

# Labor Day Family Camp

Participant Guide



August 29-31, 2025

Scouting America  
Silicon Valley Monterey Bay Area Council  
1900 The Alameda #100  
San Jose, CA 95126  
(408) 638-8300  
<http://www.svmabc.org>

Dear Scouts, Scouters, and Families,

We welcome you to spend Labor Day Weekend with us, celebrating Scouting and all that nature has to offer in a majestic redwood forest and surrounded by a rich history born of the logging industry that created the Boulder Creek Area in the 19<sup>th</sup> century. You will experience a full camp program where your families may enjoy handicraft, nature, shooting sports, and climbing. On top of this, there will be a campfire, a nature hike, and ample time for recreation and relaxation.

This family camping opportunity is open to all Scouting families. The programs are varied enough to appeal to all ages and stages.

To help you better prepare for their outdoor experience, this guide contains resources including schedules, a description of programs offered, policies, and other general information to make the weekend as enjoyable as possible. Our staff and volunteers thank you for choosing to spend your Labor Day weekend with us at Chesebrough Scout Reservation. You will experience exceptional outdoor experiences that will enable you to learn a variety of life skills in a safe and fun environment.

Yours in scouting,

Bill Stevenson  
Camp Director

Dianne Betz  
Assistant Camp Director

Colby Broadhaus  
SVMBC Program Director

# Labor Day Family Camp 2025

**Friday, August 29 – Sunday, September 1, 2025**

## Logistics

### Arrival

Please arrive in camp no earlier than 5:00 PM on Friday so that staff can have time to prepare to serve you. If you arrive before 5:00 PM, please wait at Sempervirens Point, across Highway 9 from the camp entrance. From 5:00 to 8:00 PM, staff will be stationed at the parking lot entrance to check you in and direct you to your campsite. If you arrive after 8:00 PM or on Saturday, please check in at the Administration Building. Carpooling is highly encouraged due to limited parking capacity.

Camp is located off Highway 9, 1.5 Miles from the Hwy 9 and Hwy 35 stop sign, across from Sempervirens Point and is adjacent to Castle Rock State Park and Long Ridge Open Space Preserve. Please drive slowly on the camp road!

### Check-in Process

Please have all forms ready before arriving in camp. Upon entering camp, you will be greeted by a staffer who will confirm your registration, collect medical and shooting sports forms, issue you a wristband, and direct you to your campsite. There is no parking at the campsites; vehicles will only be allowed to drive to campsites to drop off gear. The campsites and roads can only accommodate a few vehicles at a time, so please drive back to the parking lot after unloading your gear and before setting up your campsite. Drivers will be instructed where to queue their vehicles. Once gear has been dropped off (by 8:30 PM Friday), vehicles are to remain in the parking lot for the duration of the event. Only high-clearance vehicles are permitted to drive to the upper campsites.

### Departure

Please check out at the Administration Building before departing. Your medical forms will be returned to you. Please plan on departing no later than 12:00 PM on Sunday. A survey will be sent to you after camp.

### Security

All persons on the premises must wear an issued wristband. Wristbands will be issued at check in. If you arrive after 8:00 PM on Friday or lose your wristband, please report to the Administration Building as soon as possible to be issued a new one. Wristbands will be checked at all program areas and meals. We want to make sure that everyone at Chesebrough is registered and safe to be around youth.

## Communication

There is no cell service in camp and limited reception outside of camp. There is a phone in the Administration Building for staff business and emergency calls. Staff have two-way radios for staff communication only. The camp phone number is (408) 868-9278.

## WiFi

WiFi is available in central facilities. WiFi tickets may be purchased in 300 MB increments for \$10 at the Trading Post. Please be respectful of the natural environment and use WiFi for essential purposes only and away from Scouts.

## Emergency Drill

Recent natural disasters such as wildfires emphasize the Scout motto, "Be Prepared". We will be having an emergency drill on Saturday morning to demonstrate our emergency protocols. Upon hearing the alarm, all campers are to report to the Flag Meadow and line up by unit. Campers will be dismissed for lunch when the drill is complete.

## Camping

### Campsites

Campsites will be pre-assigned. You will be notified of your campsite before you head down to Camp. You will be sharing a campsite, including the fire pit and hutch, with other units and families, so please try to keep your group contained. **A Scout is Friendly!**

### Gear

There are no tents or mattresses provided in the campsites. Please bring your own. Temperatures should be in the 40's at night and 70's and 80's during the day. Campsites have water but no electricity.

### Bathrooms and Showers

To conserve water and as a courtesy to other campers, please limit showers to 3 minutes. Facilities are maintained by the camp, but your assistance in keeping them clean is appreciated. If you have a concern, please contact a commissioner and we will work to resolve it. Per Youth Protection Guidelines, shower facilities will be open to Youth under 18 for the first half of each hour and to 18 and older for the second half of each hour. These hours will be posted.

### Meals

The following meals are provided in the dining area between the kitchen and the Lodge. Before all meals, we will have an assembly at the Flag Meadow.

Friday – Cracker Barrel

Saturday – Breakfast, Lunch, Dinner

Sunday – Breakfast

### Dishwashing

Dishwashing is not allowed in washstands, sinks, or showers. Dishes should be washed in basins or pots. Discard all solid food waste in trash cans.

### Fires

1. Chesebrough Scout Reservation is in a fire prone area
2. Fires may only be made in established rings
3. Fires must be below knee high
4. Fires must be supervised by an adult at all times
5. Fires must be cold out when not attended
6. All firewood must be dead and down
7. Do not bring firewood to camp. This prevents the spread of diseases and we have plenty of wood.

## Patrols

We will be dividing the campers into 6 Patrols. Each Patrol will be assigned a meal for serving and cleaning and time slots for each program area. Patrols will be assigned before arrival and are named after Santa Cruz Mountain wildlife.

## Trading Post

The Trading Post will be operating next to the Administration Building with limited hours after each meal.

## Program

The following program areas will be open, with time slots for each area assigned to each patrol.

### Climbing

The climbing wall will be open under qualified supervision. All ages may climb; Scouts and Venturers may belay. If it rains, the climbing program may be suspended for your safety.

### Leatherworking

Leatherworking will take place in the "Corral" area near the flag meadow.

### Self-Guided Nature Hike / Siesta

Pamphlets will be available to guide interested hikers around the camp's natural beauty.

### Shooting Sports

We will offer BB gun shooting and archery under highly qualified supervision. A firearm permission form (included at the end of this guide) signed by the youth's parents is required for all youth participants.

### Campfire Program

On Saturday night, we will be hosting a full campfire program at the Campfire Bowl. Units will be given time to prepare skits and songs for inclusion as part of the Saturday program. Skits should not exceed 3 minutes and must be Scouting appropriate. The campfire program will take about 1 hour.

### Sports

Sports will be by the flag meadow Sunday after breakfast. Scouts will have the opportunity to try out several sports including human foosball and volleyball.

### Water Rockets

Water rockets will be assembled and launched Sunday after breakfast. See how high yours can go!

### Arts and Crafts

On Sunday after breakfast we will have an arts and crafts activity at the "Corral" area near the flag meadow.

### Flag Ceremonies

Flag ceremonies will take place in the Flag Meadow, morning and evening. After each ceremony, staff will provide important program announcements. Participants should wear their uniform to flag ceremonies.

## Schedule

Friday 29 August		
Time	Event	Location
5:00 - 8:00 PM	Checkin	Camp Entrance
5:00 - 7:30 PM	Games	Lodge
7:30 - 9:00 PM	Movie	Lodge
8:00 - 8:30 PM	Cracker Barrel	Lodge
8:30 - 8:45 PM	Leader Meeting	Lodge
9:00 - 10:00 PM	Troop Campfire Time	Campsites
10:00 PM	Taps / Quiet Time	Camp Wide

Saturday 30 August		
7:00 AM	Reveille	Camp Wide
7:45 AM - 8:00 AM	Flags	Flag Meadow
8:00 AM - 8:30 AM	Breakfast	Dining Area
8:30 AM - 9:00 AM	Trading Post Open	Lodge
9:00 AM - 9:50 AM	Session 1	Program Areas
10:00 AM - 10:50 AM	Session 2	Program Areas
11:00 AM - 11:50 AM	Session 3	Program Areas
11:50 AM - 12:00 PM	Safety Drill	Flag Meadow
12:00 PM - 12:30 PM	Lunch	Dining Area
12:30 PM - 1:00 PM	Free Time	Campsites
12:30 PM - 1:00 PM	Trading Post Open	Lodge
1:00 PM - 1:50 PM	Session 4	Program Areas
2:00 PM - 2:50 PM	Session 5	Program Areas
3:00 PM - 3:50 PM	Session 6	Program Areas
4:00 PM - 5:30 PM	Free Time	Campsites
5:30 PM - 6:00 PM	Flags	Flag Meadow
6:00 PM - 7:00 PM	Dinner	Dining Area
7:00 PM - 7:30 PM	Free Time	Campsites
7:00 PM - 7:30 PM	Trading Post Open	Lodge
7:30 PM - 8:30 PM	Campfire	Campfire Bowl
8:30 PM - 9:00 PM	Cracker Barrel	Lodge
9:00 PM - 10:00 PM	Troop Campfire Time	Campsites
10:00 PM	Taps / Quiet Time	Camp Wide

Sunday 31 August		
7:00 AM	Reville	Camp Wide
7:45 AM - 8:00 AM	Flags	Flag Meadow
8:00 AM - 8:30 AM	Breakfast	Dining Area
8:30 AM - 10:00 AM	Morning Programming	Program Areas
10:00 AM - 11:30 AM	Campsite Cleanup	Campsites
11:00 AM - 11:30 AM	Campsite Inspections	Campsites
11:30 AM	Checkout Ends	Camp Wide

## Safety and Policies

### Emergencies

If you spot an emergency, please immediately report it to a staff member. In the event of a camp- wide emergency, you will hear three air horn blasts. Report to the Valley Lodge immediately for further instructions.

### Medical Forms

All participants must have Part A and Part B of the BSA Medical Form completed and in camp with their unit leader.

### Parking and Vehicles

ALL VEHICLES MUST BE BACKED INTO DESIGNATED PARKING AREAS. You are permitted to drive your vehicle to your campsite to unload equipment. However, after unloading gear, please return your vehicle to the main parking lot. Please make sure you do not block emergency vehicle access roads. ALL vehicles MUST have minimum California insurance coverage. Seat belts must be used. RIDING IN THE BED OF A PICKUP TRUCK IS ILLEGAL IN CALIFORNIA AND THEREFORE NOT ALLOWED ON CAMP PROPERTY. Due to limited parking availability, carpooling is highly encouraged.

### Bicycles

Bicycles are not permitted in camp.

### Insurance

The Council does not provide medical insurance for families attending Family Weekend Camp. Please have your family's health insurance information with you. A medic will be on site to assist with medical issues. The nearest hospital is:

*El Camino Hospital Los Gatos 815 Pollard Road  
Los Gatos, CA 95032-1438 408-378-6131*

To access, return to Hwy 9 and turn left toward Saratoga. Continue on Saratoga Ave. Turn right onto Fruitvale Ave and go 0.3 mi. Turn left onto Allendale Ave and go 1.2 mi. Turn right onto Quito Rd and go 0.3 mi. Turn left onto Pollard Rd and the destination will be on the left in 1.4 mi.

### Pets

For ecosystem protection, and for your pet's safety, pets are not permitted in Camp

### Camp Telephone

We do not have a public telephone. The camp telephone is for camp business and emergencies only. Adults should plan to not have telephone access while at camp.

## Alcohol and Drugs

Scouting America and the Silicon Valley Monterey Bay Council prohibits the use of alcoholic beverages and controlled substances at encampments or activities on property owned and/or operated by Scouting America, or at any activity involving participation of youth members.

## Smoking

Adult leaders should support the attitude that they, as well as youth, are better off without tobacco in any form and may not allow the use of tobacco products at any BSA activity involving youth participants. This includes the use of electronic cigarettes, personal vaporizers, or electronic nicotine delivery systems that simulate tobacco smoking. The ONLY smoking area in camp is inside the vehicle that you came to camp in and out of view of Scouts. State Park regulations prohibit smoking in the forest or along any trails. This applies to both traditional and electronic products.

## Marijuana

It is unacceptable for anyone to use or be under the influence of medical or recreational marijuana at or during any Scouting activity.

Illegal drugs and alcoholic beverages are strictly forbidden at the camp. No exceptions. Scouts or leaders found possessing illegal substances will be dismissed from camp immediately. We maintain a zero tolerance policy for drugs and alcohol and will cooperate with appropriate authorities in any investigation regarding violations of this policy. Anyone under 18 observed smoking may be asked to leave camp.

## Adult Leader and Parent Responsibilities

Adult leaders and parents are among the most important people in camp. You are with your scouts 52 weeks a year and know them better than anyone else at camp. It is the responsibility of troop leaders to do the following:

- Monitor the behavior of their scouts and enforce camp rules and policies. Adults should know where their scouts are at all times and be aware of the activities they are involved in. The 12 points of the Scout Law guide our camp. All campers' and staffs' conduct is judged by how it measures up against these guidelines. We cannot tolerate and will not permit activities that do not meet the criteria of the standards set by the Scout Law.
- Enforce the buddy system. The buddy system is to be enforced at all times in camp. Scouts need to have a buddy in program areas, on hikes, and in any other activity they are engaged in.
- See that Scouts in your unit do not damage camp facilities and program materials. Units will be billed for any damage done to camp property. This will include the cost for materials, labor and any other cost in relation to repairs or replacement.
- Inform the camp, in writing, of any special needs a Scout in his unit may have with regards to disabilities, medications, or dietary needs for health or religious reasons.
- Inform the camp Health Officer immediately, of any accidents, whether minor or major. Any cases of illness should also be reported as soon as possible. The camp Health Officer will always be available and may be reached through the Health Lodge or Administration Building. are not permitted in camp.

## Personal Gear

**Units and Scouts must bring their own tents!** Be sure all personal items are clearly marked with full name and unit number. Adult volunteers, the camp and camp staff, and the Silicon Valley Monterey Bay Council are not responsible for lost or stolen items.

### Clothing

- ☐ Uniform
- ☐ Scouting T-shirts
- ☐ Pants and shorts
- ☐ Pajamas or sweat pants
- ☐ Jacket, sweater, or sweatshirt
- ☐ Underwear (at least 1 pair per day)
- ☐ Socks (at least 1 pair per day)
- ☐ Tennis shoes
- ☐ Sturdy hiking boots
- ☐ Handkerchiefs
- ☐ Watch

### Camping Gear

- ☐ Tent and ground cloth
- ☐ Sleeping bag
- ☐ Foam pad or air mattress
- ☐ Pillow (optional)
- ☐ Daypack
- ☐ Canteen, water bottle, or camelback
- ☐ Flashlight with extra batteries
- ☐ Compass
- ☐ First aid kit
- ☐ Pocket knife (Totin' Chip / Whitlin' Chip)

### Hygiene

- ☐ Toothbrush and toothpaste
- ☐ Comb or brush
- ☐ Soap
- ☐ Wash cloth and towel
- ☐ Shampoo
- ☐ Deodorant
- ☐ Shaving gear
- ☐ Sunscreen
- ☐ Chapstick
- ☐ Bug repellent

### Paperwork

- ☐ Annual Health & Medical Record (Parts A and B)
- ☐ Firearms / Archery Consent Form

### Optional Items

- ☐ Camera
- ☐ Musical Instrument
- ☐ Sunglasses
- ☐ Money for Trading Post

### Prohibited Items

- Firearms and/or ammunition
- Archery equipment
- Fireworks
- Illicit drugs
- Alcohol
- Electronics (Cell phones, radios, MP3 players, games, etc.)
- Knives with blades longer than 3"
- Fixed-blade knives
- Weapons of any kind
- Expensive jewelry
- Animals– brought to or from camp
- Un-Scout-like attitude

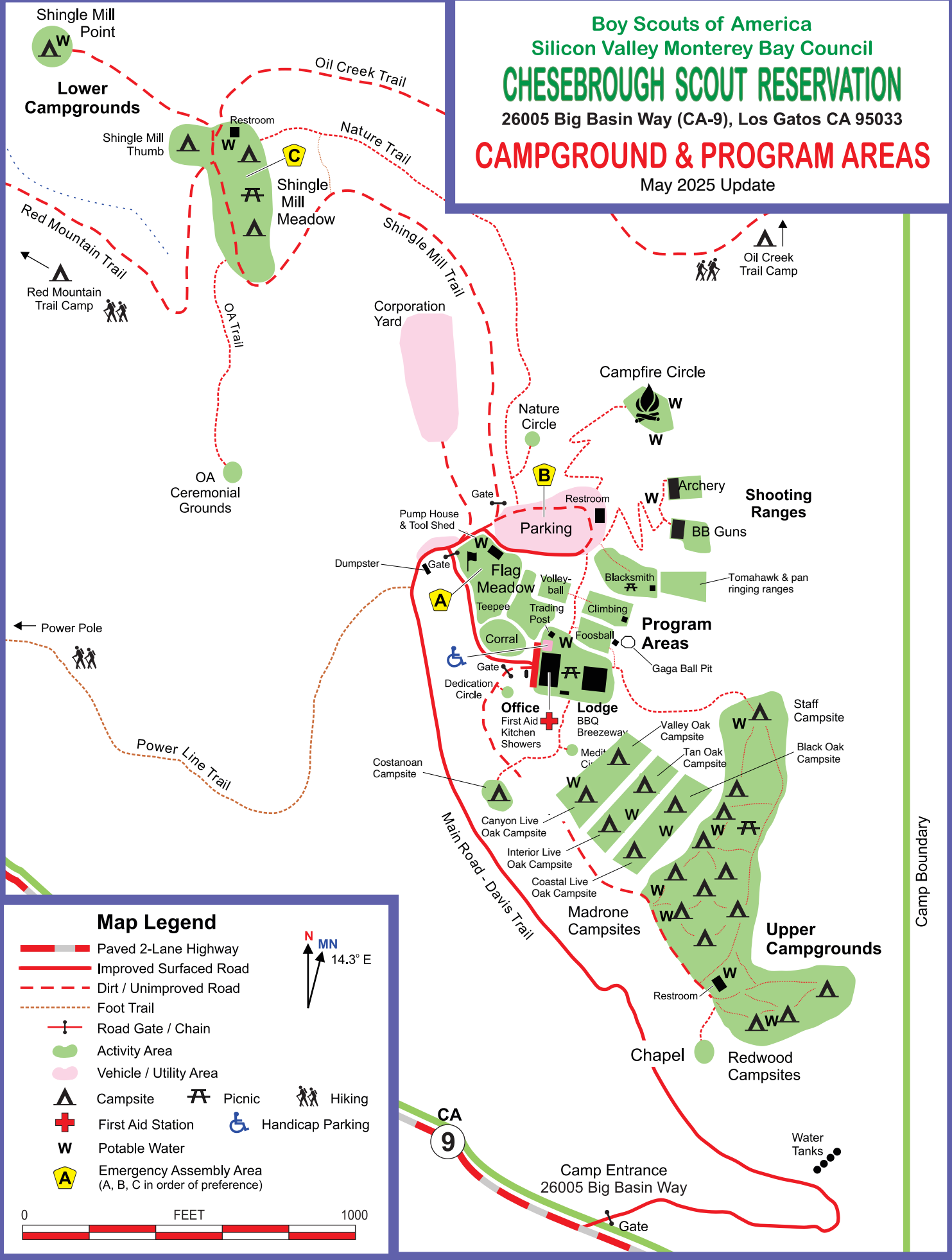
**We look forward to seeing you at camp!**

Boy Scouts of America  
Silicon Valley Monterey Bay Council  
**CHESEBROUGH SCOUT RESERVATION**

26005 Big Basin Way (CA-9), Los Gatos CA 95033

**CAMPGROUND & PROGRAM AREAS**

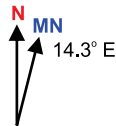
May 2025 Update



**Map Legend**

- Paved 2-Lane Highway
- Improved Surfaced Road
- Dirt / Unimproved Road
- Foot Trail
- + Road Gate / Chain
- Activity Area
- Vehicle / Utility Area
- ▲ Campsite
- ▲ Potable Water
- + First Aid Station
- A Emergency Assembly Area (A, B, C in order of preference)
- ▲ Picnic
- ♿ Handicap Parking
- ▲ Hiking

0 FEET 1000

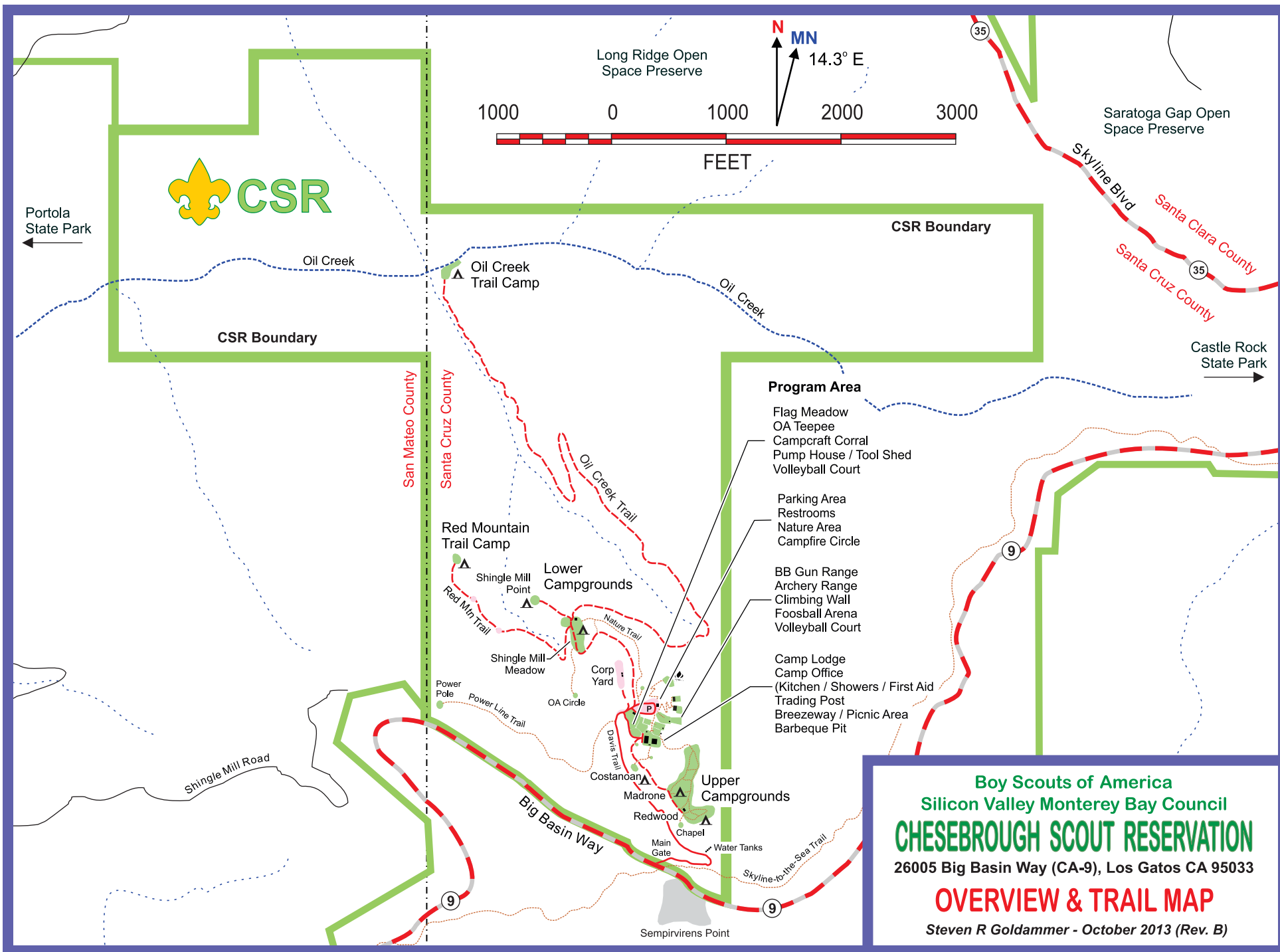


CA  
9

Camp Entrance  
26005 Big Basin Way

Gate

Camp Boundary





## CALIFORNIA FIREARM AND BB GUN PARENTAL/LEGAL GUARDIAN PERMISSION FORM

I, \_\_\_\_\_ parent or legal guardian of \_\_\_\_\_  
(Print Name of Parent or Legal Guardian) (Print Name of Child)

hereby give my child express permission and consent to be loaned and possessed firearms

(handguns and long guns) and ammunition to engage in lawful, recreational sport, including target practice, and/or a course of instruction in the safe and lawful use of a firearm. (Cal. Penal Code §§ 27945, 29610, 29615, 29650, 29655; 18 U.S. C § 922(x)). As used in this form, "firearms" include any handguns, long guns, or shotguns that may lawfully be loaned to and possessed by a minor under state and federal law.

I also give my child express permission and consent to possess, and for a person to loan to my child, a "BB device" as defined in Cal. Penal Code\* 16250. (Cal. Penal Code § 19915).

This consent is valid, absent my express revocation thereof, for the calendar year of \_\_\_\_\_  
(Calendar Year)

A photocopy or facsimile of this written consent will serve as an original.

I represent that I am (1) the parent or legal guardian of the minor named above and (2) not prohibited by Federal, state, or local law from possessing a firearm. I agree to indemnify and hold harmless the Scouting America, and any local Council and all officers, members, employees, and volunteers thereof, from all losses, damages, causes of action, cost and expenses, arising from any false statements or representations made by me herein.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

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

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

Date of birth: \_\_\_\_\_

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.

*Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.*

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

☐ **Checking this box indicates you DO NOT want your child to use a BB device.**



**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 Scout Ranch, Philmont Training Center, Northern Tier, 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)

### Complete this section for youth participants only:

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

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

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

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

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_



**Prepared. For Life.®**

## Part B1: General Information/Health History

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

Date of birth: \_\_\_\_\_

### High-adventure base participants:

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

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit leader: \_\_\_\_\_ Unit leader's mobile #: \_\_\_\_\_

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



## Part B2: General Information/Health History

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

Date of birth: \_\_\_\_\_

High-adventure base participants:

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

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

### Allergies/Medications

DO YOU USE AN EPINEPHRINE  
AUTOINJECTOR? Exp. date (if yes) \_\_\_\_\_ ☐ YES ☐ NO

DO YOU USE AN ASTHMA RESCUE  
INHALER? Exp. date (if yes) \_\_\_\_\_ ☐ YES ☐ NO

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

Yes	No	Allergies or Reactions	Explain
		Medication	
		Food	

Yes	No	Allergies or Reactions	Explain
		Plants	
		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 list 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. 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)
			Tetanus	
			Pertussis	
			Diphtheria	
			Measles/mumps/rubella	
			Polio	
			Chicken Pox	
			Hepatitis A	
			Hepatitis B	
			Meningitis	
			Influenza	
			Other (i.e., Hib)	
			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: \_\_\_\_\_

