

# He and Me

## Event Details and Information Packet



### **PLEASE READ THIS PACKET THOROUGHLY!**

It includes everything you need to know before you come to your camping weekend.  
The more prepared you are, the more fun you and your camper will have.

**September 20-22, 2019**

**Camp Winacka**

For questions about the program, meals, lodging, special accommodations, concerns,  
etc.

Contact Sam Brasted

[campdirector@sdgirlscouts.org](mailto:campdirector@sdgirlscouts.org)

(619) 610-0818

For questions about registration, payment or any registration changes

Jennifer Ferrer

[camp@sdgirlscouts.org](mailto:camp@sdgirlscouts.org)

(619) 610-0821

# HE AND ME POLICIES AND PROCEDURES

## Arrival/Departure

- Plan to arrive at camp at 7 p.m. on Friday night. Please back your vehicles into designated parking spaces. **Check in at Geico Welcome Center as soon as you arrive on property** to receive your schedule and cabin assignments.
- A mandatory orientation meeting for all girls and adults will take place at 7:45 p.m. Friday evening.
- All activities will end by 11 a.m. on Sunday. There is no lunch provided on Sunday.

## Sleeping Arrangements

- Girls will be sleeping in cabins with a female camp staff member (camp counselor) next to cabins where Hes will be sleeping.
- Camp counselors are well trained, 18+, background checked, CPR and First Aid certified.
- Hes will not be allowed in Shes' cabins, and Shes will not be allowed in Hes' cabins.
- You and your campers will be sleeping on bunk beds with mattresses.
- The cabins are screened in open air cabins without electricity. You will have access to flush toilets and warm showers in a central building. Each central building with restrooms and showers does have lighting and electricity.

## Important Program Info

- The program is designed to allow for free exploration by He and Me pairs, as well as lots of program options. During free time, some choose to hang out and play games in the lodge, or venture out on a hike. This time is your own.
- S.W.A.P.S. are optional at every weekend. An internet search can help you find ideas and define the concept. We recommend each girl make 10-15 each.
- Girl Scouts are expected to leave a place better than they found it, therefore everyone will be expected to help with clean-up and kapers (chores).
- You have the opportunity to perform a skit or song during campfire on Saturday. You are encouraged to get together with others at the weekend and perform together. Ask the staff if you need suggestions.
- Please remember this weekend is for the girls and your enthusiasm and positive attitude will go a long way.

## Training & Safety Standards

- You must bring a health history for each child attending, as well as health histories for all adults. You can bring a COPY of the Girl Health History filed with your troop leader, or use the forms at the end of this packet.
- You are responsible for all property guidelines as identified in *Property Resource Guide*.

# HE AND ME POLICIES AND PROCEDURES (Cont.)

## Participants & Payment

- Only the number of pre-registered girls and adults may attend the weekend. All girls and adults must be registered Girl Scouts. Adults may not be substituted for cancelling girls, and vice versa.
- Cancellation Policy: Refund and transfer requests must be submitted in writing prior to the registration deadline listed on the activity. No refunds or transfers will be issued after the registration deadline has passed unless the event is cancelled by council staff.
- Please call or e-mail immediately when you have a cancellation at any time, before or after funds due date. Exact numbers effect cabin placement, meals, supply ordering and much more.

## Communication

- Please do not expect to receive phone calls at camp. The camp office landline phones are for emergencies only.
- Cell phone coverage is inconsistent at camp, and not to be used in front of campers. You may provide parents with the Winacka office line (760) 765-0600 **for emergencies only**.

## WHAT WILL WE DO?

The following is a sample schedule. Schedule is subject to change at any time. For Saturday activities, troops typically rotate through Arts and Crafts, Teambuilding, Nature and Outdoor Skills sessions.

<b>Friday</b>	
6:30-7:30 p.m.	Check-In & Move In
8 p.m.	Orientation/Snack
10 p.m.	Lights Out

<b>Saturday</b>	
7 a.m.	Wake Up
7:50 a.m.	Flag
8 a.m.	Breakfast
9:30 a.m.	Activity #1
10:45 a.m.	Activity #2
12:00 p.m.	Lunch and Free Time
2:30 p.m.	Activity #3
3:45 p.m.	Activity #4
4:45 p.m.	Free Time
5:50 p.m.	Flag
6 p.m.	Dinner
7:30 p.m.	Campfire
8:45 p.m.	Back to Cabins
10 p.m.	Lights Out

<b>Sunday</b>	
7 a.m.	Wake Up and Pack/Clean
8:50 a.m.	Flag
9:00 a.m.	Breakfast
10:00 a.m.	Scout's Own, Closing Flag and SWAPS
11 a.m.	Final Goodbyes and Departure

## WHAT SHOULD WE BRING?

What you tell each camper to bring should be based on the anticipated weather. Our preferred weather source is the National Oceanic and Atmospheric Administration. You can check the weather at their website [www.noaa.gov](http://www.noaa.gov). When in doubt, plan for colder than you anticipate. It's a lot easier to find an extra T-shirt than it is to find an extra rain jacket.

### Each Camper and Adult should bring:

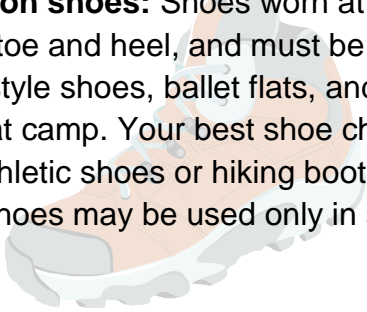
#### In overnight bag:

- 2-3 T-shirts
- 2 long sleeve shirts
- 2 pairs of pants
- 3 pairs of socks and underwear
- 1 sweatshirt
- hat and gloves (for evenings)
- 1 pair of pajamas
- 1 warm jacket (waterproof is best)
- 2 pairs of closed-toe sturdy shoes
- towel, washcloth, soap and personal toiletries
- sleeping bag & pillow

#### In daypack, to be kept with you at all times:

- water bottle
- insect repellent, hand lotion, chapstick, sunscreen
- poncho or plastic garbage bag for rain
- flashlight and extra batteries
- camera and film (*optional*)

**A note on shoes:** Shoes worn at camp must be closed-toe and heel, and must be worn with socks. Crocs-style shoes, ballet flats, and Uggs are not useful at camp. Your best shoe choice will be well-worn athletic shoes or hiking boots. Flip flops or water shoes may be used only in shower area.



### Group Items (The adult should gather the following items):

- Copies of Health histories (for all girls and adults)
  - Health histories for girls should already be filled out and kept at your troop meeting place. If you don't already have these use the blank form at the end of this packet.
  - Release of Liability forms (for all adults and girls 6<sup>th</sup> grade or older) – these are required for participation at the high ropes course.
- Medications (if applicable), in original packaging/prescription bottle

#### Please do not bring:

iPods, MP3 players, other electronics  
Electrical appliances (except for medical reasons)  
Expensive clothes, sports equipment, etc.  
Anything prohibited by *Safety Activity Checkpoints*.

#### What about cell phones?

Campers may not bring cellular phones. Adults may bring cell phones, but they may not be used around the campers. Adults will be asked to “unplug” for the weekend and set a good example for the girls.


# Where do we go?

## To reach Camp Winacka:

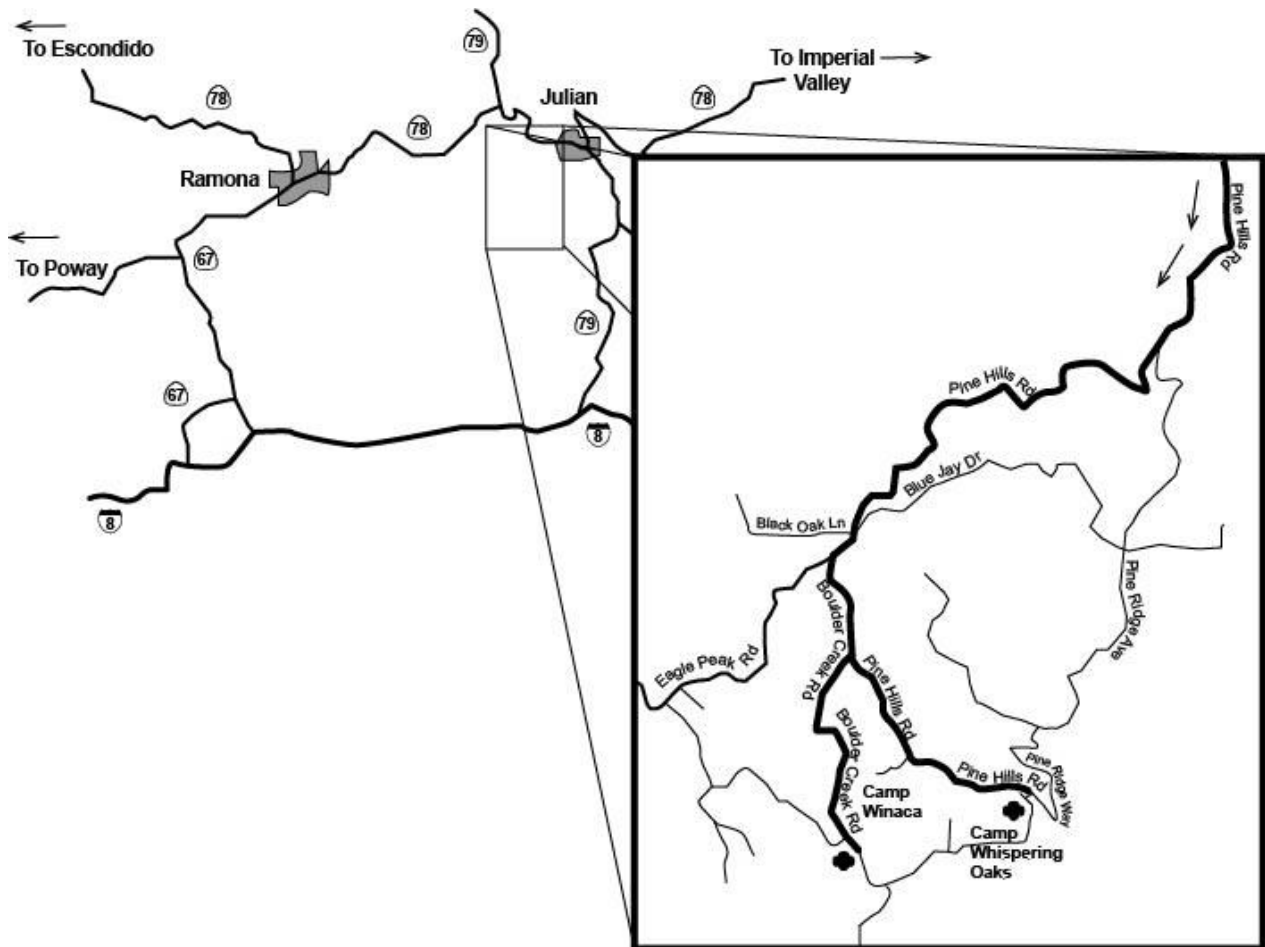
From highway 78/79 take **PINE HILLS RD.** (which is 1 mile west of Julian) Drive 1½ miles; turn **RIGHT** on **EAGLE PEAK RD.** Follow **EAGLE PEAK RD** 1½ miles to the junction with **BOULDER CREEK RD.** Bear **RIGHT** on **BOULDER CREEK RD.** Continue ½ mile to the entrance to Camp Winacka on the right.

Address: 4720 Boulder Creek Rd, Julian, CA (note: GPS directions are often incorrect)

### #1 Tip for driving to camp:

When you turn off the 78/79 highway, **SLOW DOWN!** At each intersection there will be a small green sign with this image:  or "Winacka."

If you *drive slowly* and *keep a look out*, these will guide you to Camp Winacka.



Internet mapping software and in-car navigation systems often give incorrect or incomplete directions to camp, and send vans full of campers and their adults on harrowing off-road adventures. For your own sake, please use our map and directions to camp! It will take you about 90 minutes to reach camp from the greater San Diego area, accounting for traffic and appropriate speeds.

## WHAT NOW?

- Pay your balance (if any)
- Complete your health history forms.
- Complete the Participant Release of Liability forms for all girls **6<sup>th</sup> grade or older** and their adult(s). Collect these forms separately from your other paperwork, as council will keep these forms at the end of the weekend.
- Prepare with your camper for the weekend (cover what to bring, what your expectations are, what her expectations are, transportation and other trip details)
- Arrange to carpool with anyone you know who will also be attending. Parking is limited!
- Call or e-mail with questions (If you have them)
- Keep council updated with your projected attendance numbers, dietary needs, additional special needs or accommodations.
  - These details make a huge difference in a weekend, and your updates help us plan and be our best.



# Girl Health History and Annual Permission Form

October 1, 20\_\_ to September 30, 20\_\_

This form must be completed and signed by parents/guardians of all girls, at time of registration, and given to the troop leader only.

Please print

Information on this side is confidential and is only shared with those caring for the girl, such as a first aider.

Girl's name:	Phone: ( )	Name and phone of family physician: ( )
Family medical/hospital insurance carrier:	Policy or group no.	Name and phone of family dentist: ( )

Date of last health examination: \_\_\_\_\_ List any activities to be restricted: \_\_\_\_\_

Please note any health conditions or concerns to consider during activities or when providing care:

- Asthma       Bleeding/clotting disorders       Diabetes       Hearing impairment       Heart defect/disease       Seizures  
 Other (specify) \_\_\_\_\_       Other (specify) \_\_\_\_\_

Adaptive devices:

- Glasses/contact lenses       Hearing aids       Other (specify) \_\_\_\_\_

Allergies — please specify exposure risk (ingestion/inhalation/touch), reaction and treatment, as appropriate:

- Animals \_\_\_\_\_       Food \_\_\_\_\_  
 Hay fever/plants/pollen \_\_\_\_\_       Insect stings \_\_\_\_\_  
 Medicines/drugs \_\_\_\_\_       Other \_\_\_\_\_

Dietary needs — describe any practices to be followed: \_\_\_\_\_

Immunization history:

I affirm that my daughter/dependent has all immunizations required by California public schools (see [www.shotsforschools.org](http://www.shotsforschools.org)).

- Yes     No    Date of last Tetanus/DPT immunization: \_\_\_\_\_

Required or restricted medications:

- My daughter/dependent needs or may need any of the following medications, e.g., inhaler, epinephrine injector, insulin or specific accommodations during her activity participation with her troop or individually. (Write "None" if there are none.) \_\_\_\_\_
- I will provide the following medications for my daughter/dependent. I understand all medications must be in their original packaging and must have written instructions. Prescription medications must include physician instructions. (Write "None" if there are none.) \_\_\_\_\_
- Physicians, nurses, health professionals or first aiders *may not* administer the following medicines or treatments: (Write "None" if there are no restrictions.) \_\_\_\_\_

In case of sickness or accident, I/we give permission for medical attention and the administration of medication and treatment as prescribed by the girl's physician or as determined by an available physician, nurse, health professional or first aider.

I know of no reason, other than the information indicated on this form, why my daughter/dependent should not participate in prescribed activities except as noted. If I cannot be reached in the event of any emergency, the troop's leadership may act on my behalf by providing for emergency medical treatment and/or transportation.

Optional permission to give over-the-counter medications or protective products:					
I give permission to any first aider(s) to administer the following non-prescription medications to my daughter, according to package directions.					
Over-the Counter Medication	Permission	Initials	Over-the Counter Medication	Permission	Initials
Acetaminophen (such as Tylenol)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Neomycin (such as Neosporin)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ibuprofen (such as Advil)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Dimenhydrinate (such as Dramamine)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Calcium carbonate (such as Tums)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Sunscreen	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bismuth subsalicylate (such as Pepto Bismol)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Insect Repellent	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pseudoephedrine (such as Sudafed)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diphenhydramine (such as Benadryl)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_





# Adult Health History Record

(To be completed and signed by the adult—the information will be kept confidential.)

Name		Date of birth	
Address		City and Zip	
Daytime phone	Evening phone	Cell phone	
In emergency notify		Relationship	
Daytime phone	Evening phone	Cell phone	
Name of family physician		Phone	
Name of dentist		Phone	

**Note:** All registered Girl Scout members have accident insurance coverage.

### Chronic or Recurring Illnesses (check those that apply and give appropriate dates)

- Ear infection
- Bleeding/clotting disorders
- Hypertension
- Asthma
- Other (specify) \_\_\_\_\_
- Heart defect/disease
- Musculoskeletal disorders
- Seizures
- Diabetes

Date of last health examination: \_\_\_\_\_ Please note any complicating medical problems determined in last health examination: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is participant currently under the care of a physician, psychiatrist or psychologist?  Yes  No

<b>Since last health exam has participant had:</b>	<b>Yes</b>	<b>No</b>	Please explain any "yes" answers to these questions. Include dates.
A serious injury requiring medical attention?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any prescribed or over-the-counter medication?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Treatment in a hospital or emergency room?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any exposure to a contagious disease?	<input type="checkbox"/>	<input type="checkbox"/>	_____
An illness lasting more than five days?	<input type="checkbox"/>	<input type="checkbox"/>	_____
A surgical operation or fracture?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any restrictions concerning physical activities?	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Do you have any allergies?**  Yes  No

**If yes, what is the allergy?**  
\_\_\_\_\_

**What is the reaction?**  
\_\_\_\_\_

Other health conditions (check those that apply)

- Emotional disturbances
- Constipation
- Menstrual cramps
- Hearing impairment
- Nosebleeds
- Sleep disturbances
- Motion sickness
- Other \_\_\_\_\_
- Fainting
- Sickle cell trait/disease
- Special dietary regimen
- Wear glasses or contacts

### Immunization History

Are all immunizations current?  Yes  No

If not, explain:  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of last Tetanus \_\_\_\_\_

Do you smoke?  Yes  No

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 restricted.

\_\_\_\_\_

\_\_\_\_\_

This health history is correct and I am able to engage in all prescribed activities except as noted: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In case of emergency, if none of the above can be contacted, I consent to treatment for myself under the supervision of and as deemed advisable by a physician licensed under the Medicine Practice Act. This provides authority pursuant to Section 25.8 of the California Civil Code. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**PARTICIPANT RELEASE OF LIABILITY  
ASSUMPTION OF RISK AGREEMENT  
\*\*\*READ BEFORE SIGNING\*\*\***

**CHALLENGE COURSE PROGRAM**

Organization Name: **GIRL SCOUTS, SAN DIEGO-IMPERIAL COUNCIL, INC. ("GIRL SCOUTS SAN DIEGO")  
1231 Upas Street  
San Diego, CA 92103**

Participant Name: \_\_\_\_\_  
Print Name

In consideration of being allowed to participate in any way in the program, related events and activities, and use of equipment, I the undersigned, acknowledge, appreciate, and agree that:

1. I recognize that although the program has been carefully designed and will be operated by trained staff and volunteers, the risk of injury, disability or death from the activities cannot be totally eliminated. I understand that participation in this program is entirely **VOLUNTARY** and I have freely chosen to participate.

2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation.

3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS GIRL SCOUTS SAN DIEGO**, its officers, Board of Directors, officials, agents and/or employees, volunteers, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), from any and all claims, demands, losses, and liability arising out of or related to any **INJURY, DISABILITY OR DEATH** I may suffer, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

X \_\_\_\_\_  
Participant's Signature Age Date

**FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

X \_\_\_\_\_  
Parent/Guardian Signature Date Emergency Phone Number(s)

# See you there!

