

**Your girl is invited to join us for the 36th annual**



# **CAMP SUNSHINE**

## **A FREE DAY CAMP**

for girls entering 2nd-5th grades in Fall 2024

**June 3rd - June 7th**

**9:00 am - 3:00 pm**

**\*\*Friday, June 7th pick up will be at 4:30pm\*\***

Camp Sunshine will take place on the Montgomery Academy lower campus,  
1550 Perry Hill Road, Montgomery, AL 36106.

Girls will need to be dropped off daily  
no earlier than 8:30 a.m. and be picked up no later than 3:15 p.m. daily.

### **What is Camp Sunshine?**

Camp Sunshine is sponsored by Girl Scouts of Southern Alabama and other community partners to offer girls a safe, fun-filled week of activities at no cost. Girls do not currently have to be a Girl Scout to be eligible to participate--all girls are welcome! Daily activities combine day trips, STEM activities, and educational presentations. Girls will be led all week by trained staff and volunteers, including a volunteer nurse.

### **What will my girl do?**

Each day will be packed with educational and fun, interactive games, activities, crafts, dancing, singing, and just overall fun! Each day your girl will be provided with two snacks and lunch. On Friday, June 7th girls will spend a day at Girl Scout Kamp Kiwanis on Lake Martin. They will enjoy a day of water activities, archery, arts, and crafts, and so much more!

**Please complete the enclosed application  
NO LATER THAN May 6**

Email: [customercare@girlscoutssa.org](mailto:customercare@girlscoutssa.org)

Mail/Drop Off: 2501 Bell Road, Montgomery, AL 36117

Camp reservations are on a first come, first served basis, and is limited to a maximum of 65 girls.



Monday, June 3 – Friday, June 7, 2024

Camp Sunshine for Girls is for campers entering 2<sup>nd</sup> – 5<sup>th</sup> grade in the fall of 2024. Applications are accepted on a first come, first-served basis for a maximum of 65 girls. For questions, please call 334-272-9164 or email [customer-care@girlscoutssa.org](mailto:customer-care@girlscoutssa.org).

**Applications are due to Girl Scouts of Southern Alabama by Monday, May 6, 2024.** Please complete this form and submit it by email to [customer-care@girlscoutssa.org](mailto:customer-care@girlscoutssa.org) or mail to Girl Scouts of Southern Alabama, 2501 Bell Road, Montgomery, AL 36117.

**CAMPER INFORMATION**

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Email address \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Have you attended Camp Sunshine before? \_\_\_ Yes \_\_\_ No  
T-shirt size \_\_\_ Youth Small \_\_\_ Youth Medium \_\_\_ Youth Large  
                  \_\_\_ Adult Small \_\_\_ Adult Medium \_\_\_ Adult Large \_\_\_ Adult Xlarge  
Shoe Size \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

An emergency contact is necessary if the parent/guardian listed above cannot be reached. A camper’s emergency contact **may not be** the parent/guardian listed above.

Emergency Contact Name \_\_\_\_\_ Email Address \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Relationship to Camper \_\_\_\_\_

**APPLICATION WILL NOT BE ACCEPTED WITHOUT PARENT/GUARDIAN SIGNATURE, EMERGENCY CONTACT INFORMATION AND A COMPLETE HEALTH HISTORY RECORD!**

**I GIVE MY CHILD PERMISSION TO:**

- Attend Camp Sunshine for Girls on Monday, June 3 through Friday, June 7, 2024.
- Participate in all camp activities, including supervised swimming, ziplining, and boating at Kamp Kiwanis.
- Appear in photographs to promote Girl Scout programs.
- If needed, receive emergency medical treatment.
- I understand and agree that my camper will become a registered member of the Girl Scouts of the USA by virtue of her participation in Camp Sunshine for Girls 2024.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

*Please complete the opposite side.*

## CAMPER HEALTH HISTORY RECORD

Physician/Medical Practice Name \_\_\_\_\_ Email Address \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_  
Phone Number \_\_\_\_\_

My camper has a history of the following medical conditions: (check all that apply)

\_\_\_\_\_ Fainting \_\_\_\_\_ Diabetes \_\_\_\_\_ Heart Disease \_\_\_\_\_ Asthma \_\_\_\_\_ Hay Fever

Please specify any allergies (food, bees, medicine, etc.):  
\_\_\_\_\_

Is your camper currently under medical care? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, Please Explain:  
\_\_\_\_\_

Please list any previous operations or serious injuries and dates:  
\_\_\_\_\_

Does your camper have any additional medical issues we need to be aware of?  
\_\_\_\_\_

Has your camper received all vaccinations required for school? \_\_\_\_\_ Yes \_\_\_\_\_ No

**PARENT/GUARDIAN AUTHORIZATION:** This health history is correct as far as I know, and my camper has permission to engage in all Girl Scout activities, except those listed by me. If I cannot be reached in an emergency, I give permission to a doctor to provide the proper medical treatment and to admit my camper to a hospital if necessary.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### CONSENT TO ADMINISTER MEDICATION FORM

If your camper will require medication to be administered at any time during Camp Sunshine, please complete the following:

**Please send your child's medications in their original container, placed inside a zip-lock bag each day.**

All medications will be administered by the camp nurse. The camp nurse will return medications to your camper at the end of each day for the camper to bring home.

I, \_\_\_\_\_ give the Camp Sunshine nurse(s) permission to administer medication  
(Name of Parent/Guardian)  
to my camper \_\_\_\_\_ during the week of Monday, June 3 – Friday, June 7, 2024.  
(Name of Camper)

#### **Medications/Dosage/Frequency:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_\_\_  
Name of Parent/Guardian (Print) Phone Number (s)

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