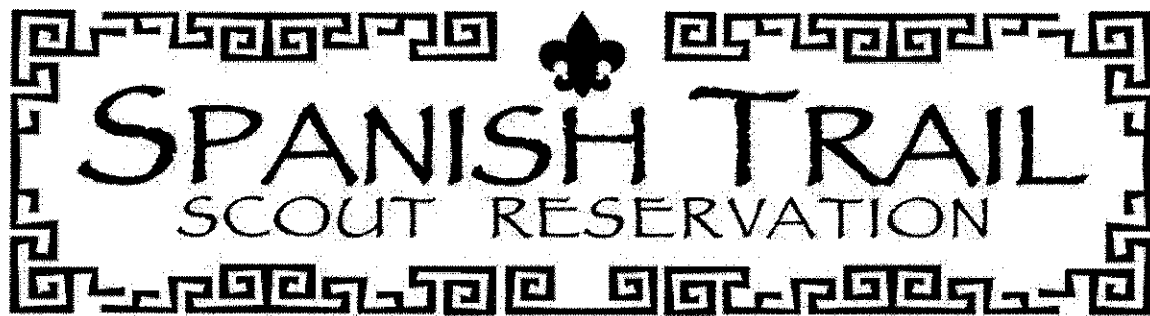


50th Anniversary Summer 2011

**CUB/WEBELOS RESIDENT CAMP  
LEADERS' GUIDE**





## 50th Anniversary Summer 2011

Dear Cub/Webelos Leader:

Welcome to Cub/Webelos Resident Camp 2010! We are eager to have you and your Cubs and Webelos Scouts in camp this summer at Spanish Trail Scout Reservation.

The following pages are only a guide for you as a Camp Leader. It should assist you in preparing your Scouts for the beginning of many Scout Camp memories! Although there are many ways to measure the success of a session in camp, the real goals are those of the Scouting movement itself - character building, citizenship training and personal fitness. The requirement passed or the number of badges earned is not an end in itself... we hope your Scouts have fun, develop some confidence and self reliance, gain some knowledge from the various program areas available and appreciate our natural environment...the great out-of-doors!

As you complete your preparations for camp, let us know if we can be of further service and assistance. Please contact the Scout Service Center at 850-476-6336 or [jboksa@bsamail.org](mailto:jboksa@bsamail.org). Adventure and excitement await.

Please be sure to invite all of your Cub and Webelos Scouts. You never know what kind of effect the outdoor camping experience can have on a young man.

See you at Cub/Webelos Resident Camp!!

Sincerely,

STSR Staff

**DATES/TIMES**

Cub/Webelos Resident Camp will be one session – July 10-13, 2011. Camp begins at 1:00 p.m. Sunday, July 10<sup>th</sup> and ends at 10:00 a.m. on Wednesday, July 13<sup>th</sup>. The camp will be held at Spanish Trail Scout Reservation, west of Defuniak Springs, FL. Please do not arrive no earlier than 1:00 p.m. Upon arrival please expect a quick medical re-check, a swim check and also your scouts setting up your camp-site. The more your paperwork is organized, the smoother your check-in will be. In the past, the slowest spot is with paperwork. You will be given a schedule of events upon your arrival.

**WHO CAN ATTEND**

Any Cub Scout who will be in the 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, or 5<sup>th</sup> grade in the fall of 2011. Scouts who will only be in the 1<sup>st</sup> grade or will be Tiger Cubs in the fall of 2011 are not eligible to attend this camp.

**REGISTRATION**

Registration forms are available on the council website at [www.gulfcoastcouncil.org](http://www.gulfcoastcouncil.org) The forms are also available at Pensacola Scout Service Center.

**PHYSICAL FORMS**

All Scouts and Adults must bring with them a completed Part A and B of the Annual BSA Health and Medical Record with them, and turn it in at check-in time. Also, if anybody brings prescription medication with them, they must check-in with the health officer about storing of the medicine.

## INDIVIDUAL REGISTRATION FEES AND LEADERSHIP REQUIREMENTS

Cub/Webelos Resident Camp will be \$100.00 for each scout if paid by June 15<sup>th</sup>, 2011. The late fee is \$130.00 if paid after June 15<sup>th</sup>, 2011.

In accordance with BSA policy, each den or pack must have 2 adults for every 8 scouts attending camp. Thus each pack or den will get two free adults for every 8 boys they bring to camp (see chart). Extra adults may attend for \$40 each

Number of Scouts	Number of free adults	Extra adult fee
1-8	2	\$40
9-16	4	\$40
17-24	6	\$40

If a scout wants to attend without their pack or den, they must be accompanied by an adult. The fees for these scouts is \$100 a scout and \$40 for each adult.

**SIBLINGS ARE NOT ALLOWED TO ATTEND RESIDENT CAMP. THERE WILL NO EXCEPTIONS ALLOWED!!**

The camp fee covers:

- \* Three cafeteria-style meals in the dining hall each day
- \* A supervising paid staff, plus volunteer staff
- \* Supplies and camp activities
- \* Use of beautiful Spanish Trail Scout Reservation
- \* Unique experience of an organized Cub/Webelos Resident Camp

### REFUND POLICY

The complete fee is non-refundable after the deadline date except for illness or death in the family.

### SUPERVISION

During the structured activity times, the Scouts will be supervised by the paid staff and adult volunteers. Activity areas that require specialized supervision, such as waterfront, archery range, and BB gun range, will be under the supervision of nationally certified staff. At **ALL** other times such as meals, campfires, and camp-wide games, the Scouts will be supervised by the adult volunteers of each pack.

### ADULT VOLUNTEERS ARE EXPECTED TO FOLLOW THESE GUIDELINES:

- \* Adult volunteers should sit at the same table with their group of scouts at all meals.
- \* Adult volunteers should know where their scouts are at all times.
- \* Adult volunteers should monitor the scouts' behavior at all times. Do not stand by while your scouts are whittling trees or fighting with sticks or other objects.
- \* Each program supervisor will announce whether or not assistance will be needed.
- \* **Observe the No Smoking Policy of the BSA.** A designated area will be announced for our smoking leaders.



## ADVANCEMENT

The Scouts will be divided up by the rank they will be in the fall of 2011, and will have the opportunity to earn several achievement pins, belt loops, and/or electives. See the list below for exact listing:

Webelos Scouts will have the opportunity to earn:

- Aquanaut
- BBs and Archery belt loop and pin
- Forester
- Outdoorsman
- Handyman

Bear Scouts will have the opportunity to earn:

- Swimming belt loop and pin
- BBs and Archery belt loop and pin
- Elective 23 (Camping)
- Elective 17 (Knots)
- Achievement 5 (Tools)
- Hiking Belt Loop and Pin

Wolf Scouts will have the opportunity to earn:

- Swimming Belt loop and pin
- BBs and Archery belt loop and pin
- Achievement 22 (Knots)
- Achievement 20 (Sawdust and Nails)
- Hiking Belt Loop and Pin

Everybody will have the opportunity to earn one of the following belt loops

- Photography
- Good Manners
- Map and Compass
- Ultimate Frisbee
- Astronomy

## SPENDING MONEY

Spanish Trail Scout Reservation operates a full service Trading Post with souvenirs, candy, soft drinks, and other items to serve the needs of the campers. We do not want spending money to be a problem at camp. Parents and scouts should decide what is a reasonable amount for the week. A \$25.00 maximum is suggested.

## DINING HALL

The food service is provided by qualified personnel. We eat cafeteria style in our dining hall. We ask that you provide a table waiter for your table at each meal that will be responsible for cleaning up your area and wiping down the table. Scouts who have **dietary restrictions** may request substitutes by notifying the Scout Service Center in writing 2 weeks prior to coming to camp. For those with severe dietary restrictions, the kitchen will be available for food preparation by a supervising adult.

## **CAMP HEALTH OFFICER**

A resident health officer will be on call 24 hours a day at Spanish Trail Scout Reservation. Most minor accidents and illness can be efficiently handled by the health officer. Special arrangements for treatment of more serious cases requiring a visit to a hospital have been made with the Defuniak Spring Community Hospital

## **SHOWERS**

Hot showers are available for scouts and leaders. Please be sure your scouts are supervised in some manner when they are in the showers.

## **WEATHER**

The weather in Florida is unpredictable at best. Everything from hot sunny days to quick thunderstorms. COME PREPARED!!! Plan ahead and no weather condition will be a surprise. Please check the Personal Equipment List for any necessary items.

## **UNIFORMS**

The official Scout uniform should be worn to dinner each evening (temperature permitting). Camp T-Shirts will be available for purchase at the Trading Post for more casual wear. Hats are recommended for everyone as the Florida sun can be blazing hot. Closed toe/close heel shoes must be worn at all times. Please no open-toed shoes or aqua socks except while at the waterfront.

## **A SCOUT IS CLEAN**

Please encourage your scouts to put trash in its proper place. Keep S.T.S.R. clean!!

## **FIREARMS AND ARCHERY EQUIPMENT**

No personal firearms or archery equipment will be allowed in camp. We will provide everything needed for shooting sports.

## **TOBACCO USE**

The Gulf Coast Executive Board passed a policy effective January 1, 1996 which states that all facilities and events of the Gulf Coast Council are to be smoke free. This policy complies with the national policy of tobacco use in Scouting. We will provide a location for those to smoke who must. Please refrain from smoking in buildings and in front of Scouts.

## **ALCOHOLIC BEVERAGES/DRUGS**

It is strictly against BSA policy to possess alcoholic beverages and/or drugs on a BSA property. Those unwilling to abide by this policy will be asked to leave the property immediately.

## **LIQUID AND LP FUELED APPLIANCES AND FIREWORKS**

Adult leaders may have liquid fuel or LP approved lanterns. Scouts are not permitted to operate this equipment. Liquid fuel must not be stored in the campsite. If you have liquid fuel for a lantern, it must be stored in the camp fuel shed which is kept locked. No open flames or highly flammable material are allowed in tents. **Liquid fuel should never be used around open flames or as a fire starter. Also, NO fireworks will be permitted in camp.** Please turn in any empty fuel containers to the Camp Director. They may end up in a fire and could explode.

## **FOOD IN TENTS/FLAMES IN TENTS**

Food or candy must not be stored in tents. This practice will attract unwanted furry critters. Also there should be no open flames (candles, lighters, etc.) in or within 20 feet of any tent.



# TENATIVE SCHEDULE

(subject to change)

## Sunday

Check-in	1:00pm-4:00pm
Stop at Henson Hall and do paperwork	
Go to campsite and change into swimsuits	
Stop by Health Lodge (take physical forms with you)	
Go to Waterfront for swim checks	
<b>(EVERYBODY THAT WANTS TO GO SWIMMING MUST TAKE SWIM TEST)</b>	
Camp tour	
Belt Loop Session	4:00pm-5:00pm
Assembly and Dinner at Dining Hall	6:00pm
Opening Campfire at Whipple Circle	8:00pm

## Monday and Tuesday

Reveille	7:30am
Assembly and Breakfast	8:00am
Session #1	9:00am-9:50am
Session #2	10:00am-10:50am
Session#3	11:00am-11:50am
Open Lunch	12:00-12:45pm
Rest time	1:00pm-2:00pm
Session #4	2:00pm-2:50pm
Session #5	3:00pm-3:50pm
Free Time (free shoot and free swim)	4:00pm-4:50pm
Assembly and Dinner	6:00pm
Evening Activities	
Monday	
Vespers	7:00pm-7:30pm
Activity	7:30pm-8:30pm
Tuesday	
Closing Campfire	8:00pm
Taps and Quiet Time	10:00pm

## SUGGESTED LIST OF EQUIPMENT FOR SCOUTS AND ADULTS

### Pack Equipment:

American Flag  
Pack flag  
Lanterns (Adults Only)  
Pack First Aid Kit

### Personal Equipment:

Medical Form  
Uniform  
5 pair of underwear and socks  
Extra clothes for regular wear (shorts and T-shirts)  
Shoes for rugged wear (two pair)  
Sweater or jacket  
Raincoat or Poncho  
Sleeping bag or sheets and a blanket  
Backpack or Day Pack  
Ground Cloth  
Air mattress or foam pad  
Pillow  
Flashlight (with extra batteries and bulb)  
Toiletries (soap, toothpaste, insect repellent, chapstick, towels)  
Swim Trunks  
Scout Book  
Duffel bag/suitcase/pack  
Canteen  
Spending Money  
Notebook and pencil  
\*Watch  
\*Camera & film  
Compass  
\*Pocket First Aid Kit

### \* Optional Equipment

Please be sure that all items are marked with name and pack number. Adult volunteers will not be responsible for lost or misplaced items.

Items to leave at home: Radios/Tape Players, Pocket Video Games, Sheath Knives, Expensive Jewelry, Matches, Fireworks, Firearms, and Food/soft drinks.

**SPANISH TRAIL SCOUT RESERVATION  
CUB/WEBELOS RESIDENT REGISTRATION FORM**

Pack: \_\_\_\_\_ Den number: \_\_\_\_\_

CIRCLE ONE: CUB OR WEBELOS

PACK COORIDINATOR: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

NUMBER OF YOUTH ATTENDING (\$100 EACH) \_\_\_\_\_

NUMBER OF ADULTS ATTENDING \_\_\_\_\_  
(Refer to chart for amount owed)

TOTAL PEOPLE ATTENDING \_\_\_\_\_

TOTAL AMOUNT OWED \_\_\_\_\_

**Unit is responsible for individual accounting.  
Council will only track Pack/Den payments.**

**Note: All fess are due along with this form by June 15<sup>th</sup>, 2010. Pack/Den Roster needs to be turned in with this form.**

**Health Forms need to be brought to camp and turned in during check-in.**

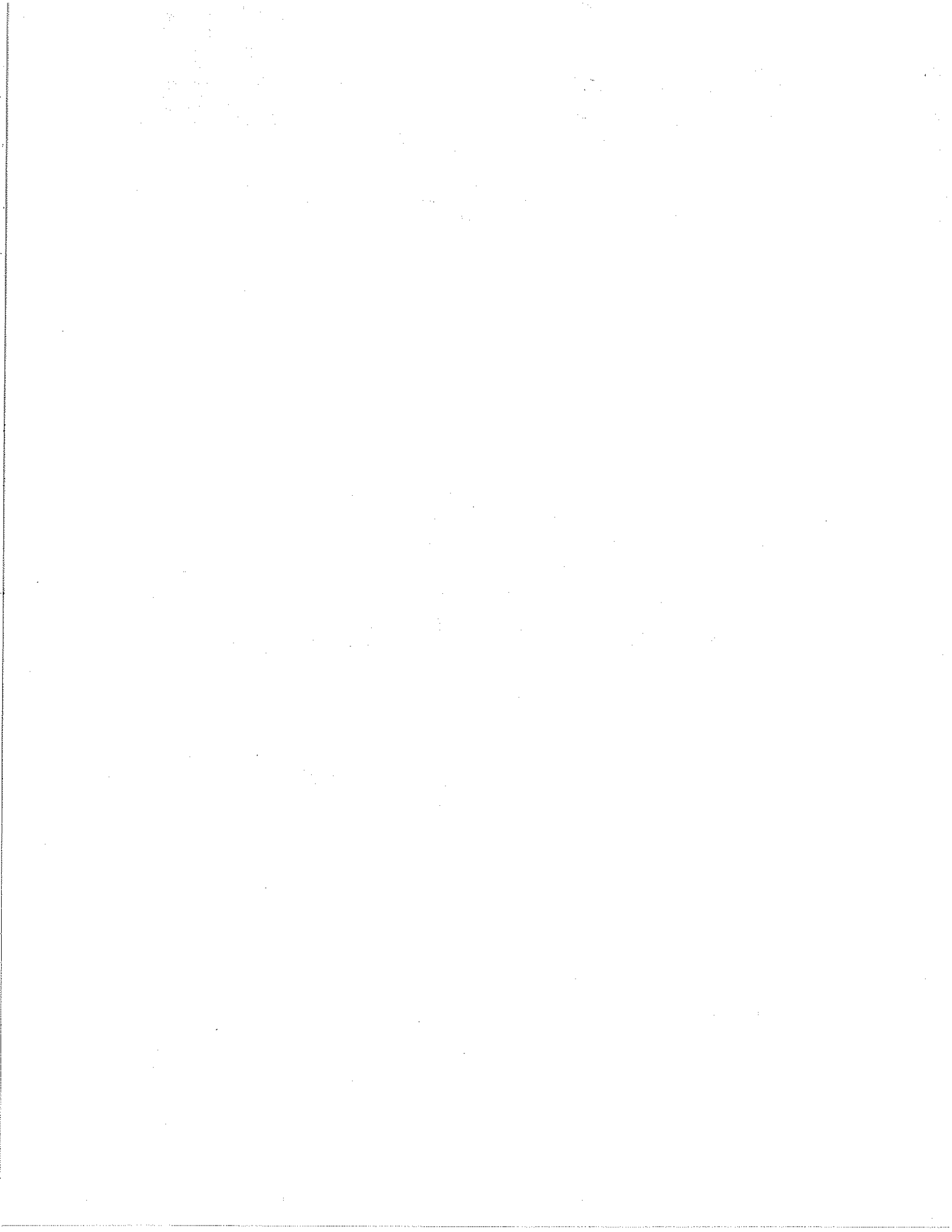
**Payment and forms should be submitted by the Pack Coordinator and payment should be in the form of one check.**

This form should not be submitted without a check payable to Gulf Coast Council

Enclosed is check # \_\_\_\_\_ dated \_\_\_\_\_ for \$ \_\_\_\_\_

Cub/Webelos Resident Camp  
Gulf Coast Council  
9440 University Parkway  
Pensacola, FL 32514





# Annual Health and Medical Record

(Valid for 12 calendar months)

## Policy on Use of the Annual Health and Medical Record

In order to provide better care for its members and to assist them in better understanding their own physical capabilities, the Boy Scouts of America recommends that everyone who participates in a Scouting event have an annual medical evaluation by a certified and licensed health-care provider—a physician (MD or DO), nurse practitioner, or physician assistant. Providing your medical information on this four-part form will help ensure you meet the minimum standards for participation in various activities. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

**Parts A and B** are to be completed at least annually by participants in all Scouting events. This health history, parental/guardian informed consent and hold harmless/release agreement, and talent release statement is to be completed by the participant and parents/guardians.

**Part C** is the physical exam that is required for participants in any event that exceeds 72 consecutive hours, for all high-adventure base participants, or when the nature of the activity is strenuous and demanding. Service projects or work weekends may fit this description. Part C is to be completed and signed by a certified and licensed health-care provider—physician (MD or DO), nurse practitioner, or physician assistant. It is important to note that the height/weight limits must be strictly adhered to when the event will take the unit more than 30 minutes away from an emergency vehicle-accessible roadway, or when the program requires it, such as backpacking trips, high-adventure activities, and conservation projects in remote areas. See the FAQs for when this does not apply.

**Part D** is required to be reviewed by all participants of a high-adventure program at one of the national high-adventure bases and shared with the examining health-care provider before completing Part C.

- **Philmont Scout Ranch.** Participants and guests for Philmont activities that are conducted with limited access to the backcountry, including most Philmont Training Center conferences and family programs, will not require completion of Part C. However, participants should review Part D to understand potential risks inherent at 6,700 feet in elevation in a dry Southwest environment. Please review specific registration information for the activity or event.
- **Northern Tier National High Adventure Base.**
- **Florida National High Adventure Sea Base.** The PADI medical form is also required if scuba diving at this base.

## Risk Factors

Based on the vast experience of the medical community, the BSA has identified the following risk factors that may limit your participation in various outdoor adventures.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit Scouting Safely on [www.scouting.org](http://www.scouting.org).

## Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.

## Frequently Asked Questions (FAQs)

- Philmont Scout Ranch: [www.philmontscoutranch.org](http://www.philmontscoutranch.org) or 575-376-2281
- Northern Tier National High Adventure Base: [www.ntier.org](http://www.ntier.org) or 218-365-4811
- Florida National High Adventure Sea Base: [www.bsaseabase.org](http://www.bsaseabase.org) or 305-664-5612
- National Scout Jamboree: [www.bsajamboree.org](http://www.bsajamboree.org)

For frequently asked questions about this Annual Health and Medical Record, see Scouting Safely online at <http://www.scouting.org/scoutsource/HealthandSafety.aspx>. Information about the Health Insurance Portability and Accountability Act (HIPAA) may be found at <http://www.hipaa.org>.



BOY SCOUTS OF AMERICA®

# Annual BSA Health and Medical Record Part A

## High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_  
or staff position: \_\_\_\_\_

### GENERAL INFORMATION

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 <input type="checkbox"/> No <input type="checkbox"/>
		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
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., Hib) _____

Exemption to immunizations claimed (form required).

(For more information about immunizations, as well as the immunization exemption form, see [Scouting Safely on Scouting.org](http://Scouting Safely on Scouting.org).)

### 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.

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:

**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 \_\_\_\_\_

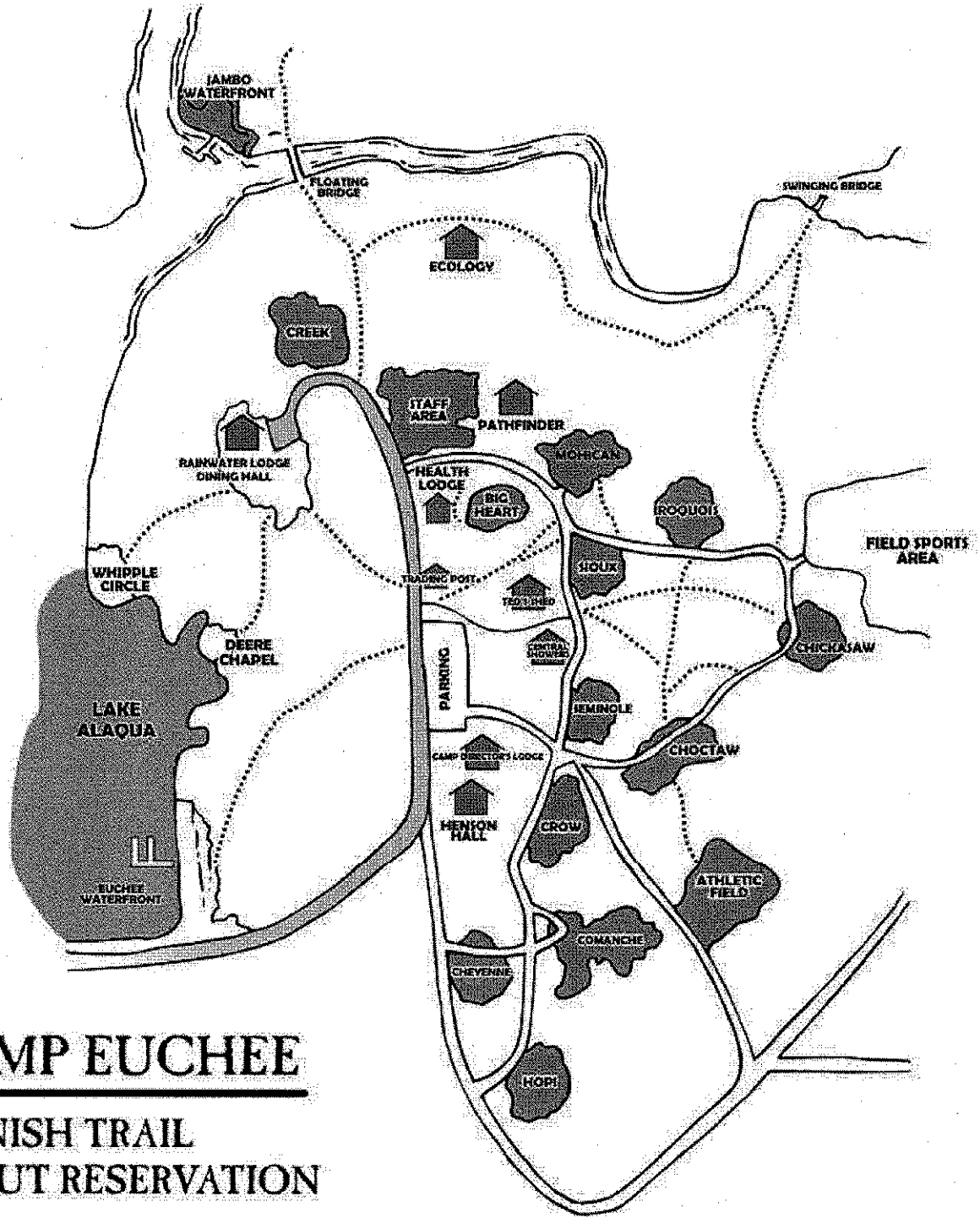
Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

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: \_\_\_\_\_



# CAMP EUCHEE

SPANISH TRAIL  
SCOUT RESERVATION