

MERIDIAN DISTRICT CUB SCOUT DAY CAMP - 2019

Jr. Helper Forms Packet

Please fill out the attached forms on the following pages.

Forms MUST be turned in at the Jr. Helper training - time & locations at:

<https://meridian.mdsCBSA.org/meridiancubscoutdaycamp/>

| | |
|--------------------------|---|
| <input type="checkbox"/> | Medical Form – Parts A & B (give us the copy, you keep the original) |
| <input type="checkbox"/> | Insurance Card – (give us the copy, you keep the original) |
| <input type="checkbox"/> | Shooting Sports Form (required if scout will do archery, BBs, slingshots) |
| <input type="checkbox"/> | Jr Helper Day Camp Behavior Form |
| <input type="checkbox"/> | BSA Youth Application (ONLY REQUIRED IF THE YOUTH <u>IS NOT</u> CURRENTLY REGISTERED) |
| <input type="checkbox"/> | \$22 Check to “BSA” (ONLY REQUIRED IF THE YOUTH <u>IS NOT</u> CURRENTLY REGISTERED) |

NOTES:

If the Jr. Helper scout is currently registered with their troop, no BSA application (or copy) is needed.

For Shooting Sports Form we are using the Cub Scout version.

Day Camp Directors

Praveen Nori: nori.praveen@gmail.com
Rand Mahoney: rand.mahoney@scouting.org

Jr. Helper Staff Leader

_____open_____:

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____
DOB: _____

High-adventure base participants:
Expedition/crew No.: _____
or staff position: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. 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.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, 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 further 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 BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.



NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.



List participant restrictions, if any: None

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 supplemental risk advisories, 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.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Second parent/guardian signature for youth: _____ Date: _____

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

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

Name: _____

Name: _____

Telephone: _____

Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____

Name: _____

Telephone: _____

Telephone: _____



Part B: General Information/Health History

Full name: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

DOB: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Unit leader: _____ Mobile phone: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.



In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

| Yes | No | Condition | Explain |
|-----|----|---|---|
| | | Diabetes | Last HbA1c percentage and date: |
| | | Hypertension (high blood pressure) | |
| | | Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers. | |
| | | Family history of heart disease or any sudden heart-related death of a family member before age 50. | |
| | | Stroke/TIA | |
| | | Asthma | Last attack date: |
| | | Lung/respiratory disease | |
| | | COPD | |
| | | Ear/eyes/nose/sinus problems | |
| | | Muscular/skeletal condition/muscle or bone issues | |
| | | Head injury/concussion | |
| | | Altitude sickness | |
| | | Psychiatric/psychological or emotional difficulties | |
| | | Behavioral/neurological disorders | |
| | | Blood disorders/sickle cell disease | |
| | | Fainting spells and dizziness | |
| | | Kidney disease | |
| | | Seizures | Last seizure date: |
| | | Abdominal/stomach/digestive problems | |
| | | Thyroid disease | |
| | | Excessive fatigue | |
| | | Obstructive sleep apnea/sleep disorders | CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | List all surgeries and hospitalizations | Last surgery date: |
| | | List any other medical conditions not covered above | |



Part B: General Information/Health History

Full name: _____
 DOB: _____

High-adventure base participants:
 Expedition/crew No.: _____
 or staff position: _____

Allergies/Medications

Are you allergic to or do you have any adverse reaction to any of the following?

| Yes | No | Allergies or Reactions | Explain | Yes | No | Allergies or Reactions | Explain |
|-----|----|------------------------|---------|-----|----|------------------------|---------|
| | | Medication | | | | Plants | |
| | | Food | | | | Insect bites/stings | |

List all medications currently used, including any over-the-counter medications.

CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN. IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.

| Medication | Dose | Frequency | Reason |
|------------|------|-----------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

YES NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by:

_____/_____
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)

!

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.

!

Immunization

The following immunizations are recommended by the BSA. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

| Yes | No | Had Disease | Immunization | Date(s) | Please list any additional information about your medical history: |
|-----|----|-------------|--|---------|--|
| | | | Tetanus | | |
| | | | Pertussis | | |
| | | | Diphtheria | | |
| | | | Measles/mumps/rubella | | |
| | | | Polio | | |
| | | | Chicken Pox | | |
| | | | Hepatitis A | | |
| | | | Hepatitis B | | |
| | | | Meningitis | | |
| | | | Influenza | | |
| | | | Other (i.e., HIB) | | |
| | | | Exemption to immunizations (form required) | | |

DO NOT WRITE IN THIS BOX
 Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: Yes No

Reason: _____

Approved by: _____

Date: _____

Insurance Card – (give us the copy, you keep the original)



BOY SCOUTS OF AMERICA®

Unit type & #: _____

Last Name: _____

First Name: _____

CALIFORNIA RIFLE, SHOTGUN AND ARCHERY PARENTAL/LEGAL GUARDIAN PERMISSION FORM FOR YOUNGER SCOUTS (CUB SCOUTS)

I, _____, parent or legal guardian of _____
(Print Name of Parent or Legal Guardian) (Print Name of Child)

hereby give my child express permission and consent to be lent and possess firearms (handguns and long guns) and ammunition to engage in lawful, recreational sport, including target practice, and/or a course of instruction in the safe and lawful use of a handgun. (Cal. Penal Code ** 27945, 29610, 29615, 29650 29655; 18 U.S.C * 922(x)). As used in this form, "firearms" includes any handguns, long guns, or shotguns that may lawfully be loaned to and possessed by a minor under state and federal law.

I also give my child express permission and consent to possess, and for a person to loan to my child, a "BB device" as defined in Cal. Penal Code * 16250. (Cal. Penal Code * 19915), bows, arrows, and tomahawks.

(Please mark each applicable category of permission granted, and initial each entry)

- Archery (bow and arrow) (Cub Scouts but not Lions) _____ (initials)
- BB Devices (BB gun) (Cub Scouts but not Lions) _____ (initials)
- Sling Shots (Cub Scouts but not Lions) _____ (initials)

This consent is valid, absent my express revocation thereof, for the calendar year of _____
(Calendar Year)

A photocopy or facsimile of this written consent will serve as an original.

I represent that I am (1) the parent or legal guardian of the minor named above and (2) not prohibited by Federal, state, or local law from possessing a firearm. I agree to indemnify and hold harmless the Boy Scouts of America, and any local Council and all officers, members, employees, and volunteers thereof, from all losses, damages, causes of action, cost and expenses, arising from any false statements or representations made by me herein.

Please bring four (4) copies of this form to camp with your child. At least one copy must remain in your child's possession at all times while he or she possesses any firearms or ammunition.

Signature of Parent or Legal Guardian

Date

MERIDIAN DISTRICT CUB SCOUT DAY CAMP - 2019

Expectations for Scouting Appropriate Behavior – June 10th – June 14th

Please discuss this with your parents and return the bottom portion to your Jr. Helper Staff or Day Camp Director.

A Scout is expected to...

At Day Camp:

- Properly wear your Camp uniform (Jr. Helper shirt), and appropriate pants (NO Sagging).
- Follow the instructions of Staff and other Scout Leaders.
- Set a positive example and demonstrate leadership to the younger scouts.
- Participate in the activities and have a good time!!

Unacceptable behavior during Day Camp:

- Profanity (spoken or written)
- Playing with matches, flints or fire
- Possessing weapons of any kind (knives, explosive items, etc.)
- Harassment, physical or verbal, of any kind
- Playing with electronic games or devices
- Disruption of activities
- Destruction of property or theft
- Disrespect of Scouts or Adult leaders

At the option of any Cub Scout Day Camp Staff Director, refusal by any Scout to maintain scouting appropriate behavior will result (one or more of the following actions)

- A phone call to the scout's parents and/or the loss of special activities. (Swimming, Archery, BB Guns, Hospitality pass, etc.)
- A phone call to the scout's parents and the scout is dismissed from camp at that time for the rest of the day. The scout will need to be picked up at immediately.
- A phone call to the scout's parents and the scout is completely dismissed from camp for the rest of the week. The scout will need to be picked up at immediately.

I have discussed the above expectations with my parents and agree to do my best to demonstrate Scout spirit by living the Scout Oath (Promise) and Scout Law in my everyday life and at the Cub Scout Day Camp.

Jr. Helper's Name (printed)

Jr. Helper's Signature

Parent's Name (printed)

Parent's Signature

Pack/Troop: _____

Date ___ / ___ / ___

Day Camp Directors

Praveen Nori: nori.praveen@gmail.com
Rand Mahoney: rand.mahoney@scouting.org

Jr. Helper Staff Leader

_____ open _____ :

\$22 Check to “BSA”

**(ONLY REQUIRED IF THE YOUTH IS NOT CURRENTLY REGISTERED AS
A SCOUT)**