

# Program Guide

Chester County Council

Cub Scout Spook-O-Ree

October 18-20, 2024

&

October 25-27, 2024



This event is designed to be fun and allow everyone to experience one of the most enjoyable aspects of scouting, the doing! We, as a team, cannot say what Cub Scouts will do and won't do at this event so it is up to the leaders and adults that attend with them to keep track of what they do for advancement purposes. There will be opportunities if they choose to take them. A good example will be that if they stay the night, they will most likely meet the requirements for the Let's Camp adventure for their rank. If they take time to go on a hike they can meet the hiking requirements. If the adults have any questions about whether something at the event meets a requirement, Kerri Lea McFadden will be the person to see, as she is the cub scout person on the advancement committee.

*Your role in maintaining the cleanliness and orderliness of the event is not just important, it's crucial. You are the key to a successful and enjoyable experience for everyone. Please clean up after yourselves and leave no trace. Follow instructions for trash disposal. You will need to provide your own trash bags for use in your campsite and they must be taken to the dumpster on your way out of camp.*

*\*\*It's essential to uphold the values of the scout oath and law. Please talk to your scouts/adults prior to the event about the scout oath and law and the meanings of them. We will expect all people in the camp to be following them at all times, as they form the foundation of our event's atmosphere and spirit.*

## **Restrooms**

Due to rules governing youth protection we have bathrooms broken up into the following categories: youth male, youth female, adult male, and adult female. The youth bathrooms are located on the bottom floor of Macaleer (the two-story building in the middle of camp). Adult restrooms are located on the porch of the headquarters building. Portable toilets are single-use and will be available in various places in camp. If you have a child who has a medical need for you to help them with while using the restroom, please see the health officer.

Please treat our bathrooms with respect. If you make a mess, clean the mess. If something needs attention, please see the campmaster, located in the headquarters building.

Shower houses in campsites are weather dependent. Plan for not having them but if we are able we will open them.

## **Lodging**

All participants planning to stay overnight will need to bring their own tent and sleeping gear. Tents and cots will not be provided as they are cleaned up after summer camp. You will be assigned a place in camp to put your tent at least a week before the event.

## **Weather**

This event is a rain or shine event. There are no refunds for rain. Please bring the appropriate gear and extras for the weather.

## **Meals**

Meals will be served family-style in the dining hall, the same way they are at summer camp. If you are not familiar with this process, feel free to reach out. If you have dietary restrictions, please email us

(cubspook@cccbsa.org) by Tuesday, October 1, 2024. Otherwise, we will not be able to accommodate your request.

Your admission includes lunch on Saturday, dinner on Saturday, and breakfast on Sunday morning. Units wishing to arrive on Friday night must bring their own Friday night snack and Saturday morning breakfast.

This year, you will be assigned to either the first lunch/dinner or the second lunch/dinner.

### **Uniform:**

Your full field uniform (formerly referred to as Class A) will be required for the flag-lowering ceremony and dinner. This is the same expectation at summer camp and an amazing camp tradition. For the rest of the time, feel free to wear whatever you'd like. Dress appropriately for the weather and bring layers. Yes, you can layer under your uniform for dinner!

### **Registration at the event:**

If you are coming as a pack, please have your pack coordinator bring with them 3 copies of the unit roster broken down by youth and adults. There should be some designation for those in the camp for the day and those staying overnight. One copy will go in the front of the medical binder, another will stay with the pack coordinator, and the final copy will be turned in at the on-site registration table. The pack coordinator should also have the BSA medical forms arranged in a binder by youth and adults. Included with the BSA medical forms should be a copy of the front/back of the insurance card for that person. Every human in camp needs a medical form (A, B1, B2), even if they are only on site for the day. The unit coordinator should also have three copies of the fast list of known medical issues for your unit listed by name and clearly stating if they are a youth or an adult. Example: Baloo Bear cub scout allergic to eggs and has juvenile diabetes. One copy should be at the front of the pack binder, another copy will stay with the unit coordinator, and the third copy will be attached to the unit roster.

Individuals who attend will also need to bring their medical forms for every human in camp: Part A, B1, B2, and a copy of the front/back of the insurance card. They will also need to inform registration of any medical concerns and whether they are attending for the day or overnight.

It is the responsibility of the pack coordinator or individuals to pick up their binders/health forms from the health officer when they leave. Any medical forms that are left behind will be shredded.

Health forms can be found at [BSA Medical forms for all scouting events](#)

### **Event Patches**

There will be one patch given per youth/adult registered for the event. If you wish to have extra patches please email [cubspook@cccbsa.org](mailto:cubspook@cccbsa.org) by September 1.

### **Health Lodge**

There will be a health officer on-site during the event. If you have something that requires more than a band-aid, you need to report it. Packs/parents, please bring your own band aids, over-the-counter items that you may need, etc. We do not give out band aids, ibuprofen, Tylenol, allergy medications, etc. Our health officer is designed to help in more serious cases and does not replace well trained adults in your unit.

**YPT – All adults in the camp are expected to have completed the Youth Protection Training online prior to the event.**

## **Parking**

Parking is extremely limited. Carpooling is necessary. Be prepared to park extremely close together. Please follow all requests by the parking staff and bring your patience with you.

Overflow parking will be at Camp Horseshoe, which is a 30 minute drive and a 20 minute walk from Camp Ware. You can drop the gear off at Camp Ware but will have to arrange with someone from the unit to get a ride back or there is a trail to walk back.

There will be no vehicle access to the campsites on Saturday. If you would like to take gear to your campsite in a truck, that vehicle will need to come in on Friday night. If you are planning to come in on Friday night, please make arrangements with [cubspook@cccbsa.org](mailto:cubspook@cccbsa.org) before the event. If you have a pack trailer, please get in touch with [cubspook@cccbsa.org](mailto:cubspook@cccbsa.org) prior to the event so that we can make arrangements. It will also have to come to camp on Friday night. The best practice would be for units to collect all the gear at their meeting before the event and then bring it down to the event on Friday night.

We will allow that same vehicle to take the gear back up to the parking lot on Sunday morning if necessary.

## **Gear**

You are responsible for bringing your own gear. This event is rain or shine, cold or hot. Please note that sleeping bag degrees are for survivability, not for comfort. So, if you bring a 30-degree bag, you will survive the night but may not be very comfortable. Layers are an excellent idea. If you need help with choosing the right gear before the event, please email [cubspook@cccbsa.org](mailto:cubspook@cccbsa.org). Some items you should bring are a tent, sleeping pad, change of clothes, extra shoes/socks, items for personal hygiene. Headlamps with a redlight option are an excellent choice. Sometimes a part of having fun is getting messy and dirty. Please plan for this to happen by bringing extra clothes.

There is no vehicle access to the campsites at this event. We have a limited number of wagons that can be used. If you use one, we ask that you remove your stuff quickly and return it for others to use.

Bringing your own camp chairs is strongly recommended. Adults who wish to follow children around to stations should plan to bring their own camp stool or chair around with them.

## **Trading Post:**

We plan to have the camp trading post open for this event. Hours will be posted at the event. Reminders will be given at meal times on the hours.

## **Notes about some program stations:**

BSA requires an adult partner to be with all children who are Lions and Tigers at all times. Children who are wolf level and above may walk around camp with a buddy, but their adults/pack leaders should know what they are doing. We do ask that adults try to go to the stations/areas with their children as they may need assistance at those stations. Our staff running the station can only assist one at a time, and many hands make things less frustrating for everyone.

In the event of rain, the campsite pavilions will be used for the program. Please think about this as you plan.

Any youth participant can go to any program station with a few exceptions. Lions may not participate in BBs due to BSA regulations. Only those who have earned their knife safety adventure for their rank who are Bear

and above may participate in whittling. Our guidelines for older youth/younger youth are simply guidelines as to what we think they will enjoy based on the committee's experience working with cubs of varying ages.

## **Whittling**

Bring your own pocket knife to this station. Those who have earned the knife adventure loop for their rank can participate in whittling. We will have a 1 pm session at the Foard Pavilion and a 3 pm session at the Foard Pavilion. An adult must be present for every scout attending. Each session only takes 20 youths, and you can sign up for those at registration for the event. If you have a large pack and would like to do whittling, please email [cubspook@cccbsa.org](mailto:cubspook@cccbsa.org) before the event to make arrangements.

## **Pinewood Derby**

If you plan to participate in the Blacklight Pinewood Derby after dinner, please bring a cut car with wheels to the event. We will not have any available on-site. If you want to decorate with glow paint or need help putting on the wheels, you can do that in our afternoon program rotation. We will have experts on hand to help you. This event will utilize strobe lights, disco lights, fog machines, and blacklights. Please let us know if this will be an issue for your child.

You can look around at your local craft stores or online.

Here are our recommendations for easy:

[Pre Cut Wedge Car](#)

[Glow wheels for pinewood derby](#)

## **Trunk or Treat**

If you registered to be a Trunk or Treat vehicle, you will need to bring your own candy/goodies to hand out, and you will also be responsible for decorating your trunk/vehicle. We ask that you limit the sweets and wrappers. Some suggestions would be vampire teeth, Halloween coins, bendable figures, etc.

For those wishing to participate in the trunk-or-treat aspect, we ask that you dress your children in costumes that allow them to freely walk and do not obstruct their ability to see. We also recommend older costumes or even just a character hoodie of some sort. Save the brand-new, hard-to-dress costumes for Halloween night!

Those who wish to participate need to bring their own bags to collect the goodies.

## **Haunted Pavilion**

Troop 92 will be putting on a haunted pavilion in the Mohican campsite. It will start after the Pinewood derby and continue until the dance party. This event is intended for our older cub scouts and those who enjoy scares. Enter at your own choosing.

## **Targe and Range Activities**

All time on our ranges will be scheduled according to cub scout grade/level. This will be determined after the event registration closes. We are planning to offer BBs, archery, and glow slingshots. This helps us to ensure that everyone gets a turn at the ranges without having to stand in long lines. Our range masters have the right to refuse those who can not follow the range rules and the Scout Oath and Law.

## **GAGA Ball**

This is a self-guided activity. The ball can be checked out at HQ by two adult leaders who plan to stay with the children and oversee the game. Any time children are playing GAGA ball, two adult leaders must supervise

them. Supervising means actively paying attention to the youth and not simply sitting in a chair conversing with a friend. When the adults who checked out the ball are done, they can return it to HQ, or if other adults are taking over, they can report to HQ who has taken over for them.

## Hiking

This is a self-guided activity. It always requires at least two adults. You can ask for maps of the green trail at headquarters.

***All program stations are subject to change and a final schedule and map will be available at registration at the event. We are including our general plans on the following pages to give you an idea of what will be available at the event. Weather and staffing will also play a factor in what is able to run at the event. If you are bringing many parents with older scouts we suggest signing up as event staff to make sure many things are available. We will do our best!***

Available Until the PWD	Interactive Spider Web Decoration	Self-guided
Available Until the PWD	Nature Webs	Self-guided
Available Until the PWD	Spider Corn Hole	Self-guided
Available Until the PWD	Hike with Pack/Parent	Self-guided
Available Until the PWD	Kerplunk Spider Game	Self-guided
Available Until the PWD	Guessing Games	Self-guided
Available Until the PWD	Gaga Ball	Self-guided
Available Until the PWD	Giant Games	Self-guided
Saturday Morning (8:30am - until first lunch)	Photo Booth	Staffed: Come get your picture taken as a family with our themed background.
Saturday Morning (8:30am - 11:30am)	Spider Slime	Staffed: STEM
Saturday Morning (8:30am - 11:30am)	Cooking	Staffed: Make your own oreo cookie spider.

Saturday Morning (8:30am - 11:30am)	BBs	Staffed and timed by level.
Saturday Morning (8:30am - 11:30am)	Archery	Staffed and timed by level.
Saturday Morning (8:30am - 11:30am)	Crafts	Staffed: There will be a variety of spider related items to make at this station.
Saturday Morning (8:30am - 11:30am)	Spider Races	Staffed: We provide the spider, you decorate it and race it on a string.
Saturday Morning (8:30am - 11:30am)	Face Painting and Tattoos	Staffed: We will be offering spider and other Halloween related tattoos and face painting.
Saturday Morning (8:30am - 11:30am)	COPE drawing spider	Staffed: Youth will work together to draw a spider!
Saturday Morning (8:30am - 11:30am)	Minute to Win it Toilet Paper Spider Food	Staffed: You will have one minute to wrap your friend up like a spider would!
Saturday Morning (8:30am - 11:30am)	Possibly leatherworking.	Staffed: Email <a href="mailto:cubspook@cccbsa.org">cubspook@cccbsa.org</a> when you register if you are interested in this.
Saturday Afternoon (1pm - 5:00pm)	PWD tips/tricks/work on your car for night time	Staffed: Come to the Fisher Pavilion and bring your pre-cut pinewood derby car to decorate and talk with them about tips and tricks for your race.
Saturday Afternoon (1pm - 5:00pm)	Archery	Staffed and timed by level.
Saturday Afternoon (1pm - 5:00pm)	BB	Staffed and timed by level.
Saturday Afternoon (1pm - 5:00pm)	Escape Room	Staffed: Try your hand at our spider/Halloween themed escape room for cubs.
Saturday Afternoon (1pm - 5:00pm)	Knots Station	Staffed: Come learn some knots, try some knots and have some spidery fun!
Saturday Afternoon (1pm - 5:00pm)	Potions Station	Staffed: STEM This station will allow you to mix your own potions in a kid friendly fun way.
Saturday Afternoon (1pm - 5:00pm)	Crafts	Staffed: There will be a variety of spider related items to make at this station.

Saturday Afternoon (1pm - 5:00pm)	Whittling	Bring your own pocket knives for this station. Only available to cubs who have earned the knife adventure for their level.
Saturday Afternoon (1pm - 5:00pm)	Fall Carnival Area suggested for younger cubs	Staffed: This area will feature activities that should appeal to cubs younger than bear.
Saturday Afternoon (1pm - 5:00pm)	Giant balancing web	Staffed: Large Muscle Activity
Saturday Afternoon (1pm - 5:00pm)	2L bottle rockets	Staffed: We are hoping our spiders will have a world class rocket experience at this station.
Saturday Afternoon (1pm - 5:00pm)	Face Painting and Tatoos	Staffed: We will be offering spider and other Halloween related tattoos and face painting.
Saturday Afternoon (1pm - 5:00pm)	Silly String Webs	Staffed: Ready, set, aim. Help the spider by making a web for it.
Saturday Afternoon (1pm - 5:00pm)	Trunk or Treat	This will be put on by those guardians that registered. Please remember the scout law when participating. Feel free to dress up for this.
Saturday Night (7:30pm - 9:30pm)	Glow Fishing	Staffed: Youth will try to cast their glow bugs into a variety of glow hoops to practice their fishing skills.
Saturday Night (7:30pm - 9:30pm)	Haunted Pavilion	Staffed: Prepare for a fright and come meet an amazing troop!
Saturday Night (7:30pm - 9:30pm)	Glow Egg Hunt	Staffed: Youth will find eggs that have mini glow sticks in them. All will be returned to be reused for the next group.
Saturday Night (7:30pm - 9:30pm)	Glow Scavenger hunt	Self-Guided all around camp Take a buddy or your guardians and try to complete the list.
Saturday Night (7:30pm - 9:30pm)	Glow Tic Tac Toe	Self Guided bring a buddy and see who can win a few games of tic tac toe
Saturday Night (7:30pm - 9:30pm)	Glow Stem	Staffed: Visit this station for some glowing science.
Saturday Night (7:30pm - 9:30pm)	Game with clear beach balls with glow sticks in them	Staffed: Large motor activity of night time fun.
Saturday Night (7:30pm - 9:30pm)	Shadow Puppets	Staffed: Shadow puppet stories and adventures are fun for all ages! Bring your imagination. Everything should fit the scout oath and law.



Saturday Night (7:30pm - 9:30pm)	Slingshot	Staffed and timed by level.
Saturday Night (7:30pm - 9:30pm)	Nighttime BBs	Staffed and timed by level.
Saturday Night (7pm - 7:30pm)	Black Light Glow PWD racing	Staffed: This is the time to watch all the cars race with black lights, strobe lights, and fog machines!
Saturday Night (9:30pm - 10:15pm)	Glow Dance Party	Staffed: Send the kids to get their last wiggles out while the adults go to the adult campfire.
Saturday Night (9:30pm - 10pm)	Adult Campfire	Adults, bring your chairs to the camp fire and take a rest while your children have fun at the dance party! The children are within eye sight!

# Cub Scout Spook-o-ree 2024 Schedule

Saturday	
8:00 AM - 10:00 AM	Registration & Tent Set Up
8:30:00 AM -11:30AM	Stations
11:30:00 AM - 12:00PM	Lunch #1 (*Those not in lunch 1 can do some of the on your own suggestions)
12:00PM - 12:25PM	Campwide Activity
12:30:00 PM - 1:00PM	Lunch #2 (*Those not in lunch 2 can do some of the on your own suggestions)
1:00 PM - 5:00 PM	Stations
5:00 PM - 5:30PM	Dinner #1 (Class A Required)
5:30 PM - 6:15 PM	Flag Lowering Ceremony (Class A required) & Camp Songs
6:15 PM -6:45 PM	Dinner #2 (Class A Required)
6:45 PM - 7:30PM	Campwide Pinewood Derby Glow Race (Race starts 7pm sharp!)
7:30 PM - 9:30PM	Night time Glow Stations Open
9:30PM - 10:00PM	Dance Party for Youth, Campfire for Adults
	Lights Out

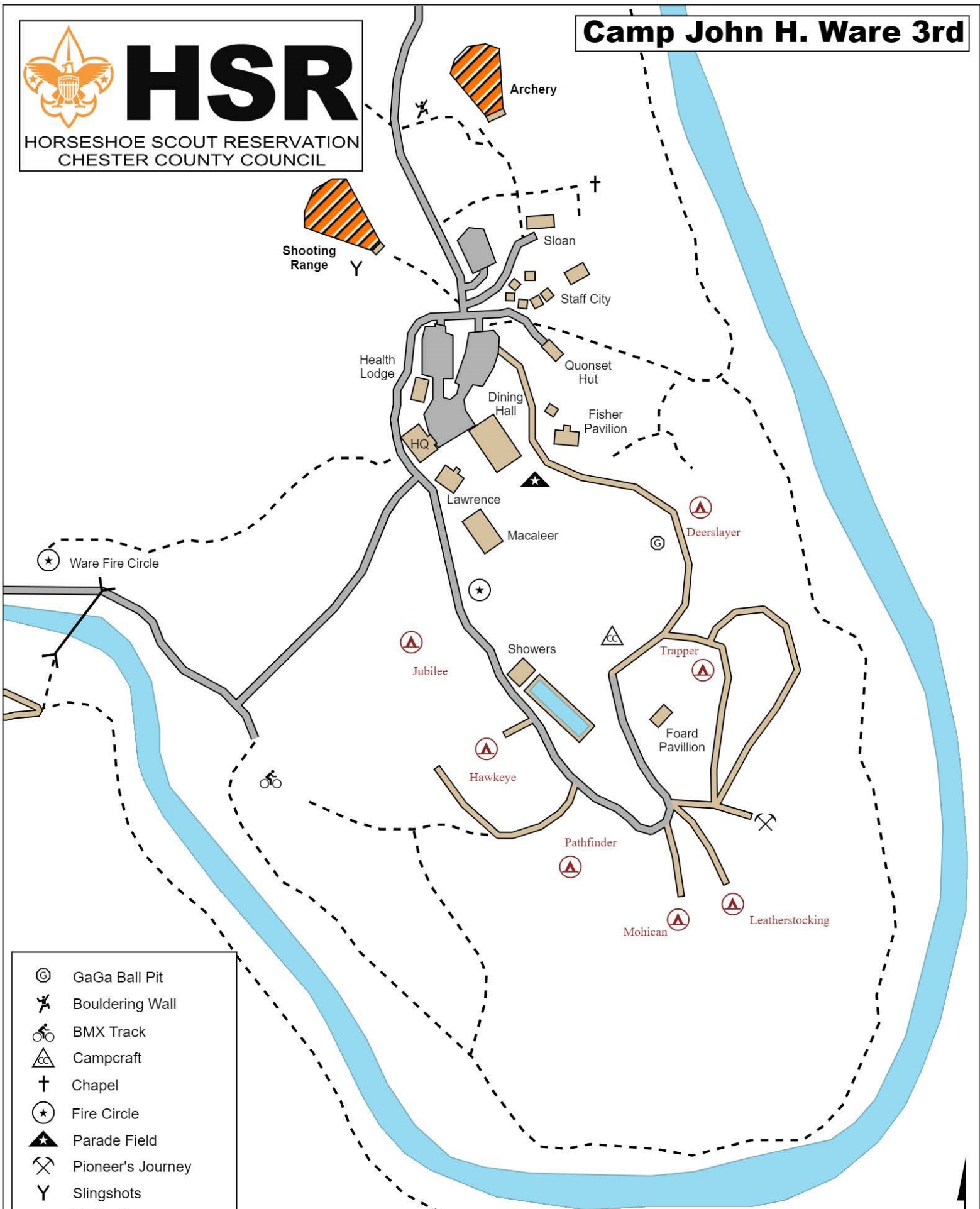
Sunday	
7:30am	Scout Chapel Service
8:00am	Breakfast
9:00am - 10:00am	Pack up, clean up, go home



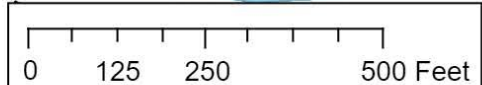
# HSR

HORSESHOE SCOUT RESERVATION  
CHESTER COUNTY COUNCIL

## Camp John H. Ware 3rd



- GaGa Ball Pit
- Bouldering Wall
- BMX Track
- Campcraft
- Chapel
- Fire Circle
- Parade Field
- Pioneer's Journey
- Slingshots
- Footpaths
- Restricted Area











## 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: \_\_\_\_\_





## 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	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				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 <b>(form required)</b>	

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

