<td>or Rubella</td>
<td></td>
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<tr>
<td>Haemophilus Influenza B</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
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<tr>
<td>Varicella (chicken pox)</td>
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</tbody>
</table>

Date of last health examination:______________ Where there any medical problems at the time?

Does the camper have any physical, mental, or psychological conditions requiring medication, treatment, or other special restrictions or considerations? □ YES □ NO

If yes, please state restriction/consideration and reason:__________________________________________
Does the camper take any prescribed medications or over-the-counter drugs on a regular basis? □ YES □ NO

*Fill in the table for any prescription or over-the-counter medications the camper will be bringing to camp.*

**All prescription must be in their original container**

<table>
<thead>
<tr>
<th>Medication and Dose</th>
<th>Reason for Medication</th>
<th>Please CIRCLE the time of day the camper takes her meds</th>
<th>Prescription or over-the-counter?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Breakfast Lunch Dinner Bedtime Other</td>
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<td></td>
<td>Breakfast Lunch Dinner Bedtime Other</td>
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<tr>
<td></td>
<td></td>
<td>Breakfast Lunch Dinner Bedtime Other</td>
<td></td>
</tr>
</tbody>
</table>

* Please note, we can only administer prescription medication according to directions on the label, unless we have a signed doctor's note.

**Over-the-Counter Medications**

Check all items that we may give your camper if she should need medication while at camp. All medications are given based on your individual child's weight or age as listed in the instructions.

- □ Acetaminophen (such as Tylenol or other non-aspirin pain reliever)
- □ Ibuprofen (Motrin, Advil)
- □ Throat Lozenges
- □ Antihistamine (such as Benadryl)
- □ Antibiotic Ointment (such as polysporin or Neosporin)
- □ Antacid (Tums)

□ Hydrocortisone Cream  □ Bug Spray (contains DEET)
□ Antifungal Ointment or Spray (for athlete's foot)
□ Sunscreen (spf 30 max)
□ Calamine, Caladryl, or other anti-itch lotion

Comments:

Is the camper restricted or limited from participating in any physical activity? □ YES □ NO

If yes, please explain: 

Please provide a record of past medical treatment, if any, including injuries or surgeries:

The camper has the following health conditions/allergies:
- □ ADHD  □ Asthma  □ Diabetes  □ Headaches  □ Seizures  □ Other:
- □ Allergies (specify):
- □ Anaphylaxis? □ YES □ NO

The camper has the following dietary restrictions:
- □ Lactose  □ Vegetarian  □ Gluten-Free  □ Peanut/Tree Nut  □ Other:

Emergency Contact (non-parent):

| Relationship | Phone: ( ) | Cell: ( ) |

**Parent/Guardian Authorization**

This health form is complete and accurate. I know of no reason(s), other than the information indicated on this form, why my daughter/girl should not participate in the prescribed activities, including field trips, except as noted. In the event that my girl needs medical attention while participating in Girl Scout activities, I authorize the adult in charge to see that my girl receives routine health care, medications, reasonable first aid, and to transport my girl to a health care facility for emergency services as needed. I give permission to take photographs/videos of my camper for publicity purposes.

Signature of parent/guardian: ___________________________ Date: ___________________________

**Adult Member Authorization**

This health history is complete and accurate. I am able to engage in all prescribed activities except as noted. I give permission for photographs/videos to be taken for publicity purposes.

Signature of adult member: ___________________________ Date: ___________________________
RESIDENT CAMP PHYSICAL EXAM FORM
Please bring this form to camp on opening day or to the bus stop—do not mail ahead of time.
Call the camp director to discuss ahead of time if needed.

**Important:** This form is only necessary in certain cases. Please complete this form if your camper has ongoing or health issues that require specialized or continuous care. **PLEASE NOTE:** Minnesota Youth Camp Rules state that if the health form identifies health problems (such as asthma or other respiratory disorders, allergies, blood disorders like hemophilia, or any chronic illnesses like cancer) or activity limitations, a physical examination performed by a licensed physician within one year before admission to the camp—including instructions relative to the limitation of the camper's participation in camp activities/medication requirements—is necessary.

<table>
<thead>
<tr>
<th>Camper's Name:</th>
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</tbody>
</table>

I examined this individual on: (Exam must be within 12 months of camp attendance)

<table>
<thead>
<tr>
<th>Height:</th>
<th>Weight:</th>
<th>Respiration:</th>
<th>Temperature:</th>
<th>Pulse:</th>
<th>BP:</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

This camper is under the care of a physician for the following:

Current treatment (including current medications):

Any treatment to be continued at camp:

Medications which this camper will bring and take while at camp (provide medical order for administration):

Any allergies (food, drugs, plants, insects, etc.) including treatment for allergic response:

Recommendations and restrictions of any activities while at camp:

Signature of medical personnel: Date:

Printed name of medical personnel: Title:

Street Address: City: State: Zip:

Phone: (
Camp Code of Conduct

At our Girl Scouts River Valleys summer camp program, we want to make sure everyone has a safe and fun experience. Our Camper Code of Conduct is based on the Girl Scout Promise and Law, and is our guide for behavior at all Girl Scout activities and camps (including transportation and bus stops). Parents/guardians and girl participant, please read, discuss, and sign together, and then bring the form to camp to be handed in at check-in.

**Girl Scout Promise**

*On my honor, I will try:*

- To serve God and my country,
- To help people at all times,
- And to live by the Girl Scout Law.

**Girl Scout Law**

*I will do my best to be*

- honest and fair,
- friendly and helpful,
- considerate and caring,
- courageous and strong,
- and responsible for what I say and do,

*I will do my best to be*

- respect myself and others,
- respect authority,
- use resources wisely,
- make the world a better place, and
- be a sister to every Girl Scout.

The following is expected of every Girl Scout:

- I will follow the rules that are made to protect others and myself and to help make sure camp activities are safe, fun, and successful.
- I will treat other people myself, property, and equipment with respect.
- I will be considerate of the feelings of others.
- I will be respectful of the camp staff. I will not argue with staff or call them names. I will ask questions calmly and if I am disappointed I will express my opinion in a respectful manner using appropriate language.
- I will not bully or abuse (hit, slap, spit, or any other unwanted touch) my sister Girl Scouts. I understand that violence will not be tolerated and my parents will be notified as well as the parents of any girls involved.
- I will remember that others have ideas and thoughts, which may be different from mine, and that their ideas and thoughts are just as important as mine. I will not make fun of the ideas and thoughts of others. I will try not to offend anyone else with my thoughts and ideas.

Failure to follow our Code of Conduct will result in the following corrective action:

- **First Offense:** Review of the Girl Scout Law/Promise, camp rules/policies as appropriate and an apology, if needed.
- **Second Offense:** Review of the Girl Scout Law/Promise, camp rules/policies as appropriate, an apology (if needed), and parent will be told of behavior.
- **Third Offense:** Review of the Girl Scout Law/Promise, camp rules/policies as appropriate with parent and child. A discussion will be held between parent, child and camp director regarding expectations for the rest of the session.
- **Fourth Offense:** A discussion will be held between parent and camp director regarding camper leaving camp without the option of a refund.

Camper Name: ___________________________________________ Camper Session: _____________________________

Camper Signature: ___________________________________________ Date: _____________________________

Parent/Guardian Signature: ___________________________________________ Date: _____________________________
2019 CAMP CARE PACKAGE ORDER FORM

Quantities are limited, so order early! Orders must be received at least one week prior to the camp session. Find more Girl Scouts River Valleys items at gsrv.gs/GSRVStore.

Mail completed form with payment to:
Girl Scout Shop–Saint Paul Service Center
400 Robert Street South
St. Paul, MN 55107
Fax credit card orders to: 651-227-7533

**Adventurer Care Package ($25)**
- Seek Adventure wide-mouth water bottle
- Seek Adventure water bottle sticker
- Seek Adventure tooby bandana
- Seek Adventure sunglasses
- Seek Adventure zipper pouch made of wetsuit material

**Voyager Care Package ($35)**
- Seek Adventure backpack
- Seek Adventure whisper lantern (a simple puff of breath turns it off & on)
- Seek Adventure journal
- Multi-color pen
- Plush owl
- Seek Adventure fun patch
- Glow in the dark Nee-Doh

**Camp T-shirt (red rock colored)**
Available in youth sizes S–L and adult sizes S–3XL.

Questions?
Contact the Girl Scout Shop–Saint Paul Service Center
651-251-1203 or 800-845-0787 ext. 1203
Email us at spshop@girlscoutsrv.org
Do not email credit card info.

Complete the message card below, which will be included with your camper’s care package.

Camper’s Full Name: ____________________________
Session Name and Date: ____________________________
Message: ________________________________________

Select Camp Care Package:

- Adventurer $26.98
- Voyager $37.17

Select desired camp:
- Camp Singing Hills
- Camp Lakamaga
- Camp Elk River
- Camp Northwoods

Add a camp t-shirt: $13 / $11 with Camp Care Package
Select your size to add:
- YS
- YM
- YL
- AS
- AM
- AL
- AXL
- 2XL
- 3XL

Camp Care Package $ ____________
Camp T-shirt $ ____________
Total $ ____________

Parent/Guardian Name: ____________________________________________
Camper Name: ____________________________________________
Troop #: ____________________________________________
Address: ________________________________________________________
City/State/Zip: __________________________________________________
Day Phone Number: ____________________________________________
Email Address: ________________________________________________

Payment Information

Method of payment:
- [ ] Cash
- [ ] Cookie Credits
- [ ] Check (payable to River Valleys)
- [ ] Credit card
  - Visa/MC/DC/AMEX

Card holder’s Name (as it appears on card)
__________________________________________________________
Cardholder’s Signature
__________________________________________________________
Credit Card Number
__________________________________________________________
Exp. Date (MM/YY)