



# Family Fiesta 2022 - A Cub Scout Camping Event "Bug Hunters"

**Location: Camp Tamarancho**

**Dates: Friday, May 20 – Sunday, May 22, 2022**

Family Fiesta 2022 is a weekend of fun activities, great fellowship, memorable experiences, and a good time for all. The activities planned will teach you all about the world of insects. Below is some important information you will need. A booklet with camp map and complete schedule will be given to each participant upon arrival in camp.

**NOTE:** Due to changing regulations, any new COVID related protocols will be communicated prior to the event.

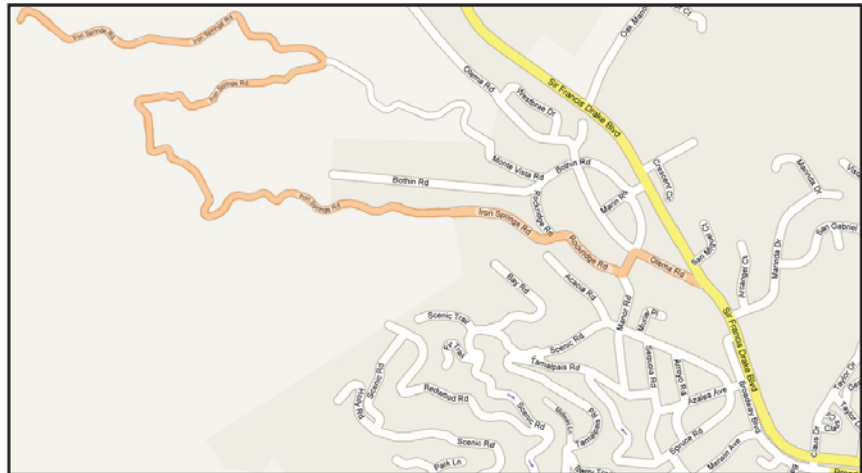
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|--------------------------|--|
| <b>Registration</b>      | <p><b><u>Friday, May 20, 2022</u></b><br/>6:00 – 8:30 pm, Registration at Murray Lodge (<b>Note – Bring completed med forms</b>)<br/>Please do not come earlier than 6 pm. All participants will be assigned a campsite and given a program to be used throughout the weekend. <b>NOTE – No dinner provided. Eat before you arrive!</b><br/>During registration there will be a gathering activity and then a Cracker-barrel (snacks) at 7:30 pm</p> <p><b><u>Saturday, May 21, 2022</u></b><br/>Program Day! Registration resumes at 7 am at Murray Lodge. <b>Important:</b> There is a Shooting Sports safety orientation that all Scouts and family members must take if they are planning on BB, Sling Shot or Archery. Shooting Sport orientation #1 is at 8:15 am. Assembly and opening flag begins at 9 am. Lunch is at Noon followed by Shooting Sports orientation #2 at the BB range at 12:45 pm. Eat early. The camp-wide campfire program begins at 7 pm followed by a Cracker-barrel (snacks).<br/><b>Do NOT leave camp without proper notification.</b></p>  |
| <b>Camping</b>           | <p>Carpooling is strongly encouraged to avoid excessive traffic and to minimize the number of vehicles in camp. We will be divided into two large campsites. Packs will camp together.</p>   |
| <b>Parking</b>           | <p>For emergency purposes, please back into all parking spots and park close to any adjacent vehicles. Drive <b>SLOWLY</b> in camp: Scouts in Motion. Listen to camp parking staff. The main lot is only available for check-in and check-out. Leave your vehicles at your campsite.</p>   |
| <b>Activity Schedule</b> | <p><b><u>Saturday, May 21, 2022</u></b><br/>7:00 – 8:30 am: Registration open for new arrivals (<b>Note – Bring completed med forms</b>)<br/>7:30 am: Breakfast<br/>8:15 am: Shooting Sports safety orientation #1<br/>9:00 am: Gather for assembly / opening flag ceremony<br/>9:15 am – 12:00 pm: All activities open<br/>12:00 pm: Lunch<br/>12:45 pm: Shooting Sports Safety Orientation #2 (Last one)<br/>1:00 – 3:15 pm: All activities open<br/>3:30 – 5:00 pm: Special camp-wide activities<br/>5:00 pm: Closing flags<br/>5:30 pm: Dinner<br/>7:00 pm: Campfire program with songs, stories, and skits!<br/>8:15 pm: Cracker-barrel<br/>9:30 pm: Lights out and quiet time</p> <p><b><u>Sunday, May 22, 2022</u></b><br/>8:00 am: Breakfast<br/>9:00 am: Interfaith Worship Service, a nondenominational religious service for All Scouts<br/>10:00 am: Camp closing flag ceremony.<br/>Checkout (immediately following closing flag): Do not leave camp early without checking out at Murray Lodge.<br/><b>ALL SCOUTS and GUESTS MUST CHECK-IN AND MUST CHECK-OUT of Camp.<br/>Do NOT leave camp without proper notification</b></p> |

# How to Get to Camp Tamarancho

**Carpooling highly recommended!**

**DO NOT USE COMPUTER MAPPING SYSTEMS - THEY MAY TAKE YOU TO A PRIVATE GATED ROAD  
PLEASE FOLLOW OUR DIRECTIONS BELOW**

- From US Highway 101, take the Central San Rafael exit
- Turn West on 3<sup>rd</sup> Street, travel 1.5 miles
- 3<sup>rd</sup> street merges into 4<sup>th</sup> Street and then into Red Hill Avenue
- Continue on Red Hill for another 0.7 miles
- Red Hill Avenue merges into Sir Francis Drake Blvd. Follow Sir Francis Drake Blvd towards Fairfax for another 2.2 miles
- *When in Fairfax follow arrows in map on right and look for green signs to Camp Tamarancho*
- Turn left onto Olema Road, travel 0.1 miles to stop sign
- Turn left on Manor Road, travel 50 yards to stop sign
- Turn Right on Rockridge Road, travel 0.1 miles
- Turn Left on Iron Springs Road
- Camp Tamarancho is at the end of Iron Springs Road, 2+ miles



Coming from San Rafael or San Anselmo:

- 1) In Fairfax, turn left on Olema Road (just after St. Rita's Catholic Church)
- 2) Turn left on Manor Road
- 3) Turn right on Rockridge Road
- 4) After approx. 0.1 miles, turn left (actually stay straight) onto Iron Springs Road.
- 5) Travel on Iron Springs Road until you reach the end (approx. 2 miles)
- 6) After passing through the gate at Tamarancho, take the left fork to the parking lot.

**Do not use your GPS; you will be misdirected. Do not use Monte Vista Road. It is a private, gated road.**

**DIRECTIONS TO  
CAMP  
TAMARANCHO**

# CAMP TAMARANCHO SAFETY GUIDELINES

## WELCOME TO CAMP TAMARANCHO

Welcome to Camp Tamarancho. If this is your first time here, we hope you will thoroughly enjoy your visit. Camp Tamarancho is approximately 480 acres of beauty, having both developed and undeveloped campsites. Some of the nation's most popular mountain bike trails encircle our camp.

## COVID-19 and Face Masks

The following protocol has been established by Marin Council for our event. Even though this is an outdoor event, please be prepared to wear a face mask - Anytime indoors, if camp-wide assemblies are crowded and Scouts cannot space arm's length, and in the food-service lines at Murray Lodge but not when seated at your table. When instructed so by a staff member in a program area such as shooting sports. When it's up to you – It is always okay to wear a face mask if you are more comfortable with one on. Remember... A Scout is Trustworthy... and Helpful... and Courteous... and Obedient!

## SLEEPING ARRANGEMENTS

Cub Scouts/youth may NOT sleep in a tent with any adult other than their own parent/guardian. Also, per health regulations, ONLY campers that are currently living together in the same household may tent-up together. There are no exceptions to these rules, period.

## ALCOHOL IN CAMP

Alcohol is not allowed at all or any Scouts BSA functions. There are no exceptions to this rule. If you brought beer, wine, or other alcoholic beverages, please be respectful of this and leave it in your car.

## CHECK-IN & OUT

Check-in & check-out will be done at Murray Lodge with either the Camp Director or Program Director. If for some reason, you need to leave camp early, make sure you check out with the Camp Director or Program Director. We need to know that you have left camp or have arrived back into camp. Otherwise, we seriously may send out a search party if there is a camp emergency such as fire or earthquake. Again, we hope you will make this short time together an important outdoor experience for both you and your child. Please resist the temptation to go down the hill to town unless it is an emergency.

## DRIVING UP TO CAMP

**DO NOT USE COMPUTER MAPPING SYSTEMS—THEY WILL TAKE YOU TO A PRIVATE GATED ROAD. PLEASE FOLLOW OUR DIRECTIONS. THESE APPEAR ON THE PAGE WITH THE ROAD MAP.**

## NO FIRES IN CAMP

Again, no fires in camp unless approved. Anyone caught with a wood or coal fire will be asked to leave.

## CRITTERS IN CAMP: Raccoons, Rattlesnakes, and Bees

There are several different kinds of animals at Camp Tamarancho. It is not uncommon to see wild turkeys, deer, and bobcats. Most common are the raccoons, rattlesnakes, and yellow jackets.

**For raccoons**, they look nice and harmless, but they're not. They should never be fed. Don't leave any food in your tents during the day or at night because they will gnaw through your tent to get at it.

**There are rattlesnakes** in the area. Stay on the trails and roads so that you can see clearly what lies ahead. Trailblazing not only further damages the environment, but it is an excellent way of encountering an animal that you don't want to. If you look for a rattlesnake you will find one.

**There are yellow jackets**. We put up traps for them and try to keep their population to a minimum. If you are allergic, please let our medical officer know. If you get stung, even if you are not allergic, please let the medical officer know that as well. This is another good reason to not walk through the tall grass or bushes because they do nest in the ground and in bushes.

## **CELL PHONES**

We do recognize that perhaps you have taken time from the office or other important agendas to come to camp, possibly necessitating staying in touch. However, we would like to make this a genuine outdoor experience for both you and your child. If you need to use the phone, please do it discretely.

## **FOOD ALLERGIES or SPECIAL DIETS**

Hopefully, if you have an allergy, you have noted it on your medical form. If you have not done so, then please inform our medical officer immediately. Also, if you need a special diet, such as vegetarian, we would be more than happy to accommodate you if we know about it.

## **FIRST AID and MEDICATIONS**

We are required by the Scouts BSA to keep any medications locked up that are not immediately needed. You should keep in your possession inhalers, epi-pens, and heart medications.

## **SMOKING IN CAMP**

If you feel you must smoke and can't get by on fresh air, you can smoke only in the main parking lot. Please dispose of your butts in a proper place.

## **MEDICATIONS and ALLERGIES**

Please alert camp staff upon registration of any prescription medications as well as any/all allergies. A first aid officer is on duty at all times. Zero tolerance for alcohol.

## **TICK WARNING**

Check for ticks regularly while at camp. Upon return home from camp, bath immediately and check your family thoroughly. Stage gear outside, wash all clothing and gear bags.

## **What to (and not to) Bring to Camp**

The following are suggestions of what you might want to bring (or not bring) to camp for the weekend:

- ✓ Tent
- ✓ Comfortable hiking shoes
- ✓ Underwear and long socks (ticks)
- ✓ Jacket or sweater
- ✓ Rain poncho (be prepared!)
- ✓ Sleeping bag
- ✓ Rain tarp/fly (morning dew likely)
- ✓ Soap, toothbrush, tooth paste, comb
- ✓ Washcloth and towel
- ✓ Ground cloth
- ✓ Foam pad
- ✓ Pillow
- ✓ Sunscreen
- ✓ Hat or cap
- ✓ Watch
- ✓ Camera
- ✓ Flashlight (very important)
- ✓ Insect repellent (non-spray type)
- ✓ Canteen or water bottle: **STAY HYDRATED!**

If for any reason you are cooking in your campsite, make sure you have everything you need with which to cook *as well as the food*. Items might include:

- ✓ Stove
- ✓ Pots and pans
- ✓ Utensils, plates, bowls, cups
- ✓ Lantern for the campsite
- ✓ Garbage bags (all trash must be packed out when you leave)
- ✓ Wood campfires are not permitted

## **What NOT to bring to camp**

- ✓ Expensive jewelry
- ✓ Open-Toed shoes of any kind
- ✓ Pets
- ✓ Electronic or battery-operated devices: Absolutely no Scouts with phones, MP3 players, personal computers, mobile devices, etc. during program activities.
- ✓ Fireworks or firearms
- ✓ Sheath knives
- ✓ Junk food; Do NOT feed animals
- ✓ Beverages containing alcohol: Any and all alcohol is strictly forbidden at all Scouts BSA camps and sanctioned events.



# CUB SCOUT SHOOTING SPORTS

## Parent/Guardian Authorization Form

*(Consent for Minor to use Archery & Slingshot equipment, and BB Guns)*

Pack # \_\_\_\_\_ Scout Name: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Best Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_  
*(circle: mobile / home / work)* *(circle: mobile / home / work)*

Secondary address (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

We, the undersigned parent(s) or legal guardian(s) of: \_\_\_\_\_,  
a minor, do hereby authorize Marin Council, BSA to furnish the following range equipment for:  
*(approval for each activity with parent/guardian initials only)*

\_\_\_\_\_ **Archery** (bows/arrows) \_\_\_\_\_ **Slingshot** \_\_\_\_\_ **BB** (guns/BBs)

to the minor named herein for the purpose of instruction in the safe handling and shooting of firearms, target shooting, and related activities under the supervision of the Shooting Sports Director and range staff. This authorization will remain in effect for said minor while he is participating in any Marin Council, Boy Scouts of America program or activity related to firearms/archery, unless revoked in writing by the undersigned and said revocation delivered to the Marin Council Service Center. *The signed authorization below expires June 1, 2022.*

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Archery and Slingshot equipment and BB guns are to be used by Cub Scouts at Council-sponsored events only!**

# Annual Health and Medical Record

# Information and FAQs

## Personal Health and the Annual Health and Medical Record



Find the current Annual Health and Medical Record by using this QR code or by visiting [www.scouting.org/health-and-safety/ahmr/](http://www.scouting.org/health-and-safety/ahmr/).

The Scouting adventure, camping trips, high-adventure excursions, and having fun are important to everyone in Scouting—and so are your safety and well-being. Completing the Annual Health and Medical Record is the first step in making sure you have a great Scouting experience. **So what do you need?**

**All Scouting Events.** All participants in all Scouting activities complete Part A and Part B. Give the completed forms to your unit leader. This applies to all activities, day camps, local tours, and weekend camping trips less than 72 hours. Update at least annually.

**Part A** is an informed consent, release agreement, and authorization that needs to be signed by every participant (or a parent and/or legal guardian for all youth under 18).

**Part B** is general information and a health history.

**Going to Camp?** A pre-participation physical is needed for resident, tour, or trek camps or for a Scouting event of more than 72 hours, such as Wood Badge and NYLT. The exam needs to be completed by a certified and licensed physician (MD, DO), nurse practitioner, or physician assistant. If your camp has provided you with any supplemental risk information, or if your plans include attending one of the four national high-adventure bases, share the venue's risk advisory with your medical provider when you are having your physical exam.

**Part C** is your pre-participation physical certification.

**Planning a High-Adventure Trip?** Each of the four national high-adventure bases has provided a supplemental risk advisory that explains in greater detail some of the risks inherent in that program. All high-adventure participants **must** read and share this information with their medical providers during their pre-participation physicals. Additional information regarding high-adventure activities may be obtained directly from the venue or your local council.

**Prescription Medication.** Taking 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 the Boy Scouts of America does not mandate or necessarily encourage the leader to do so. Standards and policies regarding administration of medication may be in place at BSA camps. If state laws are more limiting than camp policies, they must be followed. The AHMR also allows for a parent or guardian to authorize the administration of nonprescription medication to a youth by a camp health officer or unit leader, including any noted exceptions.

**Risk Factors.** Scouting activities can be physically and mentally demanding. Listed below are some of the risk factors that have been known to become issues during outdoor adventures.

- Excessive body weight (obesity)
- Cardiac or cardiovascular disease
- Hypertension (high blood pressure)
- Diabetes mellitus
- Seizures
- Asthma
- Sleep apnea
- Allergies or anaphylaxis
- Musculoskeletal injuries
- Psychological and emotional difficulties



More in-depth information about risk factors can be found by using this QR code or by visiting [www.scouting.org/health-and-safety/risk-factors/](http://www.scouting.org/health-and-safety/risk-factors/).

## Questions?

**Q. Why does the Boy Scouts of America require all participants to have an Annual Health and Medical Record?**

**A.** The Annual Health and Medical Record (AHMR) serves many purposes. Completing a health history promotes health and awareness, communicates health status, and provides medical professionals critical information needed to treat a patient in the event of an illness or injury. It also provides emergency contact information.

Poor health and/or lack of awareness of risk factors has led to disabling injuries, illnesses, and even fatalities. Because we care about our participants' health and safety, the Boy Scouts of America has produced and required use of standardized annual health and medical information since at least the 1930s.

The medical record is used to prepare for high-adventure activities and increased physical activity. In some cases, it is used to review participants' readiness for gatherings like the national Scout jamboree and other specialized activities.

Because many states regulate the camping industry, the AHMR also serves as a tool that enables councils to operate day and resident camps and adhere to Boy Scouts of America and state requirements. The Boy Scouts of America's AHMR provides a standardized mechanism that can be used by members in all 50 states.



For answers to more questions, use this QR code or visit the FAQ page at [www.scouting.org/health-and-safety/resources/medical-formfaqs/](http://www.scouting.org/health-and-safety/resources/medical-formfaqs/).



Prepared. For Life.®

## Part A: Informed Consent, Release Agreement, and Authorization

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

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.

*Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.*

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

**Checking this box indicates you DO NOT want your child to use a BB device.**



**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 Scout Ranch, Philmont Training Center, Northern Tier, 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)

### Complete this section for youth participants only:

#### Adults Authorized to Take Youth to and From Events:

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

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Adults NOT Authorized to Take Youth to and From Events:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_



## Part B1: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**High-adventure base participants:**

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit leader: \_\_\_\_\_ Unit leader's mobile #: \_\_\_\_\_

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: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/> |
|     |    | Hypertension (high blood pressure)   |  |
|     |    | Adult or congenital heart disease/heart attack/chest pain (anginal)/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/reactive airway disease   | Last attack date: _____  |
|     |    | Lung/respiratory disease   |  |
|     |    | COPD   |  |
|     |    | Ear/eyes/nose/sinus problems   |  |
|     |    | Muscular/skeletal condition/muscle or bone issues  |  |
|     |    | Head injury/concussion/TBI   |  |
|     |    | Altitude sickness  |  |
|     |    | Psychiatric/psychological or emotional difficulties  |  |
|     |    | Neurological/behavioral disorders  |  |
|     |    | Blood disorders/sickle cell disease  |  |
|     |    | Fainting spells and dizziness  |  |
|     |    | Kidney disease   |  |
|     |    | Seizures or epilepsy   | Last seizure date: _____   |
|     |    | Abdominal/stomach/digestive problems   |  |
|     |    | Thyroid disease  |  |
|     |    | Skin issues  |  |
|     |    | 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 B2: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

### High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

### Allergies/Medications

DO YOU USE AN EPINEPHRINE AUTOINJECTOR? Exp. date (if yes) \_\_\_\_\_  YES  NO

DO YOU USE AN ASTHMA RESCUE INHALER? Exp. date (if yes) \_\_\_\_\_  YES  NO

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 list 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. 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) |
|-----|----|-------------|--|---------|
|     |    |             | Tetanus                                    |         |
|     |    |             | Pertussis                                  |         |
|     |    |             | Diphtheria                                 |         |
|     |    |             | Measles/mumps/rubella                      |         |
|     |    |             | Polio                                      |         |
|     |    |             | Chicken Pox                                |         |
|     |    |             | Hepatitis A                                |         |
|     |    |             | Hepatitis B                                |         |
|     |    |             | Meningitis                                 |         |
|     |    |             | Influenza                                  |         |
|     |    |             | Other (i.e., HIB)                          |         |
|     |    |             | Exemption to immunizations (form required) |         |

**Please list any additional information about your medical history:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Further approval required:  Yes  No

Reason: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

