



Cadette First Aid Badge Workshop

January 19, 2020

2:00—5:00 PM

GSCNC Camp TBD (Potomac or Brighton Woods)

As you get older, you'll find yourself in charge more and more. That means you need to know what to do if people around you get sick or hurt. Find out how to deal with minor injuries and illnesses and how to tell when the problem is more serious in this badge.

Steps

1. Understand how to care for younger children
2. Know how to use everything in a first aid kit
3. Find out how to prevent serious outdoor injuries
4. Know the signs of shock and how to treat it
5. Learn to prevent and treat injuries due to weather



Purpose

When I have earned this badge, I'll know how to take care of people in an emergency, including younger children in my care.

Workshop minimum is 12. **Cost for the workshop is \$23.00 and includes badge, snack and materials for workshop. Please plan to arrive 15 minutes before start time for check-in. We will start promptly. Girls should bring their own refillable water bottles.** Girls in 6th—8th grade are welcome to attend. Location information will be available October 19, 2019.

All registrations are due by January 5, 2019. You can [sign-up here](#) and pay online, sign-up on waitlist and pay via PayPal Invoice online with debit/credit card, or send a check payable to GSCNC for total due with this form along with check to Badge Name, c/o Kim Kingsford, 808 Blakely Court, Apt. 252, Frederick, MD 21702. Girls are welcome to attend without their troop but must have a permission/health history form. If you have any questions please email troop81378@gmail.com or kskingsford@gmail.com.

No refunds after registration closes. Girls not present and participating will not receive badge or materials.

All Girls are expected to assist in clean-up after workshop is complete

Leader/Parent Name: _____ E-mail: _____
 Troop Number: _____ School: _____
 If no troop \Rightarrow Girl Name: _____ Mobile #: _____
 Address: _____ City: _____ State: _____ Zip: _____
 # _____ Girls X \$23.00 = _____ # Chaperon _____ Check if signed up online

Date Received: _____ Amount Received: _____ Check # _____ Acct: _____



Permission Slip with Health History

Program Name: Cadette First Aid Badge Workshop Date: January 19, 2020

Girl's Name _____ Age _____ Grade _____ Birth date ____/____/____

Address _____ Phone _____

City _____ State _____ Zip _____ Email _____

Mother/Guardian _____ Day phone _____

E-mail _____ Evening phone _____ Cell _____

Father/Guardian _____ Day phone _____

E-mail _____ Evening phone _____ Cell _____

School Attending _____ State _____ Grade _____ Troop # _____ Level _____

The registrant's racial background is: *(optional)*

- American Indian or Alaskan Native
- Asian
- Black or African American
- White
- Other _____
- Hawaiian or Pacific Islander
- (please check one)* Hispanic or Latina
- Not Hispanic or Latina

Must have information for emergency contact if parent(s) cannot be reached (please print clearly):

Name/ Relationship: _____ Phone: - _____

Name/ Relationship: _____ Phone: _____

HEALTH HISTORY – All Information provided will be kept confidential

Describe allergies, details of chronic conditions, or health restrictions on additional sheet if needed

Are all immunizations up to date? ___Yes ___No If no, please state reason: _____

Please provide comments where applicable: Medication being taken _____

Special dietary needs/restrictions: _____ Weight of camper for dosage purposes: _____

Specific information including physical, psychiatric or behavioral problems: _____

Insurance company: _____ Policy Number: _____ Group # _____

Family physician: _____ Phone: Day _____ Eve _____

Parent Permission Statement

- The health history is correct as far as I know, and the person herein described has my permission to engage in all events activities except as noted. If she appears ill, I will not send her.
- EMERGENCY AUTHORIZATION:** In the event I cannot be reached in an emergency, I hereby grant permission to the program director to secure proper treatment for my child.
- The Girl Scouts may use any photo in which my child appears to promote Girl Scouting.

My child may be given : Aspirin Benadryl Ibuprofen Neosporin Tylenol None

Parent/Guardian Signature required:

Signature _____ Date _____

To Register: Send Registration form along with this Permission/Health History form to "Event Name", c/o Kim Kingsford, 808 Blakely Court, Apt. 252, Frederick MD 21702 Registration fee should be paid online or via check and sent with Registration. Online sign- ups are not considered "registered" until payment is received. For questions please contact: troop81378@gmail.com or kskingsford@gmail.com.

Girl Name: _____