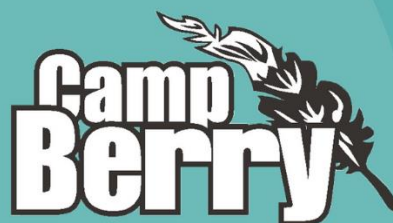




ADVENTURE DAY CAMP PARENT'S GUIDE



Camp Berry
11716 CR 40, Findlay

OPEN TO BOYS & GIRLS ENTERING 1ST-5TH GRADE

REGISTER ONLINE AT WWW.BLACKSWAMPBSA.ORG

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Dear Parents,

Summer Camp is a time for kids to explore, learn, make friends, and have fun. Having the opportunity to do so at a facility designed specifically for youth development makes the experience very meaningful. That's why the Black Swamp Area Council is offering the Adventure Camp to all community youth, boys and girls, entering grades 1-5 in the Fall. We want to help your kids discover their own adventure!

This full-day camp experience is designed with a wide range of activities. While they are busy participating in fun stations like swimming, canoeing, archery, and craft making, they will also be learning important values, developing character traits, and building self-confidence and self-reliance.

This Guide has been assembled to help answer questions you may have about this summer opportunity for your child. Our trained summer staff is working diligently to ensure that all community youth have the best experience possible.

We are excited about our camp themes, and we encourage you to sign up for as many weeks as you can.

On behalf of the Black Swamp Area Council, and the camp staff, we look forward to seeing you at camp this summer!

Sincerely,



Tom James
Program Director
Black Swamp Area Council, BSA



Welcome to Your Summer Camp Adventure

It's summertime and we know you want your kids to get outside and have fun. So, let's get them signed up for summer camp! Adventure Camp offers 11 weeks of day-time programming for all youth entering grades 1-5 in the Fall. Camp will run every day from 8:00 am – 4:15 pm, with additional opportunities for extended days. You can sign your kid(s) up for as many weeks as you wish. Check out this guide for all the details!

Adventure Camp options		
Week	Dates	Theme
1	June 7 – June 11, 2021	STEM
2	June 14 – June 18, 2021	STEM
3	June 21 – June 25, 2021	Olympics
4	June 28 – July 2, 2021	Olympics
5	July 5 – July 9, 2021	Pioneering
6	July 12 – July 16, 2021	Pioneering
7	July 19 – July 23, 2021	Bugs Gone Wild
8	July 26 – July 30, 2021	Bugs Gone Wild
9	August 2 – August 6, 2021	Weird Science
10	August 9 – August 13, 2021	Weird Science
11	August 16 – August 20, 2021	Summer Rewind

Themes (while each theme has two weeks, we will be changing the activities between the weeks to keep the activities fresh for your child)

- STEM – Get hands-on as we explore the world of STEM (Science, Technology, Engineering, Mathematics). It's time to use our creativity and ingenuity!
- Olympics – Join us as we compete for Gold, Silver and Bronze medals in several athletic competitions! Do you have what it takes to make it to the top of the podium?
- Pioneering – learn knots and lashings as we learn to build helpful gadgets without using nails or screws.
- Bugs Gone Wild – Bugs, Bugs, Bugs! Join us as we explore the insect world. These weeks are also the typical Cub Scout Day Camp weeks, and will have larger capacities.
- Weird Science – It's experiment time at camp! We are exploring the weird, but FUN side of Science by rolling up our sleeves and testing out some cool Science experiments.
- Summer Rewind – What a better way to wrap up our summer than to re-visit all our themes in one WILD finale of a week? Don't miss out on this action-packed week to close out the summer.

How to Register

1. Go to www.BlackSwampBSA.org
2. Click on the calendar tab
3. Go to the date of the camp you would like to register for and select the camp
4. Click on the 'Register' button
5. Go through the registration and checkout process
6. Once you get your receipt, CONGRATULATIONS, you are registered for camp



Pricing

Adventure Camp Costs

Registrant Type	Cost
Cub Scouts	\$140*
Non-Scouts**	\$180*

- Cost includes lunch and snack each day
- * An additional \$15 will be added to registration costs after May 15, 2021
- ** Non-Scouts pay \$180 for their first week, and \$140 for each additional week
- Camp participants that are not already Cub Scouts will complete a membership application as part of the camp registration process. Detailed information provided in registration form. All participants in Adventure Camp are asked to ascribe to the values of the Scout Oath and Law.

Optional Add-Ons

Add-Ons	Cost
Early Drop-Off 7:00 am – 8:00 am Includes breakfast	\$35/week
Late Pickup 4:15 pm – 6:00 pm includes additional snack	\$35/week
Bussing Travel to and from camp daily Available in certain locations	\$40/week

- Extended Day Options and Bussing cannot be done together due to timing of bus routes.

Discounts

Discount Type	Discount Amount
Multiple Week Discount	Register for 2 weeks, receive a \$10 discount per week
	Register for 3 or more weeks and receive a \$20 discount per week
Sibling Discount	Register siblings during the same week and receive a \$10 discount per sibling

Financial Assistance

Financial Assistance is available for those who need it. To apply for financial assistance, please contact Tom James at tom.james@scouting.org.



Program

Extended Day Options

Early Drop-Off and Late Pickup provides parents with extra care options. While this time is not necessarily structured like the rest of the day, kids will have an opportunity to participate in supervised games and activities. Late Pickup kids will also get an opportunity to get in an additional swim time each day.

Bussing

We will be offering bus routes to give families additional assistance in getting their kids to and from camp. This is an optional add-on that you can choose at registration. The bus will pick up and drop off daily. There will be routes into one contact point in each of the following counties: Hancock, Hardin, Allen, Seneca, Putnam. More details will be posted to the website as they become available.

Program Blocks

Each day will start with a camp wide opening and flag ceremony. There will be 5 program blocks. Every camper will get to swim or boat each day. The remaining 4 blocks may include any of the following activities: Climbing, Cooking, Archery, BB guns, Fishing, Nature, Crafts, Music, Sports, First Aid, or other Theme-related activities. Each day will end with a closing ceremony.

Home Base campsite

Each Trail Group will have a Home Base section of camp. These areas will include canopy shelters, picnic tables, drinking water, hand sanitation and trash receptacles. Trail Groups will utilize this base as a starting point every day, for meals and snacks, and as a program station.

Late Night/Overnight Opportunities

On Wednesday nights, the 2nd and 3rd grade trail groups will have a late night, which will include an extra swim, a cook-out dinner in their home base site, and a special activity. Pick up time will be 8 pm. On Thursday nights, the 4th and 5th grade Trail Groups will have an overnight experience, which will include an extra swim, a cook-out dinner in their home base site, a special activity, and a campfire. Tents and cots will be provided for this overnighter.

Meals/Snacks

Lunch and afternoon snack provided daily.



Health & Safety

Covid-19 and Camp

As you prepare for your child to attend camp, please know that we will continue to make updates to our COVID-19 protocols to ensure everyone's health and safety. Our COVID-19 compliance procedures are based on the most current guidance from health and safety authorities, such as the Centers for Disease and Control (CDC), and appropriate state and local government agencies, like our local Hancock County Health Department. Due to the evolving nature of the virus, our policies and procedures may vary up until the week(s) your child is at camp. Here are guidelines we are following, and steps we are taking:

- *Physical Distancing and Potential Capacity Limitations:* We will implement physical distancing guidelines, based on guidance from health authorities. We also are operating under camper capacity measures for each week of the summer.
- *Screening and Prevention Support:* We will follow guidance from the government and the medical community regarding screening procedures and prevention measures, including those related to Personal Protective Equipment (PPE) (i.e face coverings). Many measures, like adding hand sanitizer/ hand washing stations and increased & comprehensive cleaning procedures, have already been implemented.
- *Staff Training:* We're further emphasizing our culture of health and safety amongst our staff and will continue to provide ongoing training as updated guidelines and best practices are made available.
- *Areas, Facilities, Program Equipment and Supplies:* Facilities such as restrooms, Health Office, and the Trading Post will be cleaned several times throughout the day. All program areas, including equipment, will be cleaned, and sanitized between groups. This includes, but is not limited to firearms, archery equipment, boats, life jackets, climbing equipment, craft tools, sports equipment, etc.
- *Food Service:* Meals will be served in individual containers, and campers will be eating outdoors, or under outdoor shelters in inclement weather, in a socially distant manor.
- *Camp Health Officer:* We are working closely with medical experts, state and local agencies to ensure that our on-site medical staff is prepared to address all health and safety concerns as it relates to COVID-19 procedures and plans to address any COVID-19 related incident.

Sick Camper?

If your child is feeling ill as their week of camp approaches, or if they begin feeling ill during their week, we ask that your child please stay home from camp. Please contact Program Director Sydni Winkler at 567-208-5903 to let her know that your child will not be attending.

Staffing

Participants will be assigned to groups based on their year of school in the Fall. Those groups will have a Trail Group Leader (21+) and an Assistant Trail Group Leader (16+). Each staff member will receive proper screening and training prior to the start of summer camp.



GENERAL POLICIES AND GUIDELINES

Health Guidelines

- The Annual Health and Medical Record, parts A & B, will be required for all participants. The form may be found at this website: <http://www.scouting.org/scoutsource/HealthandSafety/ahmr.aspx>. You **cannot** attend camp without a Health Form.
- It is recommended that you make a copy of the original form and bring only the photocopy to the event – leave the original at home in the case the photocopy goes missing. Also, a photocopy of your health insurance card is required.
- A certified health officer will be on site for the duration of camp. If the activity is an overnight, the health officer will remain on-site.
- The certified health officer will collect the Health Forms at the start of camp. They will be kept in a file with the health officer. The Health Form will be returned to the participant at the close of camp. All medical forms left behind will be destroyed.
- If your child needs to take prescription drugs throughout the day, those drugs must be registered with the health officer. They must be in the original container from the pharmacy. This applies to all scouts and adults attending the activity. All prescriptions will be placed under lock and key by the health officer – except for medications that need to be kept on the person. The Trail Leaders will be made aware of these situations.

Alcohol, Tobacco, Drug Use and Abuse

The use of alcoholic beverages and controlled substances is prohibited on any property that is owned or operated by the Boy Scouts of America. This policy will be strictly enforced for all those who use or visit our camp facilities. Violations will result in expulsion from camp and will be reported to authorities. The use of tobacco products by anyone is prohibited. This includes the use of electronic cigarettes, personal vaporizers, or electronic nicotine delivery systems that simulate tobacco smoking. No guns or fireworks on camp property. No electronics allowed in restroom areas.

Child Abuse

It is mandatory for any staff member, adult, and/or volunteer of the Boy Scouts of America to immediately report any suspected abuse or neglect to the Camp Director. The Camp Director is required to contact the Scout Executive who will in turn contact the proper authorities.

Buddy System

During Adventure Camp, we will utilize The Buddy System. In this system, all youth participants must be paired up with a buddy. This helps reinforce safety and accountability.



Clothing Policy

The Black Swamp Area Council policy is that **no open toe shoes** are allowed for their activities. Closed toe shoes must always be worn. All clothing worn/brought to camp should have the participants name written on them, in case they get misplaced. For bathing suits, boys should have shorts with the mesh lining. Girls should have one-piece swimsuits.

Advancements

During weeks 7 & 8, the programming will align more with our traditional Day Camp program for Cub Scouts, as those have historically been our summer camp weeks. This means that we will focus on doing activities that support Cub Scout Advancement activities. These will still be fun activities for all youth. A record of what activities are done will be provided to participants during those two weeks only. The other 9 weeks will not have a specific Advancement focus.

Bullying

No hazing. Physical hazing and initiations are prohibited and may not be included as part of any Adventure Camp activity. **No bullying.** Verbal, physical, and cyber bullying are prohibited in our program. Any type of bullying or hazing should be reported to the Camp Director immediately.

Fire Policy

"NO OPEN FLAMES IN THE TENTS" must be posted on all tents. Do not bring outside wood into camp. Fires are only allowed in approved fire pits.

Camper Identification

Each Camper will be provided with a special identification bracelet that must be worn for the duration of their week of camp. Please do not let your child remove the bracelet in the evenings. New bracelets will be passed out each week of camp.

Early Dismissal / Late Arrival

A participant is not to leave camp during camp hours without turning in an Early Dismissal Form (Appendix B) to the Camp Management. The parent/guardian picking up the participant must be listed on the form. Make sure to sign the "Sign-In/Sign-Out" sheet in the Camp Office/Administration Building.

- a) The adult picking up the participant will be required to show a photo ID. Their name must appear on the dismissal form.
- b) The person returning the participant to camp must make sure that the participant signs in on the "Sign-In" sheet at the Camp office area.
- c) If your child will be arriving late to Camp, please do your best to communicate that with the Camp Management in advance.



Weeks 7-8 – Attending Camp as a Den of Cub Scouts

Planning Checklist

April

- Hold a parent's information night to inform parents about summer camp opportunities and Pack/Den goals, including:

<input type="checkbox"/> Completed Medical Form	<input type="checkbox"/> Things to Pack
<input type="checkbox"/> Adults who will be staying at camp	<input type="checkbox"/> Costs
<input type="checkbox"/> Camp Address	<input type="checkbox"/> Drivers and Phone Numbers
<input type="checkbox"/> Money for the Trading Post	

May

- Make sure to pay early bird fees as they start coming due.
- Confirm the following with your Pack: Secure adequate leadership, plan transportation, make sure participants have their health forms completed.

Two Weeks Before Camp

<input type="checkbox"/> Does Pack have adequate leadership?	<input type="checkbox"/> Give parents contact list for leaders going
<input type="checkbox"/> Make sure Scouts have necessary gear	<input type="checkbox"/> Collect copies of proper medical forms
<input type="checkbox"/> All Fees are paid to Council	<input type="checkbox"/> Transportation arrangements completed
<input type="checkbox"/> Scouts are all registered with BSA	

The Day You Leave

<input type="checkbox"/> All receipts for fees paid are with you	<input type="checkbox"/> Have adequate money to pay unpaid fees.
<input type="checkbox"/> Bring a blank unit check in case. <i>Be prepared!</i>	<input type="checkbox"/> Bring copies of medical forms
<input type="checkbox"/> Make sure you have directions to your Camp	<input type="checkbox"/> Depart so your unit arrives on time.

"What to Expect When You Arrive at Camp"

<input type="checkbox"/> Check in with Camp Management	<input type="checkbox"/> Turn in all health forms
<input type="checkbox"/> Collect any pertinent information needed.	<input type="checkbox"/> Pay any remaining fees that are due.



Guidelines to Adult Leadership

Adults who will be helping guide Cub Scouts during their camp experience are there as positive influences and helpers. Below are guidelines to help adults/leaders:

- Remain with the boys always.
- Accompany Scouts to program areas in a timely fashion.
- Review the camp emergency plans daily while at camp.
- Ensure the buddy system is being used.
- Assist with daily attendance for all Scouts in your Den.
- Assist program staff at all program areas.
- Help the staff to maintain discipline of the Scouts in your Den.
- Report serious discipline, health or other problems to the Camp Director.
- Complete evaluation forms and turn them in at checkout.
- NO ONE IS ALLOWED TO REMOVE A CHILD FROM CAMP WITHOUT CHECKING OUT AT THE CAMP OFFICE.

Adult Supervision

- Resident camp requires adult supervision for the Pack, not the Den level.
- Ratio is 2 adults for every 8 youth.
- A minimum of two adults travelling with the Pack must be registered leaders, over the age of 21, and must have current Youth Protection Training (be ready to provide proof of training completion)
- HAVE FUN! Scouts pick up on the attitude of the adults. Make sure you allow yourself to enjoy the camp, and they will too!



What to Bring to Camp

Mark all equipment and clothing with names!

Day Campers

- ◇ Swimsuit (bring appropriate swimwear)
- ◇ Sunscreen
- ◇ Towel
- ◇ Money for Trading Post
- ◇ Hat
- ◇ Poncho or Rain Gear
- ◇ Backpack
- ◇ Water bottle/canteen
- ◇ Insect Repellent

Overnight Campers

- ◇ Items from the Day Camper section
- ◇ Sleepwear
- ◇ Sweatshirt (if cooler temperatures)
- ◇ Sleeping bag, sheets, blanket
- ◇ Pillow
- ◇ Clothes for the next day
- ◇ Toothbrush and paste
- ◇ Flashlight



Appendix A

A

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: _____

Phone: _____

Name: _____

Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____

Phone: _____

Name: _____

Phone: _____



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B1

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



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B2

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 ☐ NODO 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
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	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)
<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/mumps/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"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Other (i.e., HIB)	
<input type="checkbox"/>	<input type="checkbox"/>		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: _____



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Early Dismissal Form



This form has been designed to meet both the requirements of the State of Ohio as well as the Boy Scouts of America. It must be filled out and signed by all appropriate parties for a Youth to be allowed to leave camp before the end of the duration of camp. It should offer benefits to the Youth in assuring the proper identification is obtained before the Youth leaves camp and benefit the leader in knowing exactly what the parent is requesting and provide a record for that request.

Youth's Name:	Pack # (if applicable):
Week:	

Departures: Fill out as many as apply. **Personal ID with PHOTO will be required from all adults authorized to pick up Youths.**

Date of Departure #1:	Time of Departure:
Reason for Early Dismissal:	Estimated Time of Return:
Name of Person Picking Up the Youth:	Phone #:
Address:	

Date of Departure #2:	Time of Departure:
Reason for Early Dismissal:	Estimated Time of Return:
Name of Person Picking Up the Youth:	Phone #:
Address:	

Parent Information: Please provide information and print and sign your name below.

Parent/Guardian Name:		Day Phone #:
Address:		Night Phone #:
City:	State/ZIP:	

I hereby request that my Youth be permitted to leave camp for the above stated reason by the approved named individual/individuals listed above. I understand that the "Early Dismissal" from camp will be granted ONLY if the Youth follows the "Check-In, Check-Out" procedures outlined by the Black Swamp Area Council of the Boy Scouts of America.

Print Parent/Guardian Name:	Date:
Parent/Guardian Signature:	Relationship to Youth:

Youth Name: _____

Pack #: _____

Name of Camp: _____

