

# 2010 CUB SCOUT DAY CAMP APPLICATION

Use this form to sign up for all of your camp selections.

**APPLICATION WILL NOT BE ACCEPTED WITHOUT COMPLETED ANNUAL HEALTH AND MEDICAL RECORD.**

Scout's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade in Fall of 2010 \_\_\_\_\_

Pack # \_\_\_\_\_ District \_\_\_\_\_ Email \_\_\_\_\_

Pack's Day Camp Coordinator \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Parent or Guardian Attending \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Evening Phone ( \_\_\_\_\_ ) \_\_\_\_\_

## Sessions (Early Bird Registration Due May 1)

### Crossroads

#### Pontiac, Threshermans Park\*

- June 8-11\*\* 9:00 am - 4:00 pm  
(Overnighter Friday, June 11)  
Dave Gallup 815-842-0304

#### Bloomington, Comlara Park\*

- 8:45 am - 4:30 pm  
Jamie Beilfuss 309-622-0206  
 June 14-16  June 17-19\*\*  
 June 24-26 (Overnighter Saturday, June 19)

#### Lincoln, Memorial Park

- June 22 - 24, 8:30 am - 4:00 pm  
(1/2 day Friday, June 25)  
Stephanie Morecraft 217-671-0498

### Heartland

#### Lacon, Johnson Park

- 8:15 am - 4:00 pm  
Brian Foster 309-246-2270  
 June 21-23  June 24-26

#### Bartonville, Leisure Oak Park

- 8:00 am - 4:00 pm  
Linda Hickman 309-338-2161  
 July 19-21  July 22-24

#### Canton, Youth Acres †

- July 26-29\*\*, 8:00 am - 4:00 pm  
Tim Lindsey 309-647-6493  
(Overnighter Wednesday, July 28)

### Lowaneu

#### Princeton, City County Park

- June 8-12\*\*, 8:30 am - 3:30 pm  
(Overnighter Saturday, June 12)  
Sarah Sights 815-699-2454

#### Peru, Baker Lake Park

- June 21-25, 8:30 am - 3:30 pm  
Cory Rowe 309-338-1731

#### Ottawa, Catlin Park

- July 19-23\*\*, 8:30 am - 3:30 pm  
(Overnighter Friday, July 23)  
Jeremy Scobee 815-672-7821

### Wotamalo

#### Eureka, Eureka Lake †

- June 14-18, 8:00 am - 3:30 pm  
Bryan Kolb 309-698-3035

#### Pekin, Mineral Springs Park †

- June 21-25, 8:00 am - 3:30 pm  
Darrell Byrd 309-208-2579

\*Swimming offered. \*\*Webelos Overnight offered.  
Additional fee for Webelos Overnight (see Camp Fees).  
†Tot Lot Available

### Grade Entering 2010-2011 School Year (circle one)

- First (Tiger)  Third (Bear)  Fifth (Webelos II)  
 Second (Wolf)  Fourth (Webelos I)

### T-Shirt Size (One complimentary t-shirt - check one)

- Youth M (10-12)  Adult M (36-38)  Adult XXL (48-50)  
 Youth L (14-16)  Adult L (40-42)  Adult XXXL (52-54)  
 Adult S (32-34)  Adult XL (44-46)

### Swimming Permission (check one)

- Beginner (shallow water only)  Swimmer  
 My child is not permitted to swim

### Adult Walkers (Small Group Chaperones)

Two adult walkers are required each day of camp for every ten (10) scouts of the same rank from the same pack (minimum 2 per pack). Speak with your leader to ensure that Adult Walkers are scheduled, and offer to help at least one day. All walkers must submit an Annual Health and Medical Record.

I will serve as an Adult Walker on the following days (circle):

Mon. Tues. Wed. Thurs. Fri. Sat.

Walker's Name \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

**Tot Lot Program** A Tot Lot is offered at Pekin and Eureka. The Tot Lot is available on the days that you are volunteering as an adult walker or staff member. Children in the Tot Lot must have an Annual Health and Medical Record

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

### DAY CAMP FEES

Registration Fee \$88 \$ \_\_\_\_\_

Early Bird Registration Fee (Paid by May 1) \$68 \$ \_\_\_\_\_

\*Webelos Overnight Fee \$18 \$ \_\_\_\_\_

One adult must accompany Scout.  
(Bloomington, Ottawa, & Pontiac)

Each Additional Family Member Fee \$12 \$ \_\_\_\_\_

For Webelos Overnight (youth or adult)

Total DAY CAMP Fee Enclosed \$ \_\_\_\_\_

- Give completed forms and payment to your Pack Coordinator
- Make checks payable to Your Pack #
- Individual registrations accepted at Service Centers, checks payable to W.D. Boyce Council
- Only individual registrations should be made out to W.D. Boyce

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# Annual Health and Medical Record

(Valid for 12 calendar months)

## Medical Information

The Boy Scouts of America recommends that all youth and adult members have annual medical evaluations by a certified and licensed health-care provider. In an effort to provide better care to those who may become ill or injured and to provide youth members and adult leaders a better understanding of their own physical capabilities, the Boy Scouts of America has established minimum standards for providing medical information prior to participating in various activities. Those standards are offered below in one three-part medical form. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

**Parts A and C** are to be completed annually **by all BSA unit members**. Both parts are required for all events that do not exceed 72 consecutive hours, where the level of activity is similar to that normally expended at home or at school, such as day camp, day hikes, swimming parties, or an overnight camp, and where medical care is readily available. Medical information required includes a current health history and list of medications. Part C also includes the parental informed consent and hold harmless/release agreement (with an area for notarization if required by your state) as well as a talent release statement. Adult unit leaders should review participants' health histories and become knowledgeable about the medical needs of the youth members in their unit. This form is to be filled out by participants and parents or guardians and kept on file for easy reference.

**Part B** is required with parts A and C for any event that exceeds 72 consecutive hours, or when the nature of the activity is strenuous and demanding, such as a high-adventure trek. Service projects or work weekends may also fit this description. It is to be completed and signed by a certified and licensed health-care provider—physician (MD, DO), nurse practitioner, or physician's assistant as appropriate for your state. The level of activity ranges from what is normally expended at home or at school to strenuous activity such as hiking and backpacking. Other examples include tour camping, jamborees, and Wood Badge training courses. It is important to note that the height/weight limits must be strictly adhered to if the event will take the unit beyond a radius wherein emergency evacuation is more than 30 minutes by ground transportation, such as backpacking trips, high-adventure activities, and conservation projects in remote areas.

## Risk Factors

Based on the vast experience of the medical community, the BSA has identified that the following risk factors may define your participation in various outdoor adventures.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Sleep disorders
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit Scouting Safely on [www.scouting.org](http://www.scouting.org).

## Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.

For frequently asked questions about this Annual Health and Medical Record, see Scouting Safely online at <http://www.scouting.org/scoutsource/HealthandSafety.aspx>. Information about the Health Insurance Portability and Accountability Act (HIPAA) may be found at <http://www.hipaa.org>.



BOY SCOUTS OF AMERICA.

Last Name \_\_\_\_\_

D.O.B \_\_\_\_\_

Allergies \_\_\_\_\_

Emergency Contact # \_\_\_\_\_

# Annual BSA Health and Medical Record Part A

## GENERAL INFORMATION

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Male  Female

Address \_\_\_\_\_ Grade completed (youth only) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_

Unit leader \_\_\_\_\_ Council name/No. \_\_\_\_\_ Unit No. \_\_\_\_\_

Social Security No. (optional; may be required by medical facilities for treatment) \_\_\_\_\_ Religious preference \_\_\_\_\_

Health/accident insurance company \_\_\_\_\_ Policy No. \_\_\_\_\_

**ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD (SEE PART C). IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."**  
**In case of emergency, notify:**

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

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Alternate contact \_\_\_\_\_ Alternate's phone \_\_\_\_\_

## MEDICAL HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

### Allergies or Reaction to:

Medication \_\_\_\_\_

Food, Plants, or Insect Bites \_\_\_\_\_

### Immunizations:

The following are recommended by the BSA. Tetanus immunization must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
<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 _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	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"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB) _____

Exemption to immunizations claimed.

## MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

(For more information about immunizations, as well as the immunization exemption form, see [Scouting Safely on Scouting.org](http://ScoutingSafely.org).)

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
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**NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.**

**Part C  
Informed Consent and Hold Harmless/Release Agreement**

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I 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 claims or liability arising out of this participation.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. 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 to the adult in charge 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, including 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.

- Without restrictions.  
 With special considerations or restrictions (list) \_\_\_\_\_

I hereby assign and grant to the local council and the Boy Scouts of America 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 hereby 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 Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

Yes  No

Adults authorized to take youth to and from the event: (You must designate at least one adult. Please include a telephone number.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Adults NOT authorized to take youth to and from the event:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**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.**

Participant's name \_\_\_\_\_

Participant's signature \_\_\_\_\_

Parent/guardian's signature \_\_\_\_\_

(if under the age of 18)

Date \_\_\_\_\_

**Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.**



BOY SCOUTS OF AMERICA  
 1325 West Walnut Hill Lane  
 P.O. Box 152079  
 Irving, Texas 75015-2079  
<http://www.scouting.org>

SKU 34605



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**Part C Last name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

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