



**Bushy Run**  
**District Day Camp**  
**“A Step Back in Time”**  
**June 11, 12, & 13, 2021**  
**At the Norwin Elks**

**\$45.00 per Cub Scout**

**ALL HEALTH FORMS MUST BE TURNED IN AT THE SAME TIME AS YOUR  
REGISTRATION!**

**ALL WALKERS CLEARANCES MUST BE TURNED IN AT SAME TIME AS YOUR  
REGISTRATION!**

# Important information

**EACH ADULT WALKER WILL NEED A ROSTER OF THEIR SCOUTS AND ADULTS AT CAMP:**

**NAME, RANK, AND NAME OF EMERANGY CONTACT AND EMERANGY PHONE NUMBER.**

**THE WALKER WILL BRING THIS WITH THEM ALL THREE DAYS AND A COPY WILL BE TURNED IN WITH THIS REGIISTRATION.**

**EX.**

Name	Rank	Name of Emerangy Conctect	Emerangy Conctect Phone #
John Smith	Bear	Dave Smith (Dad)	724- 555-555
Sally Jones	Tiger	Kay Brown (Grandma)	333-555-9999
Sue Green	Adult Walker	Jim Green (Husband)	724-999-9999





# STEP BACK IN TIME

When: June 11, 12 and 13, 2021

Friday June 11, Saturday, June 12

Sunday June 13

From 9:00a.m - 3:00p.m.

Sunday 12:00pm to 4:00pm

Registration will begin promptly at 8:30a.m.

Friday & Saturday, June 11 – June 12

Registration will begin promptly at 11:45a.m on Sunday

**Where:** Norwin Elks, Sandy Hill Rd, Manor, Pa.

**Directions:** The Norwin Elks is located on Sandy Hill Road which runs next to the turnpike in Manor. Parking at the Elks is limited to staff and walkers. It is best to carpool due to the limited number of parking spaces. We do not provide transportation to or from camp. **Upon arrival at camp, parents should remain in their vehicles and drop off their scouts at the main circle to keep traffic flowing.** Once at camp, they will be cared for by an exceptional Day Camp staff. Parking on Sunday will be announced on Saturday.

**Who May Attend:** All registered Lions, Tiger Cubs w/adult partner.

**Note:** *Only registered Lions w/adult partner, Tiger w/adult partner, Wolves, Bears Scouts Webelos and AOL Scouts, may participate at the activity stations.*

**What does it cost?** For 3 full days of Day Camp---Friday, Saturday and Sunday -\$45.00

The fee includes the 2021 Collectors Bushy Run Day Camp Patch, craft supplies, and a trained and enthusiastic staff willing to insure your scout's enjoyment.

## Cub Scout Day Camp Mission Statement

Cub Scout Day Camp strives to support the purposes of Cub Scouting by providing each Youth the opportunity to experience new things in a safe, outdoor environment, nurturing a spirit of teamwork and belonging, helping Packs provide an exciting summer program and HAVING FUN!

**Camp Organization:** Most Day Camp dens will be a combination of two or more PACKS to reach approximately 15-20 Scouts in size, depending on camp registration. Each pack **WILL** supply enough adult Walkers for a one adult to 5 Scouts or part thereof ratio for their own Cubs, with a minimum of 2 Walkers to comply with BSA 2-deep leadership requirements. Walkers are part of the mandated pack leadership and are not considered camp staff members. Each pack is primarily responsible for its own Scouts, but when in the activity stations, ***please be ready to help each other out.*** You will need to work together for many of the den duties, such as the opening or closing, and leading songs. It would build spirit for the whole den to decide on a yell and cheer together. Take advantage of this opportunity to meet other Scouting families in your area and share fellowship and ideas.

**Typical Camp Day:** Staff arrives early to set up. Walkers arrive at least 15 minutes early, check in, receive camp Den Folder, and proceed to flagpole or designated assembly area. Parents and campers arrive drive around and drop off camper at camp entrance a staff member will be there to meet the campers. Walkers take attendance. Opening ceremony, daily announcements, proceed to 1<sup>st</sup> station. Complete morning stations, lunch and lunch activity. Continue with final stations. Closing at flagpole. Walkers turn in camp folder with bag. This is a general guideline. There may be some variation to this outline.

**Activity Stations:** Activities at each station will be chosen to enhance the theme, may offer opportunities for rank advancements, and to HAVE FUN! Shooting Sports: Day camp or other Council sponsored Cub activity such as a parent-scout weekend or resident camping at a council site are the ONLY opportunities for Cubs to earn the BB's or Archery Belt Loops or Pins. Alternate program activities will be provided for those opting out of these activities. These program areas stress safety and proper use of the equipment, including respect for nature. BSA policies prohibit the use of targets resembling any living thing.

**Lunch Time:** Lunch will occur for all Dens at the same time daily. We will not have access to refrigeration, so *bring coolers to store lunches in*. Lunch period will also include a Quiet time.

**Advancement and Recognition:** While the primary focus for Day Camp is the opportunity for FUN in the outdoors, centered on a theme, most of the program will provide some activities to give campers a head start on ranks and activities in their handbooks, without shorting the fun of the theme. An itemized list of possible requirements will be available. It is the walker's responsibility to make sure what a Scout has done is accurately recorded. Some Scouts may be absent or unable to do a requirement. Each Cub Scout's advancements should be reported to his parent and den leader for verification for Awards. Any Belt Loops or Pins or other awards completed are awarded through the Youth's pack.

Participation Beads are awarded to each Scout at each station daily. Beads are kept on the name totem made the first day. Lost beads are usually not replaced. Registered Day Campers also receive a special day camp patch at the close of camp, to recognize their participation.

**Pack Responsibilities:** Your Pack Day Camp Coordinator will be asked to collect the registrations for your Pack and mail them to the Council Service Center as one package. Each Pack must provide a Den Leader/Walker for every 1 to 5 Youths registered from their Pack. Your Pack does not have to send the same adult each day but there has to be at least one full time walker each day. These adults will be under the guidance of staff.

**Pack Registration Responsibilities:** The reservation and health forms provided must be completed and submitted for each scout and adult attending and mailed or given to the Council Service Center as one package. Each Pack must provide a Den Leader/ Walker for every 1 to 5 scouts per scout rank.

**Den Leaders/Walkers:**

Arrive on time. At the close of each day a walker must remain until their last Youth is picked up by a parent or a carpool.

One walker from each camp den checks in each day to pick up their Dens bag. Each camp den will have its own bag, even if combined with another Pack to form one den.

Take attendance daily on sheet in folder. Turn in bag at close of each day.

Get your whole den to the activity stations on time. Walk together as a den. Help the station staff in each area. Be proactive. Don't wait to be asked to assist the Scouts. You are a working den leader, as well as a walker.

Scouts will earn participation beads at each station. Tell the program staff how many Youths you have, and they will give the beads to you to give the Youths for their bead thong. Program staff will not replace lost beads. At the end of the day, place totem in bags so they are not forgotten at home.

**STAY WITH THE Scouts AT ALL TIMES.** If you are the only leader with a small group of Cubs, and you need to excuse yourself, make sure a leader from another pack in the den you are assigned to will watch you're Scouts while you are away.

**Maintain BSA required 2-deep leadership at all times and enforce use of the Buddy System by the Youths.**

**KEEP Scouts HYDRATED!!** Report any illness or injury to Camp Director ASAP! Escort them to the first aid station, or send for First Aid, if the individual should not be moved. Inform Camp Director of any serious injury.

Change stations when you hear the signal – One long blast on the air horn.

Set an example. Live Scouting's values. Follow Camp rules. Be positive. Have FUN!!

**SMILE, IT WILL MAKE US ALL FEEL BETTER!**

**MORE RESPONSIBILITIES FOR WALKERS**

You will need lunch each day. You will also need a magic marker to label your group's belongings. Bring a cooler to keep your den or patrol's lunches for the day. Two training sessions will be offered at the Norwin Elks. Den Leaders/Walkers will take attendance on sheet provided. They will also be responsible for supervision of the Scouts, assist them at all activities, be responsible for promoting Leave No Trace, and be prepared to have fun in the sun.

**What should I bring to Day Camp?** Each Scouts should bring a **labeled**, non-perishable lunch, water bottle – water is available to refill water bottles. Please label everything and put in their personal backpack. Labels should include full name and Pack number.

A Trading Post will be available at scheduled times to purchase snacks and souvenirs.

**What do I wear to Day Camp?** Shorts, shirts, jeans, socks, sport shoes, sneakers, walking shoes, sunglasses and hats. -- **No sandals or open shoes.** -- Remember to pack rain gear (poncho) in the backpack as the activities continue unless there is severe weather. Class B T shirt and any hat are the uniform for Cubs. Please label everything and put in their personal backpack. Labels should include full name and Pack number.

**Medication/First Aid:** Any medications for Cubs or Adults must be left with the first aid attendant along with instructions for administering them. All walkers should find out about such special needs in order to get Cubs to the first aider as necessary. Epi-pens and inhalers stay with each Scout.

If a Camper becomes ill while at camp, the First Aider and Camp Director will decide if and when he should go home or to a medical facility. The Camp Director will contact the parents/guardians. First Aiders will supervise the cleaning and bandaging of minor cuts and scrapes and will apply ice to stings, bumps and bruises. The First Aider may not administer any medication of any kind unless supplied by the parent/guardian, prescribed in the camper's name, with written directions from a physician. Please do not ask for any other medications.

**MISC. RULES AND REGULATIONS**

Rocks and sticks are to remain on the ground. A stick or rock that is picked up is likely to cause danger to the holder or another person.

No running in camp, unless it is for an activity.

No Pets allowed in camp in compliance with health and safety requirements.

**NO KNIVES OR FLAMMABLE ITEMS** are to be used by Scouts and should not be in camp except as needed by Leaders and/or Staff members for specific camp programs.

**NO Aerosol Cans** are allowed in camp, including insect sprays.

No Smoking is allowed in camp per policy. Camps are considered a part of the Westmoreland Fayette Council and the Boy Scouts of America, which has a no smoking policy.

No Alcoholic beverages or Illegal drugs are allowed at camp. **NO EXCEPTIONS.**

**Lost and Found:** The Camp will maintain a lost and found area; the area will be at the trading post. Items may also be brought to the flagpole at opening and closing.

**Camp Safety:** Camp Program staff will wear all the same Color Tee-shirt. Program Staff are parent volunteers, like you, Boy Scouts, and leaders from local packs that have volunteered to work a program area. If there is a problem in camp, inform a staff member. They will be able to help you or know how to get someone who can help. In addition, local fire and rescue personnel, police and healthcare officials have been informed that camp is in progress in case of an emergency. An onsite first aid station is staffed by a qualified first aider. Camp headquarters maintains copies of health and permission forms for each person in camp – Scouts, volunteers, staff, and siblings.

**Buddy System:** Cubs will always utilize the buddy system. A Cub does not go anywhere alone. Leaders will practice BSA required 2 deep leadership. Two leaders must be present with a youth at any time. No adult will be alone with a camper, sibling, or Junior staff.

**Visitors:** All visitors to camp will be required to sign in and out at camp Headquarters and approved by Camp director or program director. Random wandering about camp compromises camp safety and will not be allowed.

**Emergency Plan:** The Camp Director and Program Director will determine final emergency procedures. They will determine whether emergency procedures will be implemented. Everyone in camp should understand the PLAN and be ready to respond. The following general instructions will be supplemented at camp. For any emergency, remain CALM, send for the Camp Director, and follow the Camp Staff's instructions.

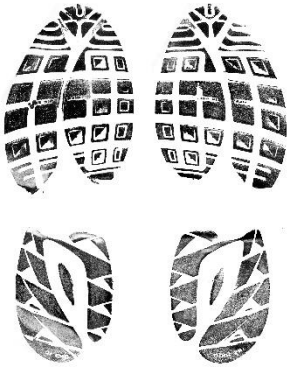
**ACCIDENT OR ILLNESS;** Administer First Aid with the limits of your qualifications. Send for Health Director or Camp Director. All injuries, cuts, scrapes, etc. must be seen by first aid. Non-emergencies can come to the first aid station with a buddy or an adult leader or Junior staff.

**FIRE IN CAMP;** Once the alarm is sounded (3 blasts on an air horn) all activity stations will close. Walkers need to account for all their Cub Scouts. Proceed by Dens to the Flagpole for further instructions. Remain Calm.

**LOST YOUTH:** Once the alarm is sounded (3blasts on an air horn) all activity stations will close. Walkers need to account for all their Cub Scouts. Remain at the station. Write down the report and send it with 2 runners to the camp Headquarters. Follow Camp Staff's directions.

**INCLEMENT WEATHER:** Camp will continue during light rain, so all Youths and persons in camp should come prepared with rain gear. If weather conditions become threatening, the Camp Director will decide if stations will close. Once the alarm is sounded (3 blasts on air horn) all activity stations will close. Walkers need to account for all of their Cubs. When all Cubs are accounted for, proceed to the designated camp shelter.

**ANIMALS AND OTHER HEALTH HAZARDS:** There has been an increase in West Nile Virus during recent summers, and Youths should be aware to never mess with dead birds or animals but report them to an adult. Occasionally local pets or stray animals wonder into camp. Campers should leave the animals alone.



Bushy Run Day Camp Registration checklist

**This is a checklist of what forms and money**

**MUST be turned in by May 7, 2021**

**PLEASE PLACE PACK NUMBER ON ALL FORMS.**

**Forms that must come with your registration:**

**Health form for: (please place Pack number on each health form)**

**Lion Cub**

**Lion Cub Adult Partner**

**Tiger Cub**

**Tiger Cub Adult Partner**

**Wolf, Bear, Webelos, AOL Scouts**

**All Adult Walkers**

**COPIES of PA clearances**

**Form titled: Pack Registration Package**

**This form is your total due form and a lot of important information**

**Registration forms for**

- **Lion Cub**
- **Tiger Cub**
- **Wolf, Bear, Webelos/AOL Scouts**
- **All Adult Walkers**

## **Moneys due at registration: Cub Registration @ \$ 45.00 per Youth**

### **Pack Registration Package**

Dear Day Camp Coordinator,

To help us organize the dens and patrols for Day Camp, please collect all the registrations and complete the following forms. When completed, turn the registrations and this form into the Council Service Center. **All registrations must be turned in by May 7, 2021**. Please make extra copies of these sheets if needed.

\_\_\_\_\_ Adults attending Day Camp on June 11, 12, & 13, 2021

\_\_\_\_\_ Scouts attending Day Camp @ \$45.00 per Youth \$ \_\_\_\_\_

**PACK NUMBER** \_\_\_\_\_

Total due \$ \_\_\_\_\_

**Pack Camp Coordinator** \_\_\_\_\_ **Phone** (\_\_\_\_) \_\_\_\_-\_\_\_\_.

**E-mail Address** \_\_\_\_\_

Deliver this completed form to:

Westmoreland Fayette Council  
2 Garden Center Drive  
Greensburg, PA 15601-1393  
(724) 837-1630

If you have any questions, please call:

Day Camp Director – Arlene Snyder - (724) 863-3213

Marilyn Martinelli - (412-310-8497)

Program Director – Karen Shupe - (412) 297-3719

District Executive – Paul Rock - (724) 208-3768



## Steps that need to be done for early dismissal of a Scout from Day Camp:

If you have an early dismissal of a Scout from camp, there are a few things that must be done before camp and before dismissal can happen.

- ❖ Do not leave your group
- ❖ Parents picking up early must report to the office to pick up their Scout.
- ❖ They must have 2 forms that are included in registration packet filled out and given to day camp walker of your scout's den.
- ❖ The walker should drop the 2 forms off at the office before the pickup time.
- ❖ Notify a staff member if a parent comes to your Den for the Youth/tell the parent they must report to the office.
- ❖ Should you be given one of those forms Please drop it off at the office when passing before the pickup time.

**NO SCOUT WILL BE RELEASED  
FROM CAMP WITHOUT CHECKING WITH THE CAMP  
DIRECTOR!!**

Day Camp  
Information on release of Camper

Unit Number \_\_\_\_\_ District \_\_\_\_\_ Day Camp Dates \_\_\_\_\_

Camper name \_\_\_\_\_ May be released from camp to:  
(full name)

Parent with custody, or Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

OR

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Specify Relationship to Camper

\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent, or Guardian with custody)

\_\_\_\_\_ Copy to parent

\_\_\_\_\_ Copy to district Day Camp Director

Westmoreland Fayette Council

Boy Scouts of America

## Scout Early Release Form

\_\_\_\_\_ will be leaving Day Camp early on \_\_\_\_\_.

(scout's name)

(day & date)

He will be leaving with \_\_\_\_\_ at \_\_\_\_\_.

(name of person picking up)

(time)

*Phone number of individuals picking up the Scout* \_\_\_\_\_.

*Driver's License number of individuals picking up the Scout* \_\_\_\_\_.

## Part A: Informed Consent, Release Agreement, and Authorization

# A

Full name: \_\_\_\_\_

DOB: \_\_\_\_\_

### High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

### Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.



**NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.**



List participant restrictions, if any: \_\_\_\_\_

☐ None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont, Philmont Training Center, Northern Tier, Florida Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_

(If participant is under the age of 18)

Second parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_

(If required; for example, California)

### Complete this section for youth participants only:

#### Adults Authorized to Take to and From Events:

You must designate at least one adult. Please include a telephone number.

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

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

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

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

#### Adults NOT Authorized to Take Youth To and From Events:

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

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

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

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



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## Part B: General Information/Health History

# B

**Full name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

### High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Unit leader: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Council Name/No.: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Health/Accident Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_



**Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.**



### In case of emergency, notify the person below:

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

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Alternate contact name: \_\_\_\_\_ Alternate's phone: \_\_\_\_\_

## Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	Last HbA1c percentage and date:
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension (high blood pressure)	
<input type="checkbox"/>	<input type="checkbox"/>	Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
<input type="checkbox"/>	<input type="checkbox"/>	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/TIA	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	Last attack date:
<input type="checkbox"/>	<input type="checkbox"/>	Lung/respiratory disease	
<input type="checkbox"/>	<input type="checkbox"/>	COPD	
<input type="checkbox"/>	<input type="checkbox"/>	Ear/eyes/nose/sinus problems	
<input type="checkbox"/>	<input type="checkbox"/>	Muscular/skeletal condition/muscle or bone issues	
<input type="checkbox"/>	<input type="checkbox"/>	Head injury/concussion	
<input type="checkbox"/>	<input type="checkbox"/>	Altitude sickness	
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric/psychological or emotional difficulties	
<input type="checkbox"/>	<input type="checkbox"/>	Behavioral/neurological disorders	
<input type="checkbox"/>	<input type="checkbox"/>	Blood disorders/sickle cell disease	
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells and dizziness	
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	
<input type="checkbox"/>	<input type="checkbox"/>	Seizures	Last seizure date:
<input type="checkbox"/>	<input type="checkbox"/>	Abdominal/stomach/digestive problems	
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	
<input type="checkbox"/>	<input type="checkbox"/>	Excessive fatigue	
<input type="checkbox"/>	<input type="checkbox"/>	Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	List all surgeries and hospitalizations	Last surgery date:
<input type="checkbox"/>	<input type="checkbox"/>	List any other medical conditions not covered above	



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## Part B: General Information/Health History

# B

Full name: \_\_\_\_\_

DOB: \_\_\_\_\_

### High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_  
or staff position: \_\_\_\_\_

## Allergies/Medications

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

☐ CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN.

☐ IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.

Medication	Dose	Frequency	Reason

☐ YES ☐ NO Non-prescription medication administration is authorized with these exceptions: \_\_\_\_\_

Administration of the above medications is approved for youth by: \_\_\_\_\_

Parent/guardian signature

MD/DO, NP, or PA signature (if your state requires signature)



**Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.**



## Immunization

The following immunizations are recommended by the BSA. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polio	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influenza	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., Hib)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exemption to immunizations (form required)	

**Please list any additional information about your medical history:**

### DO NOT WRITE IN THIS BOX

Review for camp or special activity.

Reviewed by: \_\_\_\_\_

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

Further approval required: ☐ Yes ☐ No

Reason: \_\_\_\_\_

Approved by: \_\_\_\_\_

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



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I, \_\_\_\_\_, for being allowed to participate in \_\_\_\_\_, agree to indemnify and hold harmless the Norwin Elks Lodge No. 2313, its officers, employees and members from any claim and/or attorney fees arising out of my participation in this event, except for the sole negligence of the Lodge. I further agree the Lodge is not responsible for damage to my property and waive subrogation on any insurance policy I may have. Furthermore, I allow the use of photographs or images arising out of my participation in this event.

\_\_\_\_\_  
**Participant Parent or Guardian**

\_\_\_\_\_  
**Date**

**Release for Scout Day Camp June 11th –13th, 2021**

I, \_\_\_\_\_, for being allowed to participate in \_\_\_\_\_, agree to indemnify and hold harmless the Norwin Elks Lodge No. 2313, its officers, employees and members from any claim and/or attorney fees arising out of my participation in this event, except for the sole negligence of the Lodge. I further agree the Lodge is not responsible for damage to my property and waive subrogation on any insurance policy I may have. Furthermore, I allow the use of photographs or images arising out of my participation in this event.

\_\_\_\_\_  
**Participant Parent or Guardian**

\_\_\_\_\_  
**Date**