

Annual BSA Health and Medical Record

Part A

GENERAL INFORMATION

High-adventure base participants:

Expedition/crew No.: _____
 or staff position: _____

Name _____ Date of birth _____ Age _____ Male Female
 Address _____ Grade completed (youth only) asf
 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).

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.

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

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: _____
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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)

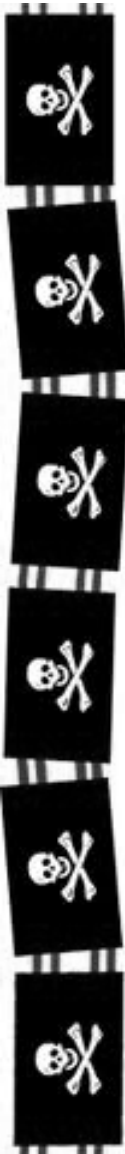
This Annual Health and Medical Record is valid for 12 calendar months.

Part B Full name: _____ **DOB:** _____

Treasure quest

2011 District Day Camp Registration Form
 Akela Days Redhawk Railsplitter
 June 4-5 June 13-17 June 22-24

Registration Fee: \$50 \$70 \$50
 Discounted Fee: \$35 \$55 \$35



Camper's Name: _____ Pack #: _____ Birth Date: _____ / _____ / _____ Grade Completed: _____

Mailing Address: _____ City: _____ Zip Code: _____ Phone Number: (____) _____ - _____

Circle T-Shirt Size Needed for camper: Youth M Youth L Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL Adult 4XL

E-mail Address for Camper Letter: _____

Check if you would like Camper Letter by mail _____ All campers will receive a Camper Letter with additional information by April 30, if registration is received on or before April 15.
 Parent/Legal Guardian's Name: _____

Phone Home (____) _____ - _____ Work (____) _____ - _____ Mobile (____) _____ - _____

Phone Home (____) _____ - _____ Work (____) _____ - _____ Mobile (____) _____ - _____

I certify that the individual named above is the parent/legal guardian of the participant and has signed this document in my presence.

(Print) Name of Witness _____ Signature of Witness _____ Date _____

Other Family Members who will be attending and their ages:

Name: _____ Age: _____
 Circle T-Shirt Size (additional fee applies): Youth M Youth L Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL Adult 4XL

Name: _____ Age: _____
 Circle T-Shirt Size (additional fee applies): Youth M Youth L Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL Adult 4XL

Name: _____ Age: _____
 Circle T-Shirt Size (additional fee applies): Youth M Youth L Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL Adult 4XL

Payment Information & Options

____ Check or Money Order Enclosed
 ____ Debit / Credit Card Payment

Cub Scout Registration Fee*:

Akela Days \$35 (Event Code 900129) = \$ _____
 Redhawk Day Camp \$55 (Event Code: 900130) = \$ _____
 Railsplitter Day Camp \$35 (Event Code: 900009) = \$ _____
 Additional T-shirts = \$ _____
 (\$8.00 for YM - AXL, \$12.00 for 2XL - 4XL)
 Late Fee if submitted after April 15 @ \$15 = \$ _____
 Total Due = \$ _____

***To be eligible for discounted camp registration fees, fees must be submitted on or before April 15.**

Please Submit This Form & Payment to:
 Lincoln Trails Council
 262 West Prairie Ave.
 Decatur, IL 62523
 Phone: 800-416-2328

Card Type: _____ MasterCard _____ Visa _____

_____ Discover _____ American Express

Card Number: _____

Expiration Date: _____ / _____

Amt. to be Charged \$ _____

Authorizing Signature: _____

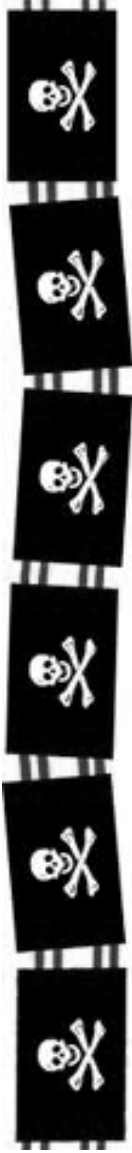
Treasure quest

2011 Webelos Woods Registration Form

July 16—18, 2011

Registration Fee: Webelos \$70 / Adults \$45

Discounted Fee: Webelos \$60 / Adult \$35



Camper's Name: _____ Pack #: _____ / _____ Birth Date: _____ / _____ / _____ Grade Completed: _____

Mailing Address: _____ City: _____ Zip Code: _____ Phone Number: (____) _____ - _____

Circle T-Shirt Size Needed for camper: Youth M Youth L Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL Adult 4XL

E-mail Address for Camper Letter: _____ @ _____

Check if you would like Camper Letter by mail _____ All campers will receive a Camper Letter with additional information by April 30, if registration is received on or before April 15.
Parent/Legal Guardian's Name: _____

_____ Phone Home (____) _____ - _____ Work (____) _____ - _____ Mobile (____) _____

_____ Phone Home (____) _____ - _____ Work (____) _____ - _____ Mobile (____) _____

I certify that the individual named above is the parent/legal guardian of the participant and has signed this document in my presence.

(Print) Name of Witness _____ Signature of Witness _____ Date _____
Other Family Members who will be attending and their ages:

Name: _____ Age: _____
Circle T-Shirt Size (additional fee applies): Youth M Youth L Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL Adult 4XL

Name: _____ Age: _____
Circle T-Shirt Size (additional fee applies): Youth M Youth L Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL Adult 4XL

Name: _____ Age: _____
Circle T-Shirt Size (additional fee applies): Youth M Youth L Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL Adult 4XL

Payment Information & Options

____ Check or Money Order Enclosed
____ Debit / Credit Card Payment

Webelos Registration Fee @ \$60* = \$ _____
Adult Registration Fee @ \$35* = \$ _____
Additional T-shirts = \$ _____
(\$8.00 for YM - AXL, \$12.00 for 2XL - 4XL)
Late Fee if submitted after April 15 # @ \$10 = \$ _____
Total Due = \$ _____

Event Code: 900063

***To be eligible for discounted camp registration fees, fees must be submitted on or before April 15.**

Please Submit This Form & Payment to:
Lincoln Trails Council
262 West Prairie Ave.
Decatur, IL 62523
Phone: 800-416-2328

Card Type: _____ MasterCard _____ Visa _____

_____ Discover _____ American Express

Card Number: _____

Expiration Date: _____ / _____

Amt. to be Charged \$ _____

Authorizing Signature: _____

Treasure quest

2011 Cub Scout Summer Camp Registration Form
July 22—24, 2011

Registration Fee: Cub Scouts \$70 / Adults \$45

Discounted Fee: Cub Scouts \$60 / Adult \$35



Camper's Name: _____ Pack #: _____ Birth Date: _____ / _____ / _____ Grade Completed: _____

Mailing Address: _____ City: _____ Zip Code: _____ Phone Number: (____) _____ - _____

Circle T-Shirt Size Needed for camper: Youth M Youth L Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL Adult 4XL

E-mail Address for Camper Letter: _____@_____

Check if you would like Camper Letter by mail _____ All campers will receive a Camper Letter with additional information by April 30, if registration is received on or before April 15.
Parent/Legal Guardian's Name: _____

Phone Home (____) _____ - _____ Work (____) _____ - _____ Mobile (____) _____ - _____

Phone Home (____) _____ - _____ Work (____) _____ - _____ Mobile (____) _____ - _____

I certify that the individual named above is the parent/legal guardian of the participant and has signed this document in my presence.

(Print) Name of Witness _____ Signature of Witness _____ Date _____

Other Family Members who will be attending and their ages:

Name: _____ Age: _____
Circle T-Shirt Size (additional fee applies): Youth M Youth L Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL Adult 4XL

Name: _____ Age: _____
Circle T-Shirt Size (additional fee applies): Youth M Youth L Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL Adult 4XL

Name: _____ Age: _____
Circle T-Shirt Size (additional fee applies): Youth M Youth L Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL Adult 4XL

Payment Information & Options

____ Check or Money Order Enclosed
____ Debit / Credit Card Payment

Cub Scout Registration Fee @ \$60* = \$ _____

Adult Registration Fee @ \$35* = \$ _____

Additional T-shirts = \$ _____

(\$8.00 for YM - AXL, \$12.00 for 2XL - 4XL)

Late Fee if submitted after April 15 ____ # @ \$10 = \$ _____

Total Due = \$ _____

Event Code: 900064

***To be eligible for discounted camp registration fees, fees must be submitted on or before April 15.**

Please Submit This Form & Payment to:

Lincoln Trails Council

262 West Prairie Ave.

Decatur, IL 62523

Phone: 800-416-2328

Card Type: _____ MasterCard _____ Visa _____

_____ Discover _____ American Express

Card Number: _____

Expiration Date: ____ / ____ / ____

Amt. to be Charged \$ _____

Authorizing Signature: _____