

Boy Scout Camp ___ June 7-13 (Staff Week) ___ June 14-20 (Week 1) ___ June 21-27 (Week 2) ___ June 28 – July 4 (Week 3) ___ July 5-11 (Week 4) ___ July 12-18 (Week 5) ___ July 19-25 (Week 6) ___ July 26 - August 1 (Week 7) ___ August 2-8 (Week 8)	DeVos Family Venture Base Camp TREK NAME _____ SESSION _____
	Staff ___ Gerber Scout Camp ___ DeVos Family Venture Base Camp TREK: 1 ___ 2 ___ 3 ___ 4. ___

2009 Health Form

Personal Health Form for Adult Staff*

Gerber Scout Camp / DeVos Family Venture Base

* State of Michigan counts adult leaders as staff

Troop / Crew # _____

Weeks attending camp _____

All Adults Must Be Registered with the Boy Scouts of America

Please fill in the information requested- additional remarks are welcome.

Last Name	First Name	Middle Name	Date Of Birth	Age
Address (Number & Street)	City and State	County	Zip Code	Telephone (home)
Emergency Contact First Name	Last Name	Middle Name	Telephone (work)	
Address (Number & Street)	City	County	State	Zip Code

If the person named above is not available in the event of an emergency, notify:

Name: _____ Telephone _____

Relationship _____

Name: _____ Telephone _____

Relationship _____

Health History

CONDITION	YES	NO	CONDITION	YES	NO
Asthma			Heart trouble		
Appendicitis attacks			Hemophilia		
Has the appendix been removed?			Kidney disorder		
Allergies (food, drugs-list details below)			Nervous Conditions		
Blood Pressure Problems			Nose or Sinus Problems		
Back. Limb or joint problems?			Out of breath easily		
Convulsions or seizures?			Skin or Gland problems		
Deformity (list below)			Sleep Walking		
Dentures			Stomach or Bowel problems		
Diabetes			Teeth or Tonsil problems		
Any exposure to contagious/infectious disease (i.e. TB, Hepatitis B)			Stinging Reaction		
Fainting			Is a bee sting kit needed?		
Glasses/Contacts			Tire easily		
			Other		

Please use this space to explain any answers checked "yes" above:

Should activity be restricted because of any physical defect or illness?

☐ Yes ☐ No *If "yes," please explain degree of restriction:*

Name of personal medical provider;

Immunization History

Vaccination Dates	Mo/Yr	Mo/Yr	Mo/Yr
DPT	_____	_____	_____
TD (tetanus/diphtheria)	_____	_____	_____
Tetanus	_____	_____	_____
Polio	_____	_____	_____
MMR	_____	_____	_____
or Measles	_____	_____	_____
or Mumps	_____	_____	_____
or Rubella	_____	_____	_____
Haemophilus influenza B	_____	_____	_____
Hepatitis B	_____	_____	_____
Varicella (Chicken Pox)	_____	_____	_____
Neg. TB Test or X-Ray	_____	_____	_____
BCG	_____	_____	_____

The State of Michigan requires that all medication is in its original bottle or container. That medication must have the correct dosage listed on it and must be prescribed to the Scout or leader who is taking it.

Medications needed Daily:

Medicine Name	Hours Given	Dosage

☐ I take no medications on a routine basis.

INSURANCE INFORMATION

☐ I am covered under a personal health insurance policy

PLEASE ATTACH A COPY OF THE INSURANCE CARD!

Policyholder's name: _____

Policyholder's birthdate: _____

Policyholder's employer : _____

Insurance company name: _____

Insurance company's address: _____

Policy identification number: _____

Does your policy provide a prescription co-payment? _____

☐ *I am NOT covered under a personal health insurance policy.*

STATE OF MICHIGAN REQUIRED AUTHORIZATIONS

The following information is required by the Michigan Department of Consumer and Industry Services pursuant to Public Act 116 and Administrative Rule 127.1(1).

The health and history contained herein is correct as far as I know, and the person described has permission to engage in all prescribed activities, except as noted by me and/or the medical provider. In the event I cannot be reached in an emergency, I hereby give permission to the medical provider selected by a designated representative of the Boy Scouts of America to authorize emergency medical or surgical treatment, routine, non-surgical medical care, hospitalize, secure proper anesthesia, or to order injection(s) for me. The person herein described is in good health, has all required immunizations current, and I assume the health responsibility for the individual.

**If for religious reasons you cannot sign this, contact the council for a legal waiver, which must be signed for attendance.*

Signature: _____ Date: _____

Print _____

Please make sure that the adult leader application is filled out and returned with the health form.

Camp information available at: www.bsagrfc.org

Gerald R. Ford Council 2009 Leader Application Form Gerber Scout Camp

The following information is required by the Michigan Department of Consumer and Industry pursuant to Public Act 116 of 1973 and Administrative Rule 109.(4).

Troop/Den/Pack number _____ Registration position in council: _____
Position in camp: _____ Number of years registered with the BSA: _____
Number of year/seasons in summer camp as an adult leader: _____
Number of years in Leadership of short term weekend camping: _____

Please indicate training received by: I= date issued E= date expires

BSA TRAINING

Basic Leader Training I _____
Youth Protection I _____
Wood Badge I _____
Camp School E _____
Section _____

HEALTH & SAFETY TRAINING

CPR (ARC or American Heart) E _____
Basic First Aid (ARC) E _____
Other Medical Training License E _____
Bloodborne Pathogen Training I _____
Other: _____

FIELD SPORTS TRAINING

National Rifle Association I _____
National Archery Association I _____
Hunter Safety Instructor I _____

WATER SAFETY TRAINING

Safe Swim Defense E _____
Safety Afloat E _____
ARC WSI E _____
BSA Lifeguard E _____
ARC Lifeguard E _____
YMCA Progressive Swim Inst. E _____

OTHER OUTDOOR

EDUCATION/SKILLS

Explain: _____

Other
Describe: _____

⇒Have you ever been convicted of anything other than a minor traffic violation? ☐YES ☐NO

If yes, please explain: _____

My signature below verifies that I have knowledge and understanding of the requirements for reporting suspecting cases of child abuse/neglect, as stated in the camp policy dealing with child abuse/neglect and that the information on this form is correct to the best of my knowledge.

Signature

Date

REFERENCES

As the representative for the charting organization, I recommend the above-identified individual to serve as a leader of our Scouts in camp.

Signature

Date

As an individual who knows the good character of the above-identified individual, I attest to their emotional stability, leadership ability, educational background and experience to serve as a leader of our Scouts at camp.

Signature

Date

As an individual who knows the good character of the above-identified individual, I attest to their emotional stability, leadership ability, educational background and experience to serve as a leader of our Scouts at camp.

Signature

Date