

Bushy Run District Day Camp Exploring the Last Frontiers

June 21, 22, 23 2013

Norwin Elks

\$40.00 per Cub Scout - \$5.00 per Bushytail

Come out to Day Camp and have Out of this world fun!

ALL HEALTH FORMS MUST BE TURNED IN AT THE SAME TIME AS YOUR REGISTRATION!

A Bushytail is a child of a staff member or walker.

To be a bushytail, Parent must be on staff or be a walker the day the bushytail is there.

Bushy Run Day Camp Registration checklist

This is a checklist of what forms and money MUST be turned in by May 21, 2013.

PLEASE PLACE PACK NUMBER ON ALL FORMS.

Forms that must come with your registration:

Health form for: (please place Pack number on each health form)

- Tiger Cub
- Tiger Cub Adult Partner
- Wolf, Bear, Webelos Scouts
- All Adult Walkers
- Bushytails

Form titled: Pack Registration Package

This form is your total due form and a lot of important information for me.

Registration forms for

- Tiger Cub
- Wolf, Bear, Webelos Scouts
- All Adult Walkers
- Bushytails

Moneys due at registration:

- Cub Registration @ \$ 35.00 per boy
- Bushytails Registration @ \$5.00 per child
- Extra tees if ordered (check cost per size)
- Norwin Elks Dinner @ \$ 6.00 & \$ 3.00 (4 and under)

Bushy Run Day Camp Exploring the Last Frontiers

When: June 21, 22 and 23, 2013 Hours: Friday June 21, Saturday, June 22

From 9:00a.m - 3:00p.m.

Registration will begin promptly at 8:30a.m. on Friday

Sunday, June 23, 12:00 – 4:00

Registration will begin promptly at 11:45a.m. on Sunday

Dinner/Campfire Sunday 5:00 - 7:30 on Sunday



Where: Norwin Elks, Sandy Hill Rd, Manor, Pa.

Directions: The Norwin Elks is located on Sandy Hill Road which runs next to the turnpike in Manor. Parking at the Elks is limited to staff and walkers. It is best to car pool due to the limited number of parking spaces. We do not provide transportation to or from camp. **Upon arrival at camp, parents should remain in their vehicles and drop off their boys at the main circle to keep traffic flowing.** Once at camp, they will be cared for by an exceptional Day Camp staff. Parking on Sunday will be announced on Saturday.

Who May Attend: All registered New Tiger Cubs w/adult partner (boys entering first grade in September), Cub Scouts and Webelos Scouts. Current Tiger Cubs by the time of Day Camp will have graduated into the next rank. Note: Only registered New Tiger Cubs w/adult partner, Cub Scouts and Webelos Scouts may participate at the activity stations-NO SIBLINGS.

What does it cost? For 3 full days of Day Camp---Friday, Saturday and Sunday -\$40.00 The fee includes the Day Camp t-shirt, 2012 Collectors Bushy Run Day Camp Patch, craft supplies, and a trained and enthusiastic staff willing to insure your son's enjoyment. Additional shirts may be ordered for parents, walkers & Bushy Tails at a cost of \$8.00/adult- S,M,L,XL /\$9.00 XXL, \$10.00 XXXL/ Child -S,M,L \$7.00

Cub Scout Day Camp Mission Statement

Cub Scout Day Camp strives to support the purposes of Cub Scouting by providing each boy the opportunity to experience new things in a safe, outdoor environment, nurturing a spirit of teamwork and belonging, helping Packs provide an exciting summer program and HAVING FUN!

Camp Organization: Most Day Camp dens will be a combination of two or more PACKS to reach approximately 15-20 boys in size, depending on camp registration. Each pack WILL supply enough adult Walkers for a 1 adult to 5 boys or part thereof ratio for their own Cubs, with a minimum of 2 Walkers to comply with BSA 2-deep leadership requirements. Walkers are part of the mandated pack leadership and are not considered camp staff members. Each pack is primarily responsible for its own boys, but when in the activity stations, please be ready to help each other out. You will need to work together for many of the den duties, such as the opening or closing, and leading songs. It would build spirit for the whole den to decide on a yell and cheer together. Take advantage of this opportunity to meet other Scouting families in your area and share fellowship and ideas.

Program Features

Typical Camp Day: Staff arrives early to set up. Walkers arrive at least 15 minutes early, check in, receive camp Den Folder and proceed to flag pole or designated assembly area. Parents and campers arrive drive around and drop off camper at camp entrance a staff member will be there to meet the campers. Walkers take attendance. Opening ceremony, daily announcements, proceed to 1st station. Complete morning stations, lunch and lunch activity. Continue with final stations. Closing at flagpole. Walkers turn in camp folder with bag. This is a general guideline. There may be some variation to this outline.

Activity Stations: Activities at each station will be chosen to enhance the theme, may offer opportunities for rank advancements, and to HAVE FUN! Shooting Sports: Day camp or other Council sponsored Cub activity such as a parent-son weekend or resident camping at a council site are the ONLY opportunities for Cubs to earn the BB's or Archery Belt Loops or Pins. Alternate program activities will be provided for those opting out of these activities. These program areas stress safety and proper use of the equipment, including respect for nature. BSA policies prohibit the use of targets resembling any living thing.

Lunch Time: Lunch will occur for all Dens at the same time daily. We will not have access to refrigeration, so bring coolers to store lunches in. Lunch period will also include a Quiet time.

Advancement and Recognition: While the primary focus for Day Camp is the opportunity for FUN in the outdoors, centered on a theme, most of the program will provide some activities to give campers a head start on ranks and activities in their handbooks, without shorting the fun of the theme. An itemized list of possible requirements will be available. It is the walker's responsibility to make sure what a Scout has done is accurately recorded. Some boys may be absent or unable to do a requirement. Each Cub Scout's advancements should be reported to his parent and den leader for verification for Awards. Any Belt Loops or Pins or other awards completed are awarded through the boy's pack.

Participation Beads are awarded to each boy at each station daily. Beads are kept on the name totem made the first day. Lost beads are usually not replaced. Registered Day Campers also receive a special day camp patch at the close of camp, to recognize their participation.

What is a Bushy Tail? A Bushy Tail is a brother and/or sister of a registered day camp scout and whose parent is a Walker or Staff the day they attend. All Bushy Tails must remain in the Bushy Tail area at all times including lunch. They are not permitted to attend the stations. Bushy Tails must be 3 years old (must be potty trained), not to exceed the age of 10. We are not equipped to handle any sick child. Cost for a Bushy Tail? The fee for a Bushy Tail will be \$5.00.

Pack Responsibilities: Your Pack Day Camp Coordinator will be asked to collect the registrations for your Pack and mail them to the Council Service Center as one package. Each Pack must provide a Den Leader/Walker for every 1 to 5 boys registered from their Pack. Your Pack does not have to send the same adult each day but there has to be at least one full time walker each day. These adults will be under the guidance of staff.

Pack Registration Responsibilities: The reservation and health forms provided must be completed and submitted for <u>each scout</u>, Bushy Tail and adult attending and mailed or given to the Council Service Center as one package. <u>Each Pack must provide a Den Leader/ Walker for every 1 to 5 scouts per scout rank.</u>

Den Leaders/Walkers:

Arrive on time. At the close of each day a walker must remain until their last boy is picked up by a parent or a carpool.

One walker from each camp den checks in each day to pick up their Dens bag. Each camp den will have its own bag, even if combined with another Pack to form one den.

Take attendance daily on sheet in folder. Turn in bag at close of each day.

Get your whole den to the activity stations on time. Walk together as a den. Help the station staff in each area. Be proactive. Don't wait to be asked to assist the Scouts. You are a working den leader, as well as a walker.

Boys will earn participation beads at each station. Tell the program staff how many boys you have, and they will give the beads to you to give the boys for their bead thong. Program staff will not replace lost beads. At the end of the day, place totem in bags so they are not forgotten at home.

STAY WITH THE BOYS AT ALL TIMES. If you are the only leader with a small group of Cubs, and you need to excuse yourself, make sure a leader form another pack in the den you are assigned to will watch you're Scouts while you are away.

Maintain BSA required 2-deep leadership at all times, and enforce use of the Buddy System by the boys.

KEEP BOYS HYDRATED!! Report any illness or injury to Camp Director ASAP! Escort them to the first aid station, or send for First Aid, if the individual should not be moved. Inform Camp Director of any serious injury.

Change stations when you hear the signal - One long blast on the air horn.

Set an example. Live Scouting's values. Follow Camp rules. Be positive. Have FUN!!

SMILE, IT WILL MAKE US ALL FEEL BETTER!

MORE RESPONSIBILITIES FOR WALKERS

You will need lunch each day. You will also need a magic marker to label your group's belongings. Bring a cooler to keep your den or patrol's lunches for the day. Two training sessions will be offered at the Norwin Elks. Den Leaders/Walkers will take attendance on sheet provided. They will also be responsible for supervision of the boys, assist them at all activities, be responsible for promoting Leave No Trace and be prepared to have fun in the sun.

What should I bring to Day Camp? Each boy and Bushy Tail should bring a labeled, non-perishable lunch, water bottle – water is available to refill water bottles. Please label everything and put in their personal backpack. Labels should include full name and Pack number.

A Trading Post will be available at scheduled times to purchase snacks and souvenirs.

What do I wear to Day Camp? Shorts, shirts, jeans, socks, sport shoes, sneakers, walking shoes, sunglasses and hats.-- No sandals or open shoes.-- Remember to pack rain gear (poncho) in the backpack as the activities continue unless there is severe weather. Day Camp T shirt (provided) and any hat are the uniform for Cubs. Please label everything and put in their personal backpack. Labels should include full name and Pack number.

Medication/First Aid: Any medications for Cubs or Adults must be left with the first aid attendant along with instructions for administering them. All walkers should find out about such special needs in order to get Cubs to the first aider as necessary. Epi-pens and inhalers stay with each boy.

If a Camper becomes ill while at camp, the First Aider and Camp Director will decide if and when he should go home or to a medical facility. The Camp Director will contact the parents/guardians. First Aiders will supervise the cleaning and bandaging of minor cuts and scrapes and will apply ice to stings, bumps and bruises. The First Aider may not administer any medication of any kind unless supplied by the parent/guardian, prescribed in the camper's name, with written directions from a physician. Please do not ask for any other medications.

MISC. RULES AND REGULATIONS

Rocks and sticks are to remain on the ground. A stick or rock that is picked up is likely to cause danger to the holder or another person.

No running in camp, unless it is for an activity.

No Pets allowed in camp in compliance with health and safety requirements.

NO KNIVES OR FLAMMABLE ITEMS are to be used by Scouts, and should not be in camp except as needed by Leaders and/or Staff members for specific camp programs.

NO Aerosol Cans are allowed in camp, including insect sprays.

No Smoking is allowed in camp per policy. Camps are considered a part of the Westmoreland Fayette Council and the Boy Scouts of America, which has a no smoking policy.

No Alcoholic beverages or Illegal drugs are allowed at camp. NO EXCEPTIONS.

Lost and Found: The Camp will maintain a lost and found area; the area will be at the trading post. Items may also be brought to the flagpole at opening and closing.

Camp Safety: Camp Program staff will wear all the same Tee-shirt. Program Staff are parent volunteers, like you, Boy Scouts, and leaders from local packs that have volunteered to work a program area. If there is a problem in camp, inform a staff member. They will be able to help you or know how to get someone who can help. In addition, local fire and rescue personnel, police and healthcare officials have been informed that camp is in progress in case of an emergency. An on site first aid station is staffed by a qualified first aider. Camp headquarters maintains copies of health and permission forms for each person in camp — boys, volunteers, staff and siblings.

Buddy System: Cubs will utilize the buddy system at all times. A Cub does not go anywhere alone. Leaders will practice BSA required 2 deep leadership. Two leaders must be present with a youth at anytime. No adult will be alone with a camper, sibling, or Junior staff.

Visitors: All visitors to camp will be required to sign in and out at camp Headquarters, and approved by Camp director or program director. Random wandering about camp compromises camp safety, and will not be allowed.

Emergency Plan: The Camp Director and Program Director will determine final emergency procedures. They will determine whether or not emergency procedures will be implemented. Everyone in camp should understand the PLAN and be ready to respond. The following general instructions will be supplemented at camp. For any emergency, remain CALM, send for the Camp Director and follow the Camp Staff's instructions.

ACCIDENT OR ILLNESS; Administer First Aid with the limits of your qualifications. Send for Health Director or Camp Director. All injuries, cuts, scrapes, etc. must be seen by first aid. Non-emergencies can come to the first aid station with a buddy or an adult leader or Junior staff.

FIRE IN CAMP; Once the alarm is sounded (3 blasts on an air horn) all activity stations will close. Walkers need to account for all of their Cub Scouts. Proceed by Dens to the Flagpole for further instructions. Remain Calm.

LOST BOY; Once the alarm is sounded (3blasts on an air horn) all activity stations will close. Walkers need to account for all of their Cub Scouts. Remain at the station. Write down the report and send it with 2 runners to the camp Headquarters. Follow Camp Staff's directions.

INCLEMENT WEATHER; Camp will continue during light rain, so all boys and persons in camp should come prepared with rain gear. If weather conditions become threatening, the Camp Director will decide if stations will close. Once the alarm is sounded (3 blasts on air horn) all activity stations will close. Walkers need to account for all of their Cubs. When all Cubs are accounted for, proceed to the designated camp shelter.

ANIMALS AND OTHER HEALTH HAZARDS: There has been an increase in West Nile Virus during recent summers, and boys should be aware to never mess with dead birds or animals, but report them to an adult. Occasionally local pets or stray animals wonder into camp. Campers should leave the animals alone.

Due by May 21, 2012



Any additional information or questions please call:
Camp Director—Arlene Snyder --724-863-3213
Program Director—Karen Shupe -- 724-208-5022
District Executive--Kyle Bryan---724-837-1630

Steps that need to be done for early dismissal of a Scout from Day Camp:

If you have an early dismissal of a Scout from camp there are a few things that must be done before camp and before dismissal can happen.

- ❖ Do not leave your group
- ❖ Parents picking up early must report to the office to pick up their Scout.
- They must have 2 forms that are included in registration packet filled out and given to day camp walker of your boys den.
- ❖ The walker should drop the 2 forms off at the office before the pick up time.
- Notify a staff member if a parent comes to your Den for the boy/tell the parent they must report to the office.
- ❖ Should you be given one of those forms Please drop it off at the office when passing before the pick up time.

NO BOY WILL BE RELEASED FROM CAMP WITHOUT CHECKING WITH THE CAMP DIRECTOR!!

Day Camp Information on release of Camper

Unit Number	District	Day Camp Dates	
Camper name	(full name)	May be released from camp to:	
Parent with custo	dy or guardian		
Na	me		
Ado	dress		
Pho	one		
OR			
Name			
Addr	ess	*****	
Phon	e		
Specify	Relationship to Can	nper	
Signed	1		Dete
(par	ent or guardian with o	custody)	Date
Сору	to parent		
Сору	to district Day Camp	Director	

Boy Early Release Form

	will be leaving Day Camp early on		
(boys name)	-	(d	ay & date)
He will be leaving with		_ at	- 10-
	(name of person picking up)		(time)
Phone number of who's	picking up the boy	<u></u> .	
Driver's License number	of who is picking up the boy		<u> </u>

Pack Registration Package

Dear Day Camp Coordinator,

To help us organize the dens and patrols for Day Camp, please collect all the registrations and complete the following forms. When completed, turn the registrations and this form in to the Council Service Center. All registrations must be turned in by May 21, 2013. Please make extra copies of these sheets if needed.

	Adults attending Day Camp on June	21, 22, 23, 2013	
]	Boys attending Day Camp @\$	40.00 per boy	\$
]	Bushy Tails attending Day Camp	@ \$5.00 per tail	\$
	Adult Extra Tee-shirts @ 8.00, 9.00	, 10.00 per size	\$
(Child Extra Tee-shirts @ 7.00		\$
1	Norwin Elks Dinner #Adult (@ \$6.00	\$
	#Child 4 &	under @ \$ 3.00	\$
PACK NU	JMBER	Total due	\$
Pack Camp	p Coordinator	Phor	ne (
Address _	City	Stat	e Zip
Deliver thi	is completed form to: Westmoreland From 2 Garden Center Greensburg, PA (724) 837-1630	Drive	
	. 1		

If you have any questions, please call:

Day Camp Director – Arlene Snyder - (724-863-3213) Program Director – Karen Shupe - (724-208-5022) District Executive – Kyle Bryan (724) 837-1630

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Wolf Scouts

Pack#____

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Fri | Sat | Sun | Day Phone Home Phone

Boy Scouts of America

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Webelos Scouts

Pack #

Boy's Name Parent/Guardian Walker Days attending
Fri | Sat | Sun | Day Phone Home Phone

Boy Scouts of America

			Bushy Tails													Indicate Coordinator with *		Adult leader / Walker	
			Parent													Title (DL) or Wlk			
																Title (DL) or Wlk Rank walking with		Note: Please indicate which rank leaders will be walking with	
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Emergency contact No.: Teléfono en caso de emergencia

DOB: Fecha de nacimiento

Annual Health and Medical Record Registro Médico v de Salud Anual

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High-adventure base participants: Participantes en la base de aventura extrema:

HEALTH HISTORY/HISTORIAL MÉDICO

Are you allergic to or do you have any adverse reaction to any of the following? ¿Es alérgico a, o le causa alguna reacción adversa cualquiera de los siguientes?

Please fill in the bubbles as indicated: Por favor reliene los círculos tal como se indica:

Incorrect: Incorrecto



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Yes/Sí	No/No	Allergies or Reaction to Alergias o Reacciones a	Explain Explique
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0	0	Food, plants, or insect bites Alimentos, plantas o picaduras de insectos	

The following immunizations are recommended by the BSA. **Tetanus immunization is required and must have been received within the last 10 years.** For each item, indicate if you have been immunized, the date of the immunization (MM/YY), if you have had the disease, and the date (MM/YY).

BSA recomienda las siguientes vacunas. La vacuna contra el Tétanos es obligatoria y debe haberla recibido en los últimos 10 años. Por cada punto, indique si ha sido vacunado, la fecha en que la recibió (MM/AA), si ha padecido la enfermedad, y la fecha (MM/AA).

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Yes/Sí	No/No	Vacunas	Fecha (MM/AA)	Yes/Si	No/No	Fecha (MM/AA)
0	0	Tetanus Tétano		0	0	
0	0	Pertussis Tos ferina		0	0	
0	0	Diphtheria Difteria		0	0	
0	0	Measles Sarampión		0	0	
0	0	Mumps Paperas		0	0	
0	0	Rubella Rubéola		Ö	0	
0	0	Polio Polio		0	0	
0	0	Chicken pox Varicela		0	0	
0	0	Hepatitis A Hepatitis A		0	0	
0	0	Hepatitis B Hepatitis B		. 0	0	
0	0	Meningitis Meningitis		0	0	
0	0	Influenza Influenza		0	0	
0	0	Other (i.e., HIB) Otra (por ejemplo, HIB)		0	0	
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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. No medications

MEDICAMENTOS Enumere todos los medicamentos que usa en la actualidad. (Si requiere espacio adicional, favor de sacar una fotocopia de esta parte del formulario.) Se debe incluir información sobre inhaladores y EpiPen, incluso si son sólo para uso ocasional o en caso de emergencia.

Additional medications (sheet attached) Medicamentos adicionales (hoja anexa)

Medication Medicamento Strength Frequency Dosis Frecuencia Approximate date started Fecha aproximada de inicio Reason for medication Razón del medicamento	Medication Medicamento Strength Frequency Dosis Frecuencia Approximate date started Fecha aproximada de Inicio Reason for medication Razón del medicamento	Medication Medicamento Strength Frequency Dosis Frecuencia Approximate date started Fecha aproximada de inicio Reason for medication Razón del medicamento
Medication Medicamento Strength Frequency Dosis Frecuencia Approximate date started Fecha aproximada de inicio Reason for medication Razón del medicamento	Approximate date started	Medication Medicamento Strength Frequency Dosis Frecuencia Approximate date started Fecha aproximada de inicio Reason for medication Razón del medicamento

Administration of the above medications

is approved by (if required by your state):

La administración de los medicamentos arriba
mencionados está aprobada por (si lo requiere su estado)

Parent/guardian signature Firma del padre o tutor

and/or y/o

MD/DO, NP, or PA signature Firma del Dr., Enfermera profesional, Asistente médico

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.

Asegurarse de traer los medicamentos en cantidades suficientes y en los envases originales. Asegurarse de que NO ESTÉN CADUCADOS, incluyendo inhaladores y EpiPens. NO DEBE DEJAR DE tomar cualquier medicamento de mantenimiento a menos que se lo indique su médico.

680-001 2012 Printing Rev. 9/2012

Full name: _

Nombre completo

Fecha de nacimiento

Fecha de nacimiento

Nombre completo

Full name: Part B

Part B/Parte B

INFORMED CONSENT AND RELEASE AGREEMENT

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

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 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.

I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. 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.

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.

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)	With special considerations o	r restrictions (list)/Con condiciones	s especiales o restricciones (lista)
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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.

O Yes/Si

O No/No

High-adventure base participants:

Participantes en la base de aventura extrema:

Expedition/crew No./Expedición/grupo no.: or staff position/o puesto fijo:

NOTIFICACIÓN DE CONSENTIMIENTO Y EXONERACIÓN DE RESPONSABILIDAD

Entiendo que la participación en actividades Scouting implica un cierto grado de riesgo y que pueden ser física, mental y emocionalmente agotadoras. Asimismo, entiendo que la participación en dichas actividades es completamente voluntaria y requiere que los participantes se acaten a las reglas y estándares de conducta pertinentes.

En caso de que yo, o mi hijo, nos veamos involucrados en un caso de emergencia, entiendo que se hará todo lo posible para contactar al individuo mencionado como persona a contactar en caso de emergencia. En caso de que dicha persona no pueda ser localizada, por este medio otorgo permiso al proveedor de servicios médicos seleccionado por el líder adulto a cargo para asegurar que se proporcione el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamentos para mí o mi hijo. Los proveedores médicos están autorizados a compartir información médica protegida con el adulto a cargo, el personal médico del campamento, la administración del campamento, o cualquier médico o proveedor de servicios médicos involucrado en la administración de atención médica al participante. La Información médica protegida/Información médica confidencial (PHI/CHI, por sus siglas en inglés) bajo los Estándares de privacidad de información médica individualmente identificable, 45 C.F.R. §§160.103, 164.501, etc., y siguientes como se enmiendan de vez en cuando, incluye resultados de reconocimientos médicos, resultados de pruebas y tratamiento proporcionado para propósitos de evaluación médica del participante, sequimiento y comunicación con los padres o tutor del participante, y determinación de la habilidad del participante de continuar con las actividades del programa.

He considerado cuidadosamente el riesgo implicado y he dado el consentimiento para mí mismo o mi hijo de participar en dichas actividades. Apruebo que se comparta la información contenida en este formulario con los voluntarios y profesionales de BSA que necesiten tener conocimiento de condiciones médicas que puedan requerir consideración especial para la realización de actividades Scouting de manera segura.

Eximo a Boy Scouts of America, al concilio local, a los coordinadores de la actividad y a todos los empleados, voluntarios, grupos involucrados u otras organizaciones asociadas con la actividad, de cualquier y toda reclamación o responsabilidad que surja a raíz de esta participación.

Por este conducto asigno y otorgo al concilio local y a Boy Scouts of America el derecho y permiso para usar y publicar las fotografías/películas/ videocintas/representaciones electrónicas y grabaciones de sonido de mí o mi hijo realizadas en todas las actividades Scouting, y por este medio exonero a Boy Scouts of America, al concilio local, a los coordinadores de la actividad y a todos los empleados, voluntarios, grupos involucrados u otras organizaciones asociadas con la actividad, de cualquier y toda responsabilidad por dicho uso y publicación.

Por este conducto autorizo la reproducción, venta, derechos reservados, exhibición, transmisión, almacenamiento electrónico y distribución de dichas fotografías/películas/ videocintas/representaciones electrónicas y grabaciones de sonido sin limitación a discreción de Boy Scouts of America, y especificamente renuncio a cualquier derecho de compensación alguna que pueda tener por cualquiera de lo anterior.

JUB: Fecha de nacimiento

ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS:

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

ADULTOS AUTORIZADOS PARA TRANSPORTAR AL NIÑO HACIA Y DESDE LOS EVENTOS:

Debe designar por lo menos a un adulto. Por favor incluya un número telefónico.

telephone nambol.	2000 000 300 700 100 100 100 100 100 100 100 100 1			
1. Name/Nombre	Telephone/Teléfono			
2. Name/Nombre	Telephone/Teléfono			
3, Name/Nombre	Telephone/Teléfono			
Adults NOT authorized to take youth to and from events/Adultos NO autorizados para transportar al niño hacia y desde los eventos:				
1. Name/Nombre	Telephone/Teléfono			
2. Name/Nombre	Telephone/Teléfono			
3. Name/Nombre	Telephone/Teléfono			

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 risk advisories explained in Part D, 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.

Entiendo que, si cualquier información que he/hemos proporcionado es errónea, puede limitar o eliminar la oportunidad de participación en cualquier evento o actividad.

Si participo en Philmont, el Centro de Capacitación Philmont, Northern Tier, la Base Marina de la Florida o Summit Bechtel Reserve: También he leído y entiendo las advertencias de riesgo explicadas en la Parte D, incluyendo los requisitos y restricciones de estatura y peso, y entiendo que al participante no se le permitirá intervenir en programas de aventura extrema si dichos requisitos no se cumplen. El participante tiene permiso de intervenir en todas las actividades de aventura extrema descritas, excepto aquellas específicamente señaladas por mí o el proveedor de servicios médicos. Si el participante es menor de 18 años, se requiere la firma de el padre/madre o tutor.

Participant's name/Nombre del participante	1
Participant's signature/Firma del participante	Date/Fecha
Parent/guardian's signature/Firma del padre o tutor (if participant is under the age of 18/si el participante es menor de 18 años)	Date/Fecha
Second parent/guardian signature/Firma del otro padre o tutor (if required; for example, CA/si se requiere; por ejemplo en CA)	Date/Fecha

This Annual Health and Medical Record is valid for 12 calendar months. Este Registro Médico y de Salud Anual tiene vigencia por 12 meses calendario.

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