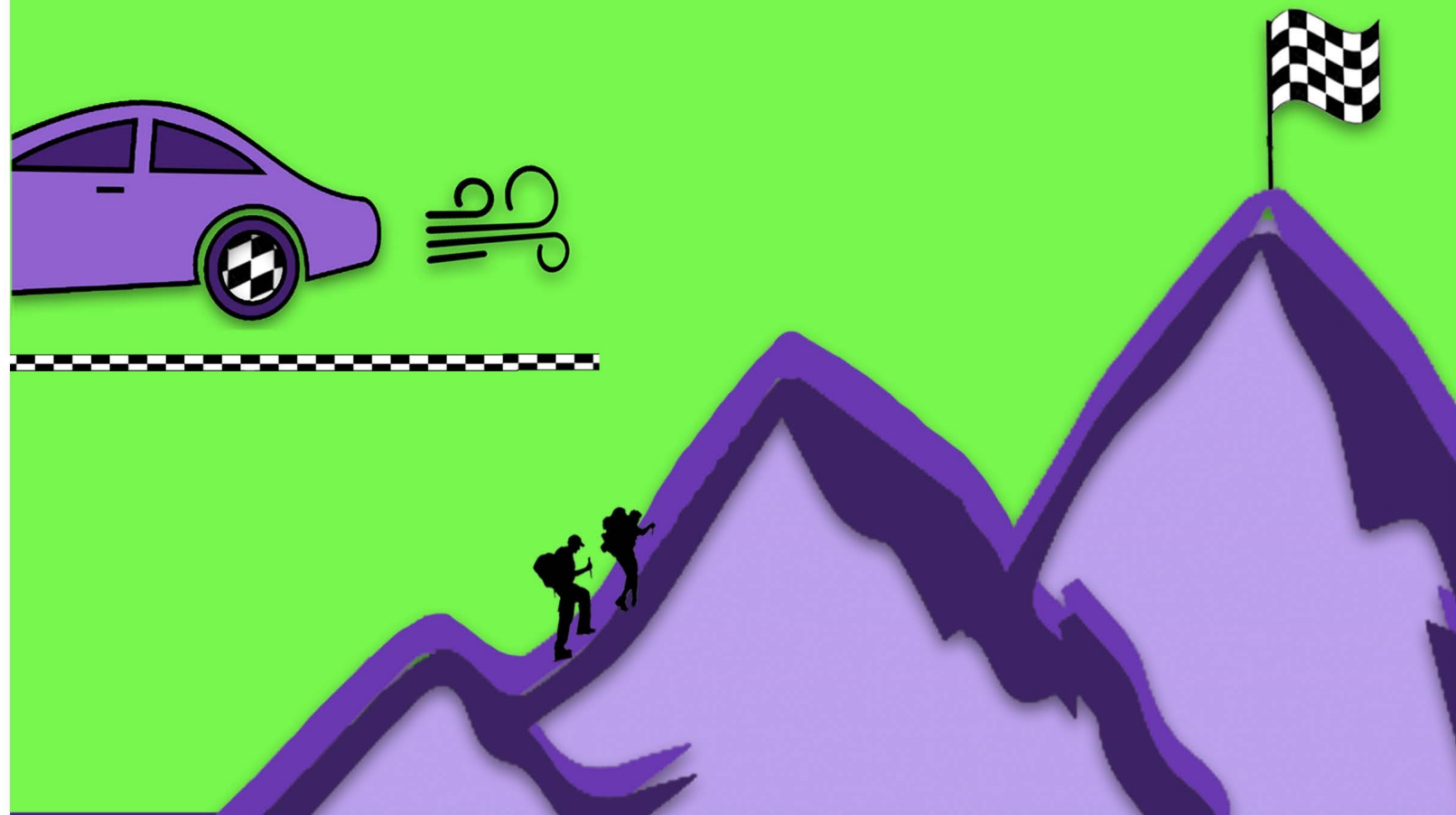


# 2023 Cub Scout Day Camp Parents Guide

<https://wdboyce.org/club-summer>

## OFF TO THE RACES



W. D. Boyce Council, Boy Scouts of America



# Welcome Letter

Greetings Parents,

We are so excited for your interest in Cub Scout Day Camp this year! The 2023 theme is “Off to The Races!” We are looking forward to all the fun things that are planned for camp and all the amazing volunteers that help make this happen.

It is our honor and privilege to provide the best experience for you and your children. In an effort to help you prepare for your summer adventure, this guidebook has been compiled to convey the details about our programs, procedures, and services that will be most important for the success of your day camp experience. Please take the time to read this guide and familiarize yourself with day camp and our policies.

You will need to fill out health forms part A and part B for every child and adult volunteer that is attending camp. A parent can fill this out– no physical is necessary. They are located at the end of this book as well. These will be turned in during check in on Day 1. It will save a ton of time if you have these filled out and printed ahead of time.

While each day camp is unique, the policies and procedures in this book will remain similar for each camp. This book provides an overview of the W. D. Council day camps, but you will also receive camp specific instructions from your camp director prior to the start of camp.

Day Camps are run by a staff of Volunteers. They work hard all year round to provide an unforgettable camp for the Scouts!

Thank you,



614 N.E. Madison Avenue  
Peoria, Illinois 61603-3823

**Erin Smith**

W. D. Boyce Council, BSA  
Heartland District Executive  
Erin.smith@scouting.org  
309-673-6136 ext. 140



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## Locations, Camp Contacts, Text Notifications

### **Pekin Area: June 5-9, Mineral Springs Park**

1701 Court St, Pekin, IL 61554

**Camp Director: Gary Towne. Email: gtowne61554@yahoo.com**

**Program Director: Kyle Just**

Text Prompt: PEKIN Text to: 1-833-904-3729

### **Pontiac Area: June 5-9, Humiston Woods**

22001 N 1125 E Road, Pontiac, IL 61764

**Camp Director: Dave Gallup. Email: gallup800@frontier.com**

**Program Director: Tina Hammer. Email: tinahammer12@gmail.com**

Text Prompt: PONTIAC Text to: 1-833-904-3729

### **Peoria Area: June 12-16, Tanners Orchard**

740 State Rout 40, Speer, IL 61479

**Camp Director: Jake Whitby. Email: jwhitby314@gmail.com**

**Program Director: Angie Karcher. Email: angela\_karcher@yahoo.com**

Text Prompt: TANNERS Text to: 1-833-904-3729

### **Bloomington Area: June 12-16, Comlara Park**

13001 Recreation Area Dr, Hudson, IL 61748

**Camp Director: Meghan Hillebrandt. Email: Meghan.hillebrandt@gmail.com**

**Program Director: Lara Ward. Email: laraward113@gmail.com**

Text Prompt: BLOOMINGTON Text to: 1-833-904-3729

### **Peru Area: June 12-16, St. Bede Academy**

24 W US Highway West, Peru, IL 61354

**Camp Director: Mary Johnson. Email: g-racer07@hotmail.com**

**Program Director: Stacey King. Email: king.stacey11@gmail.com**

Text Prompt: PERU Text to: 1-833-904-3729

### **Canton Area: June 26-30, Youth Acres**

26400 N Youth Acres Rd, Canton, IL 61520

**Camp Director: Jenny Wetterauer. Email: cubscoutdaycamp@gmail.com**

Text Prompt: CANTON Text to: 1-833-904-3729

**W. D. Boyce Council Day Camp Staff Advisor: Erin Smith Email: erin.smith@scouting.org**

**Phone: 309-673-6136 ext. 140**

### **Text Notification Service:**

To opt in to the text notifications for each camp, text the prompt listed for your camp above. We will use this for reminders and for emergency notifications. Text the prompt to 1-833-904-3729.

If you do not opt in to the texting notifications, you will be notified by email.

## Camp Hours

**On Day 1 of camp— arrive 15-20min early and expect check-in to take 20 minutes. You will have to review camp procedures with staff. This does not apply if you participate in pre-camp check-in. See below.**

**DROP OFF: 8:30 AM.** Please stay with your child until they are checked in.

**PICK UP: 4:00 PM.** You must sign your child out every day. If someone other than a parent/guardian is picking up your child, you must mark them as a person authorized for pick up on the health form and let the camp director know.

**LUNCHES: Please send your child with a sack lunch every day.** If your child will want a snack during the day, please send that as well.



## Pre-Camp Check-In

Some camps will have an option to bring health forms and receive day camp t-shirts prior to camp starting. This will be helpful in making sure that day camp gets started smoothly on Day 1. Please look for communication from your camp director for more information on this process.

## Absenteeism

If a Scout and/or volunteer will not be in camp for any reason, please get this information to the Camp Director. We assume every Scout registered for camp will be there every day, and we need to account for all of the Scouts. The Camp Staff will call the home of all Scouts who are absent unless notified of the absence in advance.

## Late Arrivals and Early Departures

Any Scouts arriving late must check-in at the registration area to ensure the attendance is properly updated. Any Scout departing camp early must have a signed early release form (at the end of this guide and will be available at camp.) When the Scout is ready to leave camp, they must be escorted to the registration area where they will be checked out. The adult picking up your child must present a valid ID before they will be allowed to check the Scout out of the Camp. This policy is for the safety of the Scout and will be strictly enforced. Any person other than a parent or guardian must be listed on the Scouts' health form as a person allowed for pick up.

**Parent Role:** Notify the Camp Director if you will be late that day for any reason. Be sure to check your Scout in at the registration area before proceeding to program area. Fill out an early release form if you know of any planned early pick-ups. Bring a valid ID with you when picking up your child. Note any other person picking up your child on their health form and make sure they know to bring their ID.

**Walker role:** If a parent approaches your den after check-in, please refer them to the registration area to check in properly. Your Camp Director will inform you of the protocol that will be followed so you know what to look for. If a child is to leave early, have them escorted to the registration table at the confirmed time.

## Camp Uniform

Each Cub Scout will be provided with a Day Camp T-shirt on the first day of camp. This shirt should be worn each day the Scout is attending camp. This is to easily identify which campers belong with our camp. You may opt to purchase an extra shirt during registration. Campers can wear either shorts, leggings, jeans, or other pants that are comfortable and weather appropriate. Campers should also have a hat, closed toed shoes, and socks. Do not wear shoes with any holes in them such as sandals, flip-flops, or crocs.

## Adult and Volunteer Camp Attire

Adults should follow the same dress code as the campers, keeping in mind good taste. You can wear a day camp t-shirt, Scout uniform attire, or other appropriate clothing. Adult walkers who volunteer for all 5 days of camp will receive a day camp t-shirt free of charge. All other adult walkers are encouraged to purchase one during registration.

## Adult Supervision Requirements-IMPORTANT

The term for the adult volunteers who will be with a small group of Cub Scouts is called a Walker since they will walk the Scouts to and from each program area. The BSA follows a 2-deep policy for leadership and supervision. This means that at all times there must be two registered and youth protection trained adults within vision of all Scouts at all times. There can be no one-on-one interactions. In cases of discipline, an adult and child may step out of the immediate hearing range of the group for a quite reprimand, as long as they are still in plain view of others.

Each pack must send 1 adult walker for every 5 Cub Scouts in attendance. It does not have to be the same adult each day. Some camps will separate the campers based on age, not pack. We will do everything we can to keep as many scouts from a pack together, but a walker may supervise campers who are not in their pack. Day camp can only operate smoothly with the help of adult walkers. Please ensure your pack send the appropriate number of walkers.

## Non-Camper Siblings/ Tot-Lot

Siblings who are older, younger, or not registered campers are not permitted to participate in day camp activities and should not come to camp unless to visit with a parent/ guardian. If you need accommodations to help volunteer or be a walker, please talk to the Camp Director. Some camps have tot-lots to watch younger children, but not all camps can accommodate this. Reach out to the Camp Director for information on your specific camp.



## Packing List

Campers will need the following items with them on a daily basis:

- Camp T-shirt
- Sack lunch & drink (and snacks if necessary)
- Backpack
- Water bottle (filled and reusable)
- Hat & Sunscreen
- Non-aerosol bug spray
- Rain poncho
- Tennis shoes and extra pair of socks
- Swimsuit & Towel if necessary
- Closed toed water shoes for water day if necessary



It is recommended that campers bring this gear with them in a backpack. Remember, everything your campers bring to camp they may have to carry with them all day. Do NOT over pack! Ensure your camper's name is on everything they bring to camp.

## Items to Leave at Home

The following items are not allowed in camp: knives, electronic devices (Nintendo switches, etc.) weapons of any type, and fireworks.

The Camp Director reserves the right to add items to this list if they are deemed to be inappropriate or a danger to any of the Scouts.

## Transportation

Parents/Guardians are responsible for transportation to and from camp.

### Peoria (Tanners) Camp Only: Bus Rider Option

If you signed up for the bus option, you will meet at Willow Knolls Shopping Center by the movie theater. 4100 W Willow Knolls Dr. Peoria, IL. Bus rider drop off is at 8am. Pick up is at 4:45pm. On Monday, arrive 15 min early with your completed health form.

## Meal time

Everyone will be responsible for bringing their own lunch and drink with them daily. There will be limited areas to store cold items, so please pack non-perishable foods if possible. Please do not send anything that can spoil, such as mayonnaise or milk. Please do not send glass bottles. Write your camper's name on their lunch and drink. If your camper's lunch does need to be refrigerated, let the camp staff know upon check-in.

## Lost & Found

Lost & Found will be established at the Camp Registration Area. Any items found which do not belong to you should be turned in to Lost & Found. If you have lost anything, check there. Day Camp Volunteers and the W. D. Boyce Council are not responsible for lost or misplaced items. Be sure to mark the camper's name and pack number on anything that could be separated from them. Anything left over at the end of the week will be turned into the Boy Scout Service Center in Peoria and kept for one month. After that month, all the items will be donated or thrown away. Contact your Camp Director or the nearest BSA Service Center if you think you have lost something. Contact information is on page 2.

## Look for Sunshine - Prepare for Rain

Each camper should wear sunscreen daily and bring some more which they can re-apply *themselves*.

Do NOT assume Day Camp will be cancelled due to rain. Bring your rain gear and continue as scheduled. The Camp Director will move camp into sheltered areas or cancel camp if weather conditions become unsafe. In the unlikely event that this happens, emergency procedures have been put into place, and you will be notified to come and pick up your camper. No child will be left anywhere unattended.

## Cub Scout Discipline

Campers are expected to respect themselves and others at all times while at camp. This includes personal property. If a camper's behavior jeopardizes the safety of themselves, others, or doesn't portray the proper Scouting values, they should be asked to stop. Adult Walkers are responsible for maintaining order within their group. Any and all disciplinary actions will be judged on a case by case basis by the camp staff. Discipline should be handled by the camper's home pack leaders whenever possible. In the case of major behavioral issues, parents will be contacted to immediately pick up their child. Physical discipline is NOT allowed at camp (even with your own child.) Campers are not to be insulted, degraded, or demoralized through verbal discipline. If you have any concerns over the way your child is being treated at day camp, please contact the council office at 309-673-6136 immediately.

Parent and Walker Role: Lead by example. Follow the Scout Oath and Law. Be consistent in discipline. Seek the advice of the Camp Director if you need help.





## Lost Camper Policy

Each camp has a policy to deal quickly with the situation of a lost or missing camper. Each Day Walker and station leaders will have this policy with them at all times.

## Emergency Procedures

The only things that will delay the camp are lightning, tornados, or other severe weather warnings. Day Camp Staff will make the decision to delay the opening or cancel camp for that day as soon as possible in the morning. Camp Staff will then contact parents and leaders. In the event of severe weather conditions that arise after camp has started, ALL campers and leaders will be directed into designated buildings or areas until the severe weather condition has passed. The Camp Staff will then notify the Day Walkers when the schedule will be resumed.



## Severe Thunderstorm/Tornado Warnings

Day Camp opening will be delayed if a Severe Thunder Storm/Tornado Warning (not a Watch) is in effect at the opening time at the campsite area. Camp will begin one hour after the warning has been lifted. The camp director will notify families in cases of delays. You will be notified via texting service. To opt in to this service, text TANNERS to 1-833-904-3729.

## Health Forms

Each camp has a Health Officer on site to deal with *minor* injuries and medical emergencies. It is extremely important that all medical information be up to date, clear and complete on the health form. The local police, fire department, and hospital have been notified of each camp's operation and schedule. They are prepared to quickly respond in the event of an emergency and we need to ensure that any medical information we give them is accurate.

Parent Role: Fill out the health form attached at the end of this packet. ***You are able to fill this form out by yourself without going to a physician. You may choose to make a few copies of the health form for other Cub Scout events.***

## Medication (Adult and Youth)

All medications (including over the counter medication) at camp MUST be listed on the individual's medical form and should be given to the Health Officer upon arrival at camp. ONLY medication listed on a medical form is allowed at camp. Parents are encouraged to come to camp and dispense any medication to their own child during the day. If unable to do this, parents must sign the youth's health form in the space allowing the Health Officer to dispense daily medication. No other person in camp can carry or dispense medication to campers.

*The ONLY exception to this is campers or adults with severe allergies and other life-threatening conditions. In this case, participants may carry their medication on them. For example, campers with allergies that may require an Epi-Pen may carry it in their backpack. All instances of this MUST be noted on the medical form and made aware to the Health Officer.*

## Insects

Cub Scout Day Camp is an outdoor activity. All participants will be exposed to normal outdoor insects. Please send **non-aerosol** insect repellent (pump, spray, or lotion) that can be reapplied throughout the day. *Everyone should perform an inspection (paying close attention to the head, hairline, legs and ankles) for ticks EVERY day after Camp. Ticks are present throughout the area and spread diseases.*

## Miscellaneous Information

If there are any questions, contact the Camp Director. Contact the Camp Director if you cannot make it to camp on your scheduled day.

**Most important: \*\*\*\*HAVE FUN!\*\*\*\***



## Youth Protection Policies

The Boy Scouts of America is committed to the highest standards for youth safety. Youth Protection requires sustained vigilance and we work every day to protect children through mandatory policies.

- The BSA require adults accompanying a Scouting unit who are present at the activity for 72 total hours or more must be registered as a leader, including the completion of a criminal background check and Youth Protection Training.
- One-on-one contact between adults and youth members is prohibited.
- Privacy of youth is respected. Adult leaders and youth must respect each other's privacy, especially in situations such as changing clothes and using restrooms.
- The buddy system should be used at all times. The buddy system is a safety measure for all Scouting activities. Buddies are encouraged to select each other, with no more than two years age difference.
- Hazing and initiations are prohibited and may not be included as part of any Scouting activity.
- No bullying. Verbal, physical and cyber bullying are prohibited in Scouting.

All Adults wishing to volunteer for any amount of time are encouraged to take Youth Protection Training and provide a copy of their completed course to the Camp Director. All adults who volunteer on camp staff must be registered members of the BSA which includes a background check and mandatory youth protection training.

*Youth Protection Training is FREE. You do not have to be a registered member of the Boy Scouts of America to take Youth Protection training.*

To take Youth Protection training go to [www.my.Scouting.org](http://www.my.Scouting.org) and create an account. You'll receive an email notification with your account information, including a member ID/reference number.

From the [www.my.Scouting.org](http://www.my.Scouting.org) portal, click **Home** then **My Dashboard** from the menu list. The **My Training** page displays to take **Youth Protection Training**. Upon completion, you should forward a copy of your

## Scouts First Helpline (1-844-SCOUTS1)

The protection of youth is the primary obligation of every individual involved in the Boy Scouts of America—including leaders, parents, members, and professionals. The BSA has been and will continue to be vigilant in creating barriers that help prevent abuse and educating those involved in Scouting to recognize and report child abuse regardless of where it occurs. As part of its "Scouts First" approach to the protection and safety of youth, the BSA has established 844-SCOUTS1 (844-726-8871), a dedicated 24-hour helpline to receive reports of known or suspected abuse or behavior that might put a youth at risk.



## Program & Awards

Each camp will differ slightly in their schedule and activities. However, all camps will offer the following Advancements:



**Tiger– Tiger Tag**



**Wolf– Paws of Skill**



**Bear– Marble Madness**



**Webelos/AOLs– Build It & Sports**

### SHOOTING SPORTS AWARDS



TIGER



WOLF



BEAR



WEBELOS  
AOL

### SHOOTING SPORTS AWARD PINS

Slingshot



Archery



BB Gun



**\*Slingshot may not be available at all camps**

After camp, you will receive a list of completed adventures from your camp director. You will need to make sure to turn these into your den leader or Cubmaster so they can enter the requirements and provide the awards.

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

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: \_\_\_\_\_



## Part B: General Information/Health History

**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 (anginal)/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

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: \_\_\_\_\_



# Camper Early Release Form

## Instructions

Campers desiring to leave camp prior to the end of the camp day must have a release signed by their parents. Campers will normally be permitted to leave only when accompanied by their parents. If another person is picking up the camper, they must be listed on the campers health form as a person authorized to pick-up campers. Any person picking up a camper must have a valid ID. The form below must be used in handling all such departures. In an emergency, it may not be possible for a parent or guardian to sign the release. In that situation sufficient information must be recorded attesting to the telephone call or means of communication by which word arrived asking for the release of the camper. This information should document the person from whom the call was received, verify telephone confirmation of the parent asking for release of the camper and give detailed reasons for the requested release.

Camper Requested to be Released: \_\_\_\_\_

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

Home Council: \_\_\_\_\_ Unit: \_\_\_\_\_ Campsite: \_\_\_\_\_

Reason for request to Leave: \_\_\_\_\_

Date of Release: \_\_\_\_\_ Time: \_\_\_\_\_ Method of Travel: \_\_\_\_\_

Adult Accompanied By: \_\_\_\_\_

Date of Return: \_\_\_\_\_ Time: \_\_\_\_\_

In signing this request for release the BSA, the W. D. Boyce Council and the camper's parents or guardians mutually acknowledge that there will be no refund of the camp fee: and that the BSA or its representatives shall not be held liable for any loss to the camper's person or property

The requests made by (parent or guardians' signature except noted for emergency departure request)

Parent or Guardian Signature: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Request made (Date & Time): \_\_\_\_\_

Camp Director Approval: \_\_\_\_\_

## ON-SITE RELEASE

Before leaving the camp, campers must check out with the Camp Director.

Signed by Camp Director: \_\_\_\_\_ Date: \_\_\_\_\_

Signed by Parent/Guardian/ Authorized Adult: \_\_\_\_\_

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