



**Monday, June 2 – Friday, June 6, 2025**

Camp Sunshine for Girls is for campers entering 2<sup>nd</sup> – 5<sup>th</sup> grade in the fall of 2025. Applications are accepted on a first-come, first-served basis for a maximum of 75 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 12, 2025.** 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 XL

Shoe Size \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

An emergency contact is necessary in the event that 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 2, through Friday, June 6, 2025.
- 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 2025.

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

*Please complete the opposite side.*

**CAMPER HEALTH HISTORY RECORD**

Physician/Medical Practice Name \_\_\_\_\_ Phone Number \_\_\_\_\_

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

\_\_\_\_\_ Fainting \_\_\_\_\_ Diabetes \_\_\_\_\_ Asthma \_\_\_\_\_ Hay Fever

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

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

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. In the event that I cannot be reached in an emergency, I give permission to the Camp Sunshine nurse or a Doctor to provide the proper medical treatment and to admit my camper to a hospital if necessary.

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

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**CONSENT TO ADMINISTER MEDICATION FORM (only complete if necessary)**

*If your camper will require medication to be administered at Camp Sunshine during the hours of 9 a.m.-3 p.m., 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 2 – Friday, June 6, 2025.  
(Name of Camper)

**Medications/Dosage/Frequency:**

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

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

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