



GIRL SCOUTS HEART OF THE HUDSON, INC. POSITION DESCRIPTION

LPN / HEALTH SPECIALIST

REPORTS TO: RN/Health Manager

GENERAL RESPONSIBILITIES

To work with the Registered Nurse/Health Manager to supervise and be responsible for the general health and safety of campers and staff in accordance to standards set by Girl Scouts of the USA, the American Camp Association and the New York State Department of Health.

PRINCIPLE DUTIES

- Gives first aid; give nursing care in cases of illness and accident as directed by physician and/or Nurse.
- Requisition necessary equipment and supplies before and during camp season.
- Maintain first aid equipment for units, dining hall, kitchen, waterfront, arts and crafts, boating, nature, games and camp vehicles.
- Check incoming campers; record all treatment and other health information; notify staff members of health precautions of special campers (and other staff) when indicated.
- Notify the Camp Director when parents should be advised of serious illness or accident.
- Complete and keeps on file necessary reports such as daily treatment log, insurance claim forms, health department reports, and other required reports.
- Make regular visits throughout the camp supervising sanitation and safety practices.
- Collect medications of campers and staff upon arrival at camp; supervise medication storage.
- Remain on site during camp hours.
- Other duties as assigned.

JOB QUALIFICATIONS

1. Successful completion of background check.
2. Must be 21 years old or older.
3. High School Diploma or equivalent.
4. Licensed registered nurse, licensed practical nurse or EMT in the State of NY.
5. Current certification in American Red Cross CPR for the Professional Rescuer or equivalent.
6. Current certification in the American Red Cross Responding to Emergencies or higher.
7. Camp experience preferred.

EMPLOYEE STATEMENT: I have read the above job description and can perform its essential functions with without reasonable accommodation. If the position requires additional skills or qualifications that are beyond my capabilities, or if I have any other questions or concerns, I understand it is my responsibility to speak with my Supervisor.

Name: Print

Signature

Date