

Check which camp:

- _____ Bear Creek Day Camp
- _____ Belzer Day Camp
- _____ Kikthawenund Day Camp
- _____ Krietenstein Day Camp
- _____ Pathfinder Day Camp



- _____ Red Wing Day Camp
- _____ Sugar Creek Day Camp
- _____ Webelos Adventure Camp
- _____ Wildwood Day Camp

PERSONAL HEALTH AND MEDICAL RECORD

Class 1 (update annually for all participants). Activity: Day camp, overnight hike, or other programs not exceeding 72 hours, with level of activity similar to that of home or school. Medical care is readily available. Current personal health and medical summary (history) is attested by parents to be accurate. This form is filled out by all participants and is on file for easy reference.

To be filled out by parent, guardian, or adult participant. Please print in **ink**.

IDENTIFICATION

Name _____ Date of birth _____ Age _____ Sex _____

Name of parent or guardian _____

Telephone (h) _____ (w) _____ (cell) _____

Home address _____ City _____ State _____ ZIP _____

Business address _____ City _____ State _____ ZIP _____

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

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy No. _____

Check all items that apply, **past or present**, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, medicines, insects, plants Yes _____ No _____ Explain: _____

GENERAL INFORMATION:	Yes	No	Diabetes	Yes	No	High blood pressure	Yes	No
Asthma	_____	_____	Heart trouble	_____	_____	Kidney disease	_____	_____
Cancer/leukemia	_____	_____	Hemophilia	_____	_____	Other	_____	_____
Convulsions/seizures	_____	_____						

Explain: _____

List any medications to be taken at camp: _____

(**Must be in original medicine container.** Only send needed quantities) (Please note if dosage is different than what bottle prescribes)

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

Immunizations: (give date of last inoculation)

Tetanus toxoid _____ Measles _____ Polio _____

Diphtheria _____ Mumps _____

Pertussis _____ Rubella _____

I give permission for full participation in BSA program, subject to limitations noted herein.

In case of emergency, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if an adult). We give our approval for any healthcare professional to share my child's medical information with others that may need it in case of an accident.

Date _____ **Signature of parent/guardian or adult** _____

Pack

Week/Session

Complete both sides of form.

Parent Instructions

1. Ask Pack leaders when Pack camp dates are.
2. All fees are due to Pack camp leader. Deposits due to Council Feb. 18.
3. The camp Health Form is attached. Due to Council with final fees Apr. 11-15.
4. Refunds are available if hardship exists. See Pack leaders for form.
5. Save this flyer for **“what to bring to camp.”**
6. Enjoy a wonderful camp experience. Parents are welcome as camp leaders.
7. Develop transportation plan with Pack leaders.
8. See Pack leaders if workership is needed. **Must be turned in by April 15th.**



Camper Release Authorizations

Authorization is granted for the release of the aforementioned individual to adult employees, staff, volunteers, and camp staff of the Crossroads of America Council, Boy Scouts of America. In addition, to the parents or guardians signing this form, only those individuals listed below are authorized to remove the aforementioned individual from Camp. Please notify leaders if potential custody problems exist.

1. _____
2. _____
3. _____

The Crossroads of America Council will use videos and photographs of campers for promotional purpose.

Parent signature

Date