

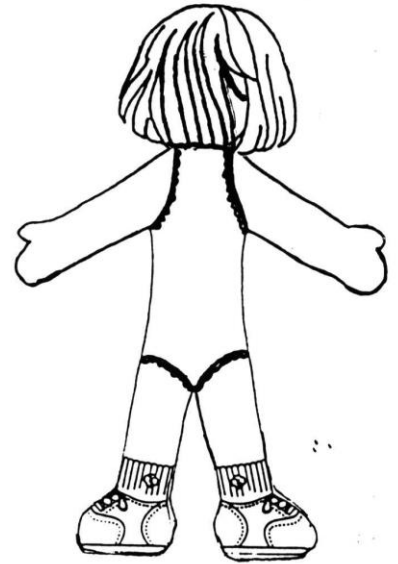
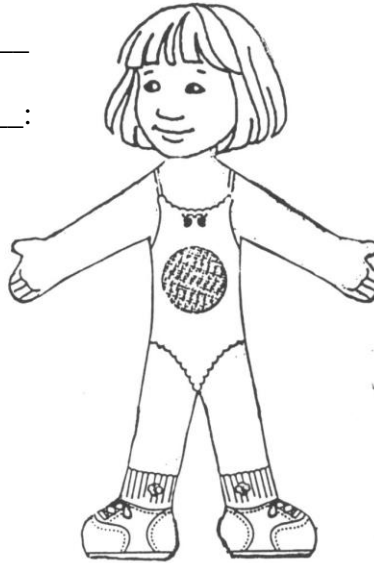
Tick Bite Report GSVSC

Date _____ Time _____

Dear Parent of _____:
Camper first name last name

We removed an attached tick from your daughter today. The tick was removed from the place circled on the drawing. Some ticks are carriers of Lyme disease or Rocky Mountain Spotted Fever. Please observe the site of the bite. If a rash or flu-like symptoms occur seek medical attention.

If you have any questions, please call _____ at _____



Signature of camp personnel

2075 -- R 9/2018

Health Care Report GSVSC

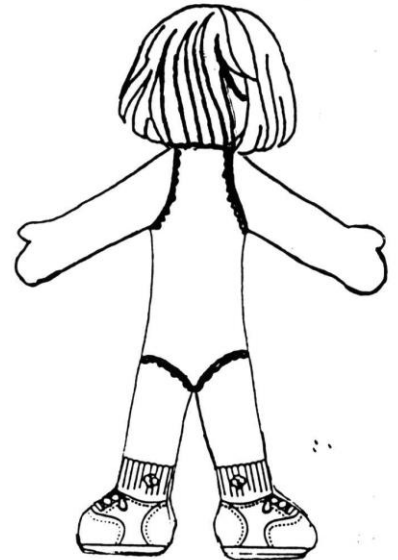
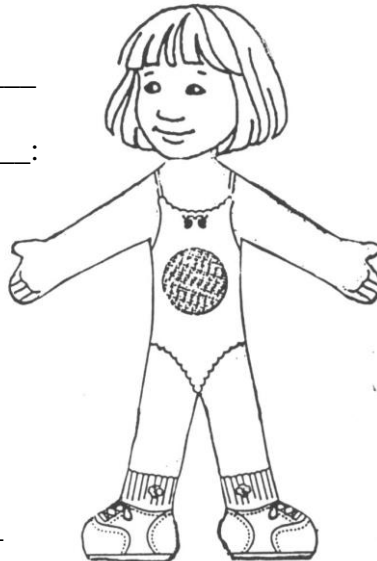
Date _____ Time _____

Dear Parent of _____:
Camper first name last name

Today your daughter was seen by the Camp Health Care Provider for _____

If an injury, the location is circled on the drawing. This information is provided in case follow up care is needed.

If you have any questions, please call _____ at _____



Signature of camp personnel

2075 --R 9/2018