



# FAMILY CAMP PROGRAM GUIDE



BOY SCOUTS OF AMERICA  
MOUNT BAKER COUNCIL



## Fire Mountain Family Camp—Holiday Weekend

Take the whole family camping at Fire Mountain Scout Camp this holiday weekend.

Join us for a family getaway at Fire Mountain Scout Camp. Enjoy Fire Mountain Scout Camp’s amazing staffed program areas on Saturday and then explore camp as a family on Sunday or use FMSC as your base camp while you explore Skagit County and beyond!

Past program offerings have included; swimming, boating, archery; BB gun, slingshot and 22 rifle shooting, climbing, guided hikes, handicraft instruction and so much more!

Visit the North Cascades National Park, summit Sauk Mountain, or head into Anacortes for whale watching or window shopping - all within easy driving range of camp.



### Fire Mountain Family Camp—Labor Day

What:	Family Camp—Holiday Weekend
When:	September 2nd – 5th, 2022
Who:	Any Scouting Family
Where:	Fire Mountain Scout Camp

### Costs

2-Person "Leader" Stent*	\$50
4-Person "Scout" Stent*	\$100
8-Person "Patrol" Adirondack*	\$200
Hot Lunch Tickets (each)	\$6 (\$5 if purchased with registration)

*\*Costs include Facility rental, breakfasts and dinners.*





# FIRE MOUNTAIN FAMILY CAMP

## Fire Mountain Scout Camp

26027 Walker Valley Road • Mount Vernon, WA 98274



### Family Camp In Action—How does Family Camp work?

Within the Scouting program we mostly utilize the patrol method and unit oriented events. The Fire Mountain Family Camp experience is designed to offer each family unit the environment of the Scouting program: top notch facilities, cheerful and experienced staff, and an amazing array of activities. While at Family Camp each family unit is responsible for their own safety, well-being and supervision. As such, no minor should ever be at Family Camp without direct parent/guardian supervision, this includes in your campsite, at all program areas and at all activities.

### About Fire Mountain Scout Camp

Located in the foothills of the Cascade Mountains on 665 acres and nestled in the forests of scenic Walker Valley, Fire Mountain Scout Camp is home to some of the finest Scouting program opportunities in the Pacific Northwest. Our beautiful wooded environs, temperate climate, and friendly and enthusiastic staff create the ideal setting for a great Scouting experience!

### How do you get to Fire Mountain Scout Camp?

Our address listed above can be used in most modern GPS units and smart phones for directions to camp.

#### From the north:

Go south on I-5 to exit 227 (College Way). Exit I-5 and head east. Continue until you reach SR 9. Head south (right at the roundabout) and drive for approximately 3.7 miles.

Look for Walker Valley Road on your left. Turn left on Walker Valley Road and continue to the end of the road. The camp entrance will be on your left.

#### From the south:

Go north on I-5 to exit 221 (SR 534). Exit I-5 and head east. Continue until you reach SR 9. Turn north on SR 9 (Left at "T" intersection) and continue five miles. Look for milepost 46. Shortly after this milepost you will see Walker Valley Road.

Turn right on Walker Valley Road and continue to the end of the road. The camp entrance will be on your left.



## GENERAL FAMILY CAMP INFORMATION

### CHECK IN

Check in opens at 5pm on Friday and runs throughout the weekend. Saturday & Sunday Check in will open at 9am and close each day at 9pm. Families may arrive in separate vehicles and at separate times. Please park in the parking lot and follow the signs to the Administration Office (full size Camp Map is included in this guide) to get checked in.

### MEDICAL FORMS

Each participant (every adult and youth, regardless of age) must have a completed [Medical Form \(Part A & B\)](#) filled out prior to check in. A printable copy can be found at the end of this guide, or you can find a fillable version at:

[https://filestore.scouting.org/filestore/HealthSafety/pdf/680-001\\_AB.pdf](https://filestore.scouting.org/filestore/HealthSafety/pdf/680-001_AB.pdf).

### EXPEDITED CHECK IN

Each participant's [Medical Form \(Part A & B\)](#) must be screened by the camp health officer, so arriving with those forms completed will substantially decrease the time needed at check in.

### CAMPSITE ACCESS

While campsites can be a bit of a walk from the parking lot, hand wagons make it feel like an easy stroll! And of course we have plenty of hand wagons available for your use in the parking lot.

If the idea of hiking in your little ones and your gear feels like it might be a barrier to an awesome time; personal vehicles will be allowed to enter camp during Friday check in and Monday check out (as well as several times on Saturday and Sunday, see posted hours).



### PROHIBITED ITEMS

In order to ensure a safe camping experience for all participants, please ensure you abide by the following: no pets, no drugs or alcohol, no smoking or vaping, no weapons, no fireworks, no amplified sound.

### LEAVING DURING THE WEEKEND

Once checked in, families may come and go at will. Please ensure that you sign out and sign back in at the Administration Office so we have an accurate head count for our in camp emergency management team.



## Meals at Family Camp

Your Family Camp registration includes the following meals for each registered camper in your group (up to the maximum occupancy of your registration type):

**Saturday breakfast, Saturday dinner, Sunday breakfast, Sunday dinner & Monday breakfast**

*Please note, NO meal options will be available in camp on Friday*

### Breakfasts

Continental breakfast will be available in the dining hall during posted hours (see schedule for times). Menu choices may include juice, coffee, milk, cereal, oatmeal, and fruit. *Please note that menu choices will vary.*

### Saturday and Sunday Dinners

Dinners will be served in the dining hall (see schedule for times). We know that finding food the whole family is excited about can be a challenge, that is why our menu will be planned around simple choices and fantastic flavors. *Please note that menu choices will vary.*

### Saturday and Sunday Lunches (available for an additional cost)

In camp lunches are optional and, therefore, not included with your registration. This lunchtime flexibility gives families more choices in their activities; families can purchase hot lunch in camp, cook a meal together over the campfire, or take a drive into town for a variety of excellent meal choices. Lunch tickets may be purchased day-of at the General Store, or they can be purchased ahead of time during registration (at a discount). Sample menu: hot dog, chips, carrots and dip, and drink.

### Dietary Restrictions and Food Allergies

Please ensure you have any allergies or dietary restrictions listed on your registration. Our kitchen staff will make every effort to accommodate your needs. Please be advised that our menu items may contain the Big 8 allergens (Milk, Eggs, Fish, Shellfish, Wheat (gluten), Soy, Peanuts, and Tree nuts) or have come in contact with items containing the Big 8 allergens. In addition, food manufacturers may change their formulation or manner of processing without our knowledge, FMSC will assume no liability for any adverse reactions that may occur as a result.

### Sample Packing List

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> <b>Medical Form (Part A &amp; B)</b> | <input type="checkbox"/> Socks (1 pr/day)                        | <input type="checkbox"/> Bowl   |
| <input type="checkbox"/> Swimsuit                             | <input type="checkbox"/> Sweatshirt/Jacket                       | <input type="checkbox"/> Utensils   |
| <input type="checkbox"/> Towel for Swimming                   | <input type="checkbox"/> Hiking Boots/shoes                      | <input type="checkbox"/> Cup/Mug  |
| <input type="checkbox"/> Backpack/Duffel Bag                  | <input type="checkbox"/> Canteen/Water Bottle                    | <input type="checkbox"/> Cooking Equipment ( <i>if you are cooking your own lunches</i> ) |
| <input type="checkbox"/> Daypack                              | <input type="checkbox"/> Flashlight                              | <input type="checkbox"/> Food ( <i>if you are cooking your own lunches</i> )              |
| <input type="checkbox"/> Sleeping Bag                         | <input type="checkbox"/> Pencil/Paper                            | <i>Hygiene/Shower kit:</i>  |
| <input type="checkbox"/> Sleeping Pad                         | <input type="checkbox"/> First Aid Kit                           | <input type="checkbox"/> Comb/brush   |
| <input type="checkbox"/> Pillow                               | <input type="checkbox"/> Sunscreen                               | <input type="checkbox"/> Toothbrush/toothpaste  |
| <input type="checkbox"/> Raingear                             | <input type="checkbox"/> Hat                                     | <input type="checkbox"/> Deodorant  |
| <input type="checkbox"/> T-shirts                             | <input type="checkbox"/> Insect Repellant                        | <input type="checkbox"/> Soap/Shampoo   |
| <input type="checkbox"/> Pants                                | <u>Mess Kit (optional - not needed for camp provided meals):</u> | <input type="checkbox"/> Second Towel for Shower  |
| <input type="checkbox"/> Shorts                               | <input type="checkbox"/> Plate                                   |   |
| <input type="checkbox"/> Underwear (1 pr/day)                 |  |   |





## Facilities

Fire Mountain Scout Camp is comprised of a variety of large campsites, each capable of housing multiple families. The campsites are arranged either as a group of Adirondacks and two person stents, or as a group of four person stents and two person stents. Stent sites have several covered picnic tables available for communal use. In Adirondack campsites, each Adirondack has a covered picnic table.

## Registration options

**Two person stent**—Stents are walled structures with a canvas door and metal roof. Two person stents have two plywood bunks (no mattress) and can sleep a maximum of two people.

**Four person stent**—Stents are walled structures with a canvas door and metal roof. Four person stents have two lower plywood bunks (no mattress) and two upper plywood bunks (no mattress) for a maximum occupancy of four people.

**Adirondacks**—Adirondacks are walled structures with a large canvas door and upper and lower bunks (no mattress) down each side wall. These can sleep a maximum of eight people.

## Amenities

**Toilets:** There are pit toilets available in each campsite. Toilet paper and cleaning supplies are provided. Flush toilets are also available throughout camp in the shower buildings.

**Washstands:** Each campsite has a washstand available for hand hygiene.

**Potable Water:** Water spigots are located in each campsite and are all potable water. In addition, a filtered water spigot is located at the drinking fountain by the dining hall.

**Shower Facilities:** There are three shower buildings available in camp, each available within a short walk from your campsite. Be sure to bring your own soap, shampoo, towel and shower shoes. Each shower house also has bathrooms with flushing toilets and sinks.

**Campfires:** Each campsite has a deep metal ringed fire pit with wood benches. Burn ban restrictions may effect campfire use. Firewood is available on site for no charge. No open flames are allowed inside any structures. Any fire must be attended by an adult at all times.

**Tools:** Fire tools (shovel, rake, water bucket) are available in each campsite as well as a broom for cleaning shelters and pit toilet buildings.





# FIRE MOUNTAIN FAMILY CAMP

## Fire Mountain Family Camp Schedule\*

	Friday	Saturday	Sunday	Monday			
7:30 AM		Continental Breakfast (7:30-8:45 am)	Family Time		7:30 AM		
8:00 AM					8:00 AM		
8:30 AM					8:30 AM		
9:00 AM		Flags and campwide assembly	Continental Breakfast (8:30-9:45 am)		9:00 AM		
9:30 AM		Activity Time			9:30 AM		
10:00 AM			Fire Mountain Family Camp Scramble	<b>Depart for Home</b>	10:00 AM		
11:00 AM					11:00 AM		
12:00 PM		<i>Purchased Lunches can be picked up from the dinning hall between 12:00 &amp; 1:00</i>			12:00 PM		
1:00 PM					1:00 PM		
2:00 PM					2:00 PM		
3:00 PM		Activity Time	Family Time		3:00 PM		
4:00 PM					4:00 PM		
5:00 PM					5:00 PM		
5:30 PM	Flags and campwide assembly				5:30 PM		
6:00 PM	Dinner (6pm)				6:00 PM		
7:00 PM	<b>Check In</b> Opens at 5PM	Family Time					7:00 PM
7:30 PM						7:30 PM	
8:00 PM		Campfire Program	Fire Mountain Family talent Show				8:00 PM
8:30 PM						8:30 PM	
9:00 PM		Quiet Time				9:00 PM	
10:00 PM		Taps (Lights Out)				10:00 PM	

\*Schedule and activities subject to change without notice.



## STAFFED ACTIVITIES AND PROGRAMS (TIME SPECIFIC)

### GENERAL STORE (SEE POSTED HOURS)

- ◇ All ages welcome
- ◇ Additional Fees
- ◇ Come on by to pay for fee activities, buy craft kits and purchase Scout gear.

### MARINA (SATURDAY ONLY)

- ◇ All ages welcome (subject to swim test)
  - ◇ No additional cost
- Rent a boat to take out onto Lake Challenge. Boaters must get swim tested prior to boat rental. Boating policies will be distributed at check in.

### CLIMBING WALL (SATURDAY ONLY)

- ◇ All ages welcome (subject to equipment availability and staff's discretion)
  - ◇ No additional cost
- Try our state of the art climbing wall staffed by certified climbing instructors.

### CRAFT LODGE

- ◇ All ages welcome
  - ◇ No additional cost for use of basic tools and supplies (Additional Fees for craft kits purchased from the General Store)
- Stop by the general store and get a craft kit to bring to the craft lodge. Staff will be available to help you create lasting camp memories you can take home with you.

### RIFLE RANGE (SATURDAY ONLY)

- ◇ Age: 11 and older
  - ◇ Additional Fees (\$1 for 10 rounds)
- Our range will be supervised by an RSO with a rifle instructor on site.

### ARCHERY, BB RANGE & SLINGSHOT

- ◇ Age: First grade and older
  - ◇ No additional cost
- Come practice your skills on our shooting sport ranges.

### CAMP MUSEUM (SEE POSTED HOURS)

- ◇ All ages welcome
  - ◇ No additional cost
- Come and see the incredible history of Scouting here at Fire Mountain Scout Camp.

### SWIM BEACH (SATURDAY ONLY)

- ◇ All ages welcome (subject to swim test)
  - ◇ No additional cost
- Come down to the swim beach and enjoy the beautiful Lake Challenge. All swimmers are subject to a swim test. Non swimmers may wade in the wading area.

### SATURDAY NIGHT CAMPFIRE

#### (GATHER AT THE CAMPFIRE BOWL)

- ◇ All family event
  - ◇ Saturday evening at 7:30pm
- Join us for our family campfire program at the Campfire Bowl on Lake Challenge. Come on down after dinner (pajamas are welcome) and join the FMSC seasonal staff for singing, stories, skits and more!







## FAMILY TIME ACTIVITIES AND PROGRAMS

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### CRYSTAL FALLS HIKE

An awesome family friendly hike on a well established trail. This hike offers amazing vistas so make sure to bring your camera. Maps are available for check out.

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### HISTORIC TRAIL HIKE AND MINERS CAVE

This still in progress trail follows the outer edge of camp and features an awesome camp history kiosk at the base of miners cave. Maps are available for check out.

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### BOULDERING WALL

- ◇ All ages welcome
- ◇ No additional cost

Try your hand at the bouldering wall. This area is unstaffed, please read all instructions carefully and follow all rules and guidelines.

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### FISHING

- ◇ All ages welcome—(Adults must be accompanied by a scout who is fishing)
- ◇ No additional cost (Equipment for borrow available )
- ◇ Open dawn to dusk every day

Lake Challenge is stocked with fish with a fabulous fishing beach and dock to fish from. If you don't have a pole, no problem, we have poles for borrow and supplies/bait for sale.

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### GAGA BALL

- ◇ All ages welcome
- ◇ No additional cost

Gaga is a fast paced, high energy sport played in an octagonal pit. The more players the better! Dubbed a kinder gentler version of dodge ball. Balls are available for check out.

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### CAMP SCRAMBLE

(GATHER AT THE MAIN LODGE)

- ◇ All family event
- ◇ Sunday at 10AM

Bring the whole family out after breakfast to participate in the Fire Mountain Family Camp Scramble. If this is your first Scramble, don't worry, you'll pick it up fast (we promise).

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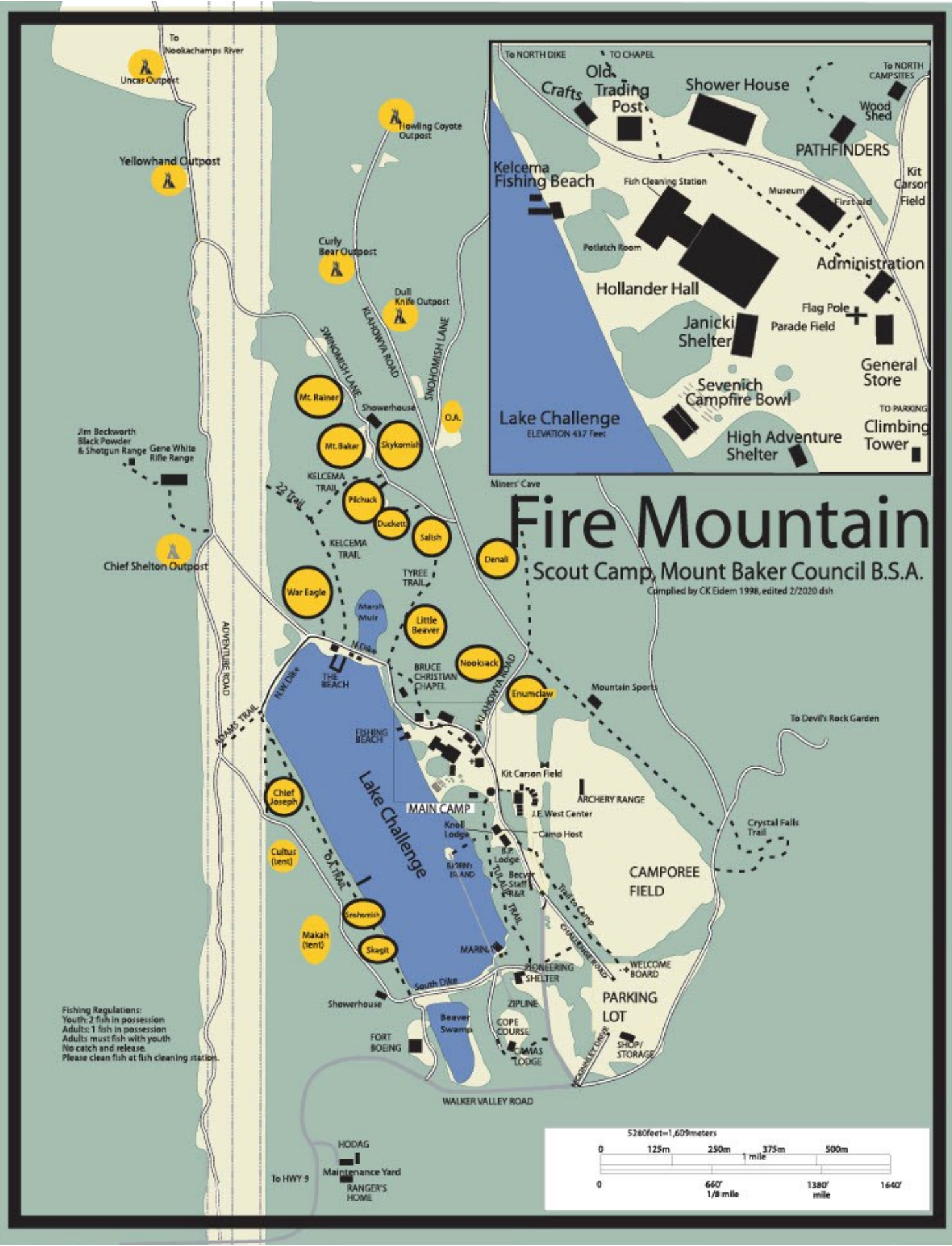
### FAMILY TALENT SHOW

- ◇ All family event
- ◇ Sunday evening at 7:30pm

What's your special talent? Do you want to perform your special, or hidden, talent for camp? You can play an instrument, perform some magic, put on a skit, sing a song, and so much more! Get ready to shine!

*All performances should be 3mins or less and are subject to approval, see the Ceremonies and Campfire Guidance page at the end of this guide.*





# Fire Mountain

Scout Camp, Mount Baker Council B.S.A.

Compiled by CK Eidem 1998, edited 2/2020 dsh

**Fishing Regulations:**  
 Youth: 2 fish in possession  
 Adults: 1 fish in possession  
 Adults must fish with youth  
 No catch and release  
 Please clean fish at fish cleaning station.





# BSA Ceremonies and Campfire Guidance

## (National Camping School)

Ceremonies and campfires are fun and exciting parts of any camping experience! They give youth the ability to perform, but run-ons, stories, skits and songs must also fit within the program guidelines of the BSA. There are numerous things that are inappropriate and unacceptable. While the following is not an exhaustive list, it will help you begin the discussion about ensuring only appropriate material is portrayed:

- No name Calling, put-downs, Hazing
- No references to undergarments, nudity or bodily functions
- No cross-gender impersonation at any point in the skit
- No derogatory references to or stereotyping of ethnic or cultural backgrounds, economic situations, or disabilities
- No portrayal of sensitive social issues such as alcohol, drugs, gangs, guns, suicide, etc. – *be mindful of this in song lyrics as well.*
- Wasteful, ill-mannered, or improper use of food or water including wasting food in ANY way for comedic purpose is not allowed. *You may not know the current situation of youth and adults who are in the audience. Many may not have adequate food at home and the wasting of food in any way would further point out this disparity. Additionally there are parts of the world where water is not potable therefore the wasting of water is not appropriate.*
- No inside jokes that exclude some of those present
- Do not change lyrics to patriotic songs (“America”, “America the Beautiful”, “God Bless America”, “The Star-Spangled Banner”) or hymns and other spiritual songs
- Do not embarrass anyone – including staff or audience members (even if they are “in on it”) - *just because the staff member is in on it, everyone in the audience is not aware of that fact and the appearance is that you are making fun of someone.*
- Do not portray violent behavior or any behavior not in line with the Guide to Safe Scouting (ex. pointing “guns” at each other)
- No bathroom humor or skits/songs where a toilet is the punchline or a part of the skit or song.
- No water skits – NO ONE gets wet in any way (includes staff, and even if they are “in on it”)
- No material with sexual overtones
- **Do not include anything that is not in keeping with the ideals of the Boy Scouts of America.**

Best motto to have is, “If in doubt, take it out!”

All material should be vetted by the camp leadership team. Be sure you understand all aspects of the performance and what will happen. For example, a unit may have the same name for a skit and have a different interpretation of it than you expected.

Each of us has a role to help ensure our ceremonies and campfires represent the BSA ideals and brand. Thank you for communicating this material to your short-term camps so that they can help us all represent the best in Scouting.



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



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## 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
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension (high blood pressure)	
<input type="checkbox"/>	<input type="checkbox"/>	Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
<input type="checkbox"/>	<input type="checkbox"/>	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/TIA	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma/reactive airway disease	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/TBI	
<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"/>	Neurological/behavioral 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 or epilepsy	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"/>	Skin issues	
<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	



## 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
<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 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)
<input type="checkbox"/>	<input type="checkbox"/>		Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>		Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>		Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>		Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>		Polio	
<input type="checkbox"/>	<input type="checkbox"/>		Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Other (i.e., Hib)	
<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: \_\_\_\_\_

