

# Major Emergency Procedures

In the event of serious accident, emergency, or fatality

Person at scene:

1. Give priority attention to providing all possible care for the injured. Secure physician, ambulance, clergy, and police as needed.
2. Retain a responsible adult at the scene.
3. Call Girl Scouts of Indian Waters Council emergency numbers listed below.
4. Follow instructions given by the person you reach.
5. In the event of a fatality, **ALWAYS** notify police. See that no disturbance of the victim or surroundings is permitted until police have assumed authority.
6. Do not make any statements or release names. **REFER ALL MEDIA** (press, TV, radio) inquires to council spokesperson.
7. In the event of a non-emergency incident, contact the service center within 48 hours for appropriate documentation.

## Emergency Numbers

Girl Scout Service Center  
Monday-Friday, 8:30am-4:30pm  
715-835-5331 or 800-432-9823  
After hours/weekends 715-577-7065

Follow instructions given.

Leave short message and telephone number where you can be reached.

**STAY BY THE PHONE.** You will be contacted within 30 minutes.

### Local Emergency Numbers:

Police \_\_\_\_\_

Fire \_\_\_\_\_

Ambulance \_\_\_\_\_

# Information for Day Camp Flyers

Complete the information below and forward to the Girl Scout Office to design your flyers, OR you may draft a flyer for your day camp and the Girl Scout Office will develop, print, and mail. All flyers must be approved by the Girl Scout Office.

Director's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Camp: \_\_\_\_\_

Location: \_\_\_\_\_

Dates: \_\_\_\_\_

Time of Arrival for Campers: \_\_\_\_\_

Time of Departure for Campers: \_\_\_\_\_

Cost: \_\_\_\_\_

Checks Payable To: \_\_\_\_\_

Registration Deadline: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Flyer Printing and Mailing Fee Schedule

- Copies required (8.5 x 11) \_\_\_\_\_ x \$ .05 (1 sheet colored-paper, double-sided, B&W print)
- Copies required (8.5 x 11) \_\_\_\_\_ x \$ .10 (2 sheets colored-paper, double-sided, B & W print)
- Flyers to be mailed \_\_\_\_\_ x \$ .15 (if more than 200)
- Flyers to be mailed \_\_\_\_\_ x \$ .20 (if less than 200)

You should budget this cost into the cost of putting on camp. You will receive a bill after **actual** totals are tabulated. Fees for postage of extra copies sent to directors will be accessed according to quantity/weight. Please call the office if you wish to learn the flyer distribution numbers for your jurisdiction. You may choose alternate copying and/or distribution sources. Girl Scouts of Indian Waters makes no profit from these fees and charges no labor fees: the fee is at or below current costs for printing, paper and postage.

**RETURN 4 WEEKS BEFORE YOU NEED THE FLYERS COMPLETED.**

Mail to:

Girl Scouts of Indian Waters Council  
4222 Oakwood Hills Pkwy.  
Eau Claire, WI 54701

# Day Camp Roster

Girl Scouts of Indian Waters Council

Name	Address	City	Emergency Contact Person	Phone #
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_
21. \_\_\_\_\_
22. \_\_\_\_\_
23. \_\_\_\_\_
24. \_\_\_\_\_
25. \_\_\_\_\_

# FIRST AID TREATMENT

Name: \_\_\_\_\_

Was Treated For: \_\_\_\_\_

Location of Injury: \_\_\_\_\_

Treatment Given: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

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# FIRST AID TREATMENT

Name: \_\_\_\_\_

Was Treated For: \_\_\_\_\_

Location of Injury: \_\_\_\_\_

Treatment Given: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

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# FIRST AID TREATMENT

Name: \_\_\_\_\_

Was Treated For: \_\_\_\_\_

Location of Injury: \_\_\_\_\_

Treatment Given: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

# Day Camp Patch Order Form

DAY CAMP NAME \_\_\_\_\_ DATE OF CAMP \_\_\_\_\_

PERSON ORDERING \_\_\_\_\_  
(complete address)

Please indicate the number and kind of day camp patches you need. Please pay with order.

\_\_\_\_\_ number of Record Cards (1 per camper) no charge  
\_\_\_\_\_ number of Day Camp Patches (round 2") x 1.00 = \_\_\_\_\_  
\_\_\_\_\_ number of Basic I Segments x .75 = \_\_\_\_\_  
\_\_\_\_\_ number of Basic II Segments x .75 = \_\_\_\_\_  
\_\_\_\_\_ number of Basic III Segments x .75 = \_\_\_\_\_  
\_\_\_\_\_ number of Basic IV Segments x .75 = \_\_\_\_\_  
\_\_\_\_\_ number of Basic V Segments x .75 = \_\_\_\_\_  
\_\_\_\_\_ number of Basic VI Segments x .75 = \_\_\_\_\_  
\_\_\_\_\_ number of Unit Aide Segments x .75 = \_\_\_\_\_

**Total Cost = \_\_\_\_\_ enclosed**

If you would like your order to be mailed, please include the following postage:

On orders of \$5 or less .....\$ .75  
On orders totaling \$5.01 - \$10.....\$1.00  
On orders totaling \$10.01 - \$50.....\$2.00  
On orders totaling \$50 or more.....\$3.00

Return at least 1 week before your day camp to Girl Scouts of Indian Waters Council, 4222 Oakwood Hills Parkway, Eau Claire, WI 54701, 715-835-5331 or 800-432-9823.

# Day Camp Staff Evaluation

Camp \_\_\_\_\_ Association \_\_\_\_\_

Age level in unit \_\_\_\_\_ Brownie \_\_\_\_\_ Junior \_\_\_\_\_ Cadette \_\_\_\_\_ Senior

1. Have you helped at camp before? \_\_\_\_\_ yes \_\_\_\_\_ no
2. Are you a leader? \_\_\_\_\_ yes \_\_\_\_\_ no
3. Did you attend training for camp? \_\_\_\_\_ yes \_\_\_\_\_ no
4. If you answered YES to question 3, was the training useful? \_\_\_\_\_ yes \_\_\_\_\_ no

	Unpleasant	Enjoyable
4. How pleasant was camp for you?	1    2    3    4    5    6    7	8    9    10

5. How would you rate how camp was run in the following areas:

	Poor		Good
Program	1    2    3    4    5    6    7	8    9    10	
Staff Knowledge	1    2    3    4    5    6    7	8    9    10	
Food/Cooking	1    2    3    4    5    6    7	8    9    10	
Equipment	1    2    3    4    5    6    7	8    9    10	
Program Aid	1    2    3    4    5    6    7	8    9    10	

Comments:

6. How would you rate this camp experience for the girls?

	Unpleasant	Enjoyable
	1    2    3    4    5    6    7	8    9    10

7. What do you think was the most outstanding thing campers learned this week?

# Day Camp Progression Camper Record

Camper Name \_\_\_\_\_ Community \_\_\_\_\_

\*State year in all blanks

<p><b>Basic I – Complete 3</b>                  Housekeeping _____                  Cooking in the Out-of-Doors _____                  _____                  Nature _____                  Hiking _____                  Knots &amp; Lashing _____                  Tools _____                  Songs &amp; Games _____                  Ceremonies _____                  First Aid _____</p>	<p><b>Basic II – Complete 4</b>                  Housekeeping _____                  Cooking in the Out-of-Doors _____                  _____                  Nature _____                  Hiking _____                  Knots &amp; Lashing _____                  Tools _____                  Songs &amp; Games _____                  Ceremonies _____                  First Aid _____</p>
<p><b>Basic III – Complete 5</b>                  Housekeeping _____                  Cooking in the Out-of-Doors _____                  _____                  Nature _____                  Hiking _____                  Knots &amp; Lashing _____                  Tools _____                  Songs &amp; Games _____                  Ceremonies _____                  First Aid _____</p>	<p><b>Basic IV – Complete 6</b>                  Housekeeping _____                  Cooking in the Out-of-Doors _____                  _____                  Nature _____                  Hiking _____                  Knots &amp; Lashing _____                  Tools _____                  Songs &amp; Games _____                  Ceremonies _____                  First Aid _____</p>
<p><b>Basic V – Complete 7</b>                  Housekeeping _____                  Cooking in the Out-of-Doors _____                  _____                  Nature _____                  Hiking _____                  Knots &amp; Lashing _____                  Tools _____                  Songs &amp; Games _____                  Ceremonies _____                  First Aid _____</p>	<p><b>Basic VI – Complete 8</b>                  Housekeeping _____                  Cooking in the Out-of-Doors _____                  _____                  Nature _____                  Hiking _____                  Knots &amp; Lashing _____                  Tools _____                  Songs &amp; Games _____                  Ceremonies _____                  First Aid _____</p>

Program Aide Training \_\_\_\_\_  
 Day Camp Aide Training \_\_\_\_\_  
 Junior Counselor \_\_\_\_\_

Special Activities \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Attendance Record**

Camp	Year	Grade
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Girl Scouts of Indian Waters Council

Note: Be sure to send this form and milk bills to the service center immediately after Day Camp. Request for refund **must be filed** by the council with the state the first week of the following month in order to receive the refund.

# Day Camp Milk Report

Day Camp: \_\_\_\_\_

Service Area: \_\_\_\_\_ Date: \_\_\_\_\_

Indian Waters Girl Scout Council has made application to the government so that Day Camps are eligible to receive refunds for a portion of the cost of milk served through the Special Milk Program for children 17 years of age and under attending a non-profit IRS tax-exempt summer camp.

In order to receive this refund, the council must submit a reimbursement voucher to the government. Please complete the record on this form keeping adults separate, as milk consumed by adults and milk for cooking is not reimbursable. A daily check-off sheet must be used to indicate the number of 1/2 pints served to children and adults.

The refund from the government will be credited in the council books for your Day Camp and mailed to you for Day Camp next year.

Name of day camp \_\_\_\_\_

Director's name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Number of days camp was in operation \_\_\_\_\_

Total number of children attending \_\_\_\_\_

Total number of adults attending \_\_\_\_\_

Total amount of milk purchased \_\_\_\_\_

Total amount of milk used for cooking \_\_\_\_\_

Total amount of milk consumed by adults \_\_\_\_\_

Total amount of milk consumed by children \_\_\_\_\_

1. Complete this form.
2. Attach receipts and circle dollar amounts of milk purchased.
3. Within 10 days after your day camp is finished, mail this form and attached receipts to Pat at the Girl Scout Service Center.



# Attendance Summary

Year \_\_\_\_\_

## Number of Girl Participants by Racial/Ethnic Group

	W	B	H	A/PI	AI/AN	UNKN	TOTAL
Daisy Girl Scout _____							
Brownie Girl Scout _____							
Junior Girl Scout _____							
Cadette Girl Scout _____							
Senior Girl Scout _____							
Non-Troop _____							
Non-Members _____							
<b>TOTAL</b> _____							
Young Child _____							

## Number of Adult Participants by Racial/Ethnic Group

	W	B	H	A/PI	AI/NI	UNKN
TOTAL _____						
Adults _____						

Total number of overnight campers: \_\_\_\_\_ Age level: \_\_\_\_\_

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# Program Summary

(Please attach a schedule of your camp and any interesting program ideas.)

**Staff Training:**

- \* Number of Unit Leaders who attended training: \_\_\_\_\_ # of staff \_\_\_\_\_
- \* Number of Unit Assistants who attended training: \_\_\_\_\_ # who did not attend training \_\_\_\_\_
- \* Number of Unit Aides who attended training: \_\_\_\_\_

What I feel I needed to know that was not included in training: \_\_\_\_\_

What I learned from this year's experience with Day Camp: \_\_\_\_\_

Please list the 3 most effective programs:

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

Suggestions for next year: \_\_\_\_\_

On a scale of 1 (low) to 4 (high), rank your Day Camp in the following areas:

Overall Program \_\_\_\_\_ Girl Planning \_\_\_\_\_ Learning Experience \_\_\_\_\_  
 Appeal to Girls \_\_\_\_\_ Continuity with Girl Scout program \_\_\_\_\_ Fun \_\_\_\_\_

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_

# Day Camp Summary Sheet

Year \_\_\_\_\_

Name of Day Camp: \_\_\_\_\_ Areas Attending: \_\_\_\_\_

Location: \_\_\_\_\_ Service Area: \_\_\_\_\_

Day Camp Director: \_\_\_\_\_ Address: \_\_\_\_\_

Business Manager: \_\_\_\_\_ Address: \_\_\_\_\_

Dates Held: \_\_\_\_\_ Times: \_\_\_\_\_

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## Financial Summary

Balance on hand from previous year (including milk refund): \$ \_\_\_\_\_

Income: Registration Fees (\$ \_\_\_\_\_ per camper) \$ \_\_\_\_\_

Other Income (explain) \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL INCOME** \$ \_\_\_\_\_

Expense: Food and Beverages \$ \_\_\_\_\_

Program Supplies/Equipment \$ \_\_\_\_\_

First Aid Supplies \$ \_\_\_\_\_

Camper Insurance (Non-Girl Scouts) \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL EXPENSE** \$ \_\_\_\_\_

Balance On Hand \$ \_\_\_\_\_

For Next Year: \_\_\_\_\_

Milk Refund: \$ \_\_\_\_\_

**Note:** At the end of camp, send a check for "Balance On Hand For Next Year" to the service center to be held for next year. Leave a small amount if necessary in Day Camp checking account. A check will be mailed for the next year upon request.

Check sent to service center: \$ \_\_\_\_\_

Balance on hand in checking account: \$ \_\_\_\_\_

Balance at service center: \$ \_\_\_\_\_

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Day Camp Checking Account:

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_

Account Name and #: \_\_\_\_\_

# Child Abuse

As Girl Scout volunteers in the state of Wisconsin, you are not a mandated reporter of child abuse.

You are, however, ethically expected to notify someone in authority if you suspect that a child is being or has been abused—physically, emotionally, or sexually, or if the child appears to suffer from physical neglect.

**See Page 41 of *Safety-Wise* for a list of the symptoms most abused children show.**

Please call the Girl Scout Service Center at (715) 835-5331 or 800 432-9823 for guidance and resources to help you protect and support the child.

## Some resources in our council area include:

|                                          |                |
|------------------------------------------|----------------|
| Counseling for Children & Families ..... | (715) 835-5915 |
| Refuge House.....                        | (715) 834-9578 |
| Chippewa County Social Services .....    | (715) 726-7830 |
| Child Abuse Hotline (National).....      | (800) 422-4453 |
| Eau Claire County Human Services .....   | (715) 831-5700 |

## Local Public Health Services

|                                     |                |
|-------------------------------------|----------------|
| Dunn County Health Dept. ....       | (715) 232-2388 |
| Pepin County Human Services .....   | (715) 672-8941 |
| Time-Out Family Abuse Shelter.....  | (715) 532-6976 |
| Ladysmith 24 Hour Crisis Line ..... | (715) 532-7089 |