

2004 Four Lakes Council Cub Scout Day Camp  
Health and Registration Form  
Cub Scout / Sibling (please circle)

Check camp attending:

Camp Carlson  
June 17-19

Festge  
June 21-23

River Bluffs  
June 25-27

Token Creek  
July 8-10

Token Creek Twilight  
July 8-9 (evening)

T-Shirt Size (No exchanges at camp)

\_\_\_\_ Youth Medium \_\_\_\_ Youth Large \_\_\_\_ Adult Small \_\_\_\_ Adult Medium \_\_\_\_ Adult Large

If t-shirt is desired for unpaid walk-along (age 5 or younger), please check box, note size, and pay \$6.50 for the shirt. \_\_\_\_\_ \$6.50

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Scout Rank in Fall of 2003: \_\_\_\_\_ Grade in Fall of 2003 \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Parent E-Mail: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone: \_\_\_\_\_

Health/Accident Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

If the person listed above is not available in the event of an emergency, the camp director should notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

BSA accreditation standards and our insurance require that we have the following information. As our goal is to provide a complete camping experience for all campers, please inform us if there are any disabilities, limitations, impairments, or special needs so that we may do our best to provide accommodations.

Check all items that apply, past or present, to health history, explain 'yes' answers:

Allergies (Food medicines, insect bites, plants):  Yes  No Explain: \_\_\_\_\_

General Information:	Yes	No	Yes	No	Yes	No		
Asthma	_____	_____	Convulsions/Seizures	_____	_____	Cancer/Leukemia	_____	_____
Diabetes	_____	_____	Heart Trouble	_____	_____	Hemophilia	_____	_____
High Blood Pressure	_____	_____	Kidney Disease	_____	_____	Other	_____	_____

Explain any 'yes' answers: \_\_\_\_\_

List medications that will be taken at camp: \_\_\_\_\_  
(physician form must be on file at camp if to be dispensed by camp personnel)

List physical or behavioral conditions that may affect or limit full participation in strenuous physical activity: \_\_\_\_\_

Immunizations (month and year of last inoculation) - **DO NOT USE the terms UP TO DATE or CURRENT:**

Tetanus toxoid \_\_\_\_\_ Measles \_\_\_\_\_ Polio \_\_\_\_\_ Diphtheria \_\_\_\_\_ Pertussis \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_

PARENT AUTHORIZATION: My child \_\_\_\_\_ has my permission to attend the Four Lakes Council Day Camp listed above. I understand that transportation is my responsibility or the responsibility of the pack day camp coordinator. I give my permission for my child to be transported home by an adult from our pack.

The above health information is correct as far as I know, and the person herein described is able to engage in all prescribed activities, except noted above. In the case of emergency, I understand every effort will be made to contact me. In the event I can not be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me.

Date: \_\_\_\_\_ Signature of parent/guardian: \_\_\_\_\_