

Annual BSA Health and Medical Record

Part A

GENERAL INFORMATION

High-adventure base participants:

Expedition/crew No.: _____
or staff position: _____

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. 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 _____

HEALTH HISTORY

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

Yes	No	Condition	Explain
		Asthma Last attack: _____	
		Diabetes Last HbA1c: _____	
		Hypertension (high blood pressure)	
		Heart disease (e.g., CHF, CAD, MI)	
		Stroke/TIA	
		Lung/respiratory disease	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Behavioral disorders (e.g., ADD, ADHD, Asperger syndrome, autism)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures Last seizure: _____	
		Sleep disorders (e.g., sleep apnea)	Use CPAP: Yes ☐ No ☐
		Abdominal/digestive problems	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____
Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by the BSA. **Tetanus immunization is required and 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
☐	☐	Tetanus _____
☐	☐	Pertussis _____
☐	☐	Diphtheria _____
☐	☐	Measles _____
☐	☐	Mumps _____
☐	☐	Rubella _____
☐	☐	Polio _____
☐	☐	Chicken pox _____
☐	☐	Hepatitis A _____
☐	☐	Hepatitis B _____
☐	☐	Influenza _____
☐	☐	Other (i.e., HIB) _____

☐ Exemption to immunizations claimed (form required).

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.)

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____
Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____

Administration of the above medications is approved by (if required by your state): _____ / _____
Parent/guardian signature and/or MD/DO, NP, or PA signature

Be sure to bring medications in sufficient quantities and the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Emergency contact No.:

Allergies:

DOB:

Full name:



Cub Scout Day Camp 2012

Knights of the Round Table

Come join us at Day Camp 2012 in June or July this year at Cub Scout Day Camp- Knights of the Round Table! There will be lots of fun and exciting things to do like shooting sports, games, crafts, sports, making new friends and LOTS of other things to do! Look for more details to come in the future about your District's Day Camp. You don't want to miss being a part of a once in a lifetime Day Camp experience! Registration is also available online at www.1bsa.org

Date, Times and Locations:

Register Online at
www.1bsa.org

Cut Off Dates:

The dates listed below indicate the cut off dates to receive the Early Bird Discount*

Arrowhead- 907/982
June 11-15...Point Mallard-8:00a.m.- 3:00-p.m.
June 11-15... Cullman County
Fairground-5:00p.m.-8:30p.m.

Birmingham- 355
June 4-8...Ruffner Mountain Nature
Center-9:00a.m.-3:30p.m.

Cheaha- 533
July 9-13... ASB,
Talladega-8:00a.m.-3:00p.m.

Cherokee- 274
June 18-22...Martin Luther King Comm.
Center-Hueytown-8:30a.m.-4:00 p.m.

Chocolocco- 517
June 11-15...JSU-4:00p.m.-8:00p.m.

Lookout Mountain- 609/574
June 4-8...Noccolula Falls-5:30p.m.-9:00p.m.
June 18-22 ...Fort Payne
Fairgrounds-5:30p.m.-8:30

Mountain Lake- 782
July 9-13...Caldwell School-4:00p.m.-8:30p.m.

Shelby- 256
June 4-8...Oak Mountain State Park
Cubs-8:00a.m.-2:00/ Webl.-3:00p.m.-8:30p.m.

Talakto- 832
June 18-22...NSS Park
(Formerly Cahaba Shrine Park)
8:00a.m.-3:00p.m.
Friday Only 8:00am- 4:00p.m.

Three Rivers-211
June 11-15...ClearBranch
UMC-5:00p.m.-9:00p.m.
June 18-22..Pawnee Baptist
Church-4:30p.m.-8:30p.m.

Vulcan- 233
July 16-20...Oak Mountain State Park
Cubs-8:30a.m.-4:30/ Web.II -4:00p.m.-8:30p.m.

Westmoreland- 957
June 11-15
Camp Westmoreland-4:00p.m.-9:00p.m.



ARROWHEAD Point Mallard- May 21st

ARROWHEAD Cullman - May 21st

BIRMINGHAM- May 14th

CHEAHA ASB- May 21th

CHEROKEE- May 26th

CHOCOLOCOCO- May 21st

MTN. LAKES- June 18th

THREE RIVERS Clear Branch- May 21st

THREE RIVERS Pawnee Bapt.- May 28th

Lookout Mtn.-Noccolula- May 14th

Lookout Mtn.- Henagar- May 26th

SHELBY- April 30th

TALAKTO- May 21st

VULCAN- June 18th

WESTMORELAND- May 21st

COST

Event Registration
\$90.00

Early Bird Registration
\$66.00 

*To qualify for the Early Bird Discount
ALL fees MUST be in to a Council Service
Center by the date listed to the right. No
exceptions!

Greater Alabama Council

516 Liberty Parkway-Birmingham, Alabama 35242-Phone: 205-970-0251-Fax: 205-970-0251

2012 DAY CAMP REGISTRATION FORM

DAYCAMP 3 digit # on Flier: # _____ Location _____ Date _____

Rank in Fall 2012 _____ Grade in Fall 2012 _____

CUB SCOUT NAME _____ DISTRICT _____

ADDRESS _____ AGE _____ PACK # _____

CITY _____ ZIP _____ HOME PHONE _____

PARENT/GUARDIANS NAME _____

ADDRESS _____ CELL PHONE _____

CITY _____ ZIP _____ WORK PHONE _____

PARENT'S EMAIL ADDRESS _____

☐ YES, I WILL WORK AS A VOLUNTEER. Please call me at the following numbers

HOME. _____ WORK _____ CELL _____

DAYS I CAN WORK: MON _____ TUES _____ WED _____ THURS _____ FRI _____ ALL WEEK _____

"5-DAY VOLUNTEER'S DISCOUNT" is for day camp leaders approved by the Camp Director, who work all week:

\$30.00 discount for first child and \$20.00 discount for second child. Can be combined only with Early Bird discount. Full fees must be paid up front. All discounts will be applied after day camp is completed.

CUB SCOUT CONTACT INFORMATION (From Health Form Part B)

List other adults authorized to present your child for medical treatment or transport to and from Camp.

1. _____ Cell Phone _____

2. _____ Cell Phone _____

3. _____ Cell Phone _____

Adults NOT authorized to take youth to and from Camp:

Name _____ Name _____

PARENTS/GUARDIANS - FILL OUT THE T-SHIRT SIZE YOUR CHILD WILL MOST LIKELY WEAR!

YOUTH T-SHIRT SIZE

Y/S _____ Y/M _____ Y/L _____ A/SM _____ A/M _____ A/LG _____ A/XLG _____

ADULT T-SHIRT SIZE (for core staff and week long walking den leaders)

ASM _____ AM _____ ALG _____ XLG _____ XXL _____ 3X _____

EXTRA SHIRTS FOR SALE- \$10.00 EACH

Y/S _____ Y/M _____ Y/L _____ A/SM _____ A/M _____ A/LG. _____ A/XLG _____ XXL _____ 3X _____ # _____ x \$10.00 = _____

SUPPLEMENTAL HEALTH INFORMATION

Health Officer May Administer:

☐ Benadryl ☐ Tylenol (Amount) _____ ☐ Advil (Amount) _____ How Often _____

If your child will require regular medication at camp it is to be turned into the Health Officer each morning in its original container with its instructions. Exceptions to this include certain medications, such as inhalers or EpiPens that need to be with the child. **List any medications to be taken at camp:**

Medication _____

Signature _____ Date _____

Copies of **Annual BSA Health and Medical Record Part A and Part B** must be submitted along with this registration form.

FOR COUNCIL USE ONLY:

Health Form Received: ☐

Date _____

Registration Fee **\$90**

Early Bird Discount - _____

T-Shirt Purchase + _____

Total Amount Due = _____

I am paying by (Check One) ☐ Cash ☐ Check ☐ Visa ☐ MasterCard ☐ Discover

CARD# _____ EXP DATE _____

NAME ON CARD _____

SIGNATURE (Required) _____

Registration fee is \$90. An Early Bird discount of \$24 applies if payment is received by the date specified for this camp

"No-shows" will not be granted refunds. Refunds, less a 20% service fee, will be considered for sickness, death in the family or a school related issue.

Mail, deliver or fax completed registration form and health form with payment to:

Greater Alabama Council, BSA
P.O. Box 43307
Birmingham, AL 35243
or by fax 205-970-0349

Huntsville Service Center
2211 Drake Ave SW,
Huntsville, AL 35805
or by fax 256-883-2193

Part B

INFORMED CONSENT AND HOLD HARMLESS/RELEASE AGREEMENT

High-adventure base participants:

Expedition/crew No.: _____
or staff position: _____

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.

☐ Without restrictions.

☐ With special considerations or restrictions (list) _____

TALENT RELEASE AGREEMENT

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 EVENTS:

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

1. Name _____ Telephone _____
2. Name _____ Telephone _____
3. Name _____ Telephone _____

Adults NOT authorized to take youth to and from events:

1. Name _____
2. Name _____
3. Name _____

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, or Florida Sea Base: 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.

Participant's name _____

Participant's signature _____ Date _____

Parent/guardian's signature _____ Date _____
(if participant is under the age of 18)

Second parent/guardian signature _____ Date _____
(if required; for example, CA)

This Annual Health and Medical Record is valid for 12 calendar months.

Part B Full name: _____ DOB: _____