



# Pack Binder

Pack binders contain the documents required by each attendee in a very specific order. Attendees or volunteers will not be allowed to participate in the camp without submitting all the **Required Documents**.

A Pack binder is created and managed by each unit's CPC and will contain Medical Part A & B forms, along with other forms, governed by HIPAA Regulations. The Binder will be returned at the end of the camp or destroyed. To minimize HIPAA audit scrutiny, we ask only physical hard copies be maintained. Avoid movement of the medical documents in electronic form.

The organization of the Pack Binder makes it easier for the Medic and Camp Staff not only to inspect the binder but also to quickly review an attendee's medical form in case of emergency.

Binders will be inspected before being accepted by camp and must be organized as described below.

## Binder Itself:

- 3 ring binder that is 1½" or 2" wide, preferably white in color. The binder should contain all your pack's documents and separation tabs in a manner that ensures the binder will not open by itself.
- The Binder is to be labeled with the **pack number on the front cover**.
- The Binder is to be labeled with the **pack number horizontally on the spine**.
- Contains **6 standard separation tabs**.
  - Use Tabs for documents section 1-6 (below):
    - Tab 1: Cub Scouts
    - Tab 2: Junior Helpers
    - Tab 3: TAGs
    - Tab 4: Shooting Permission Forms (3 needed)
    - Tab 5: Adult Volunteers
    - Tab 6: Adult Certifications
- **Do not use plastic sleeves.**
- **Hole punch all forms** and place directly into the binder.
- Organize documents in each tab **alphabetically by last name**.
- Make sure each individual has a **copy of the insurance card**.
- Adults who received a COVID vaccination: include **copy** of their **COVID vaccination card**.



EACH PACK BINDER SHOULD BE ORGANIZED AS FOLLOWS:

1. **TAB 1: CUB SCOUTS**

- a. **Medical Form A&B** - see below about how this form needs to be filled out.
- b. **Insurance Card Copy** (front and back)

2. **TAB 2: JUNIOR HELPERS**

- a. **Medical Form A&B** - see below about how this form needs to be filled out.
- b. **Insurance Card Copy** (front and back)
- c. **Expectations for Scouting Appropriate Behavior** form

**Recommended: If a Junior Helper received a COVID vaccination, please include a copy of his or her CDC vaccination card. Just make a copy of the vaccination card. Do not provide the original.**

3. **TAB 3: TAGS**

- a. **Medical Form A&B** - see below about how this form needs to be filled out.
- b. **Insurance Card Copy** (front and back)

4. **TAB 4: SHOOTING PERMISSION FORMS**

- a. Required for Cub Scouts & Junior Helpers
- b. Organize scouts by ALPHA – last name.
- c. 3 copies of each signed form required.

5. **TAB 5: ADULT VOLUNTEERS**

- a. **Medical Form A&B** - see below about how this form needs to be filled out.
- b. **Copy of the COVID Vaccination Card**
- c. **Insurance Card Copy** (front and back)
- d. **Camp Staff Agreement Form**
- e. **Youth Protection Certificate (YPT)**

6. **TAB 6: ADULT TRAINING CERTIFICATIONS** (Archery, Shooting Sports & Aquatics)

- a. Organize by ALPHA – last name.
- b. Two copies of each certificate.
  - i. **Archery:** valid **Rangemaster certificate**
  - ii. **Aquatics:** valid **Safe Swim Defense certificate**
  - iii. **Shooting Sports** (BB devices or Slingshots): valid **Rangemaster certificate**.

Youth and Adult Leader BSA Applications will be turned into the Camp before the Pack Binder. This is to ensure they are formally entered into BSA's registration system and a background check can be conducted of each adult who may work with youth.

**ADULTS ARE REQUIRED TO PROVIDE PROOF OF COVID-19 VACCINATION OR VALID NEGATIVE TEST.**

**See next page for information.**

**COVID-19 MITIGATION STRATEGY****Personal Responsibility → Camp Responsibility****ALL ADULTS ARE REQUIRED TO PROVIDE PROOF OF COVID-19 VACCINATION OR VALID NEGATIVE TEST.**

All Day Camp participants eligible for the COVID-19 vaccine are encouraged to be vaccinated.

All ADULTS must show proof of *either*:

1. A valid vaccination (copy only of the vaccination card is needed – do not provide the original) for COVID-19 (both doses of either Pfizer or Moderna with at least 2 weeks of elapsed time past the 2<sup>nd</sup> dose or after the 1 dose J&J vaccine)

*Or*

2. A valid COVID-19 test: proof of a negative COVID-19 test taken within 72 hours of their first day at Day Camp in the case of a PCR-based test or 24 hours for validated rapid antigen-based test.
  - Over the counter tests / tests done at home are NOT valid.

We will keep you posted of any changes to the [Golden Gate Area Council's COVID policy](#).

## FILLING OUT THE MEDICAL FORM

Medical/Health Form Parts A & B: Type the information into the fillable PDF. The form may be downloaded from the Camp Registration website.

- Life threatening allergy?  
Write "LTA" up top in red.

- Did you check the "none" box or list participant restrictions on the Medical A form?

- Did a parent sign and date the form?

If you have a life threatening allergy, write "LTA" in red: **LTA A**

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

Full name: CUB SCOUT

Date of birth: 01/01/2010

High-adventure base participants:  
Expedition/Trip 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 these 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. It is the intent that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to accept proper treatment, including hospitalization, anesthesia, surgery, or injection 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) shall be under the Standard for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§162.103, 164.501, etc. 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 you and all claims for personal injury, death, or loss that may occur while my child, my Scouts or members, are taking part in the activity coordinators, and all employees, leaders, 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 photographic, film, videotape/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/videotape/electronic representations with the understanding that the reproduction of the document of the BSA, and I specifically waive any right to any compensation may arise from 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 19015(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 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 Philippi Scout Ranch, Philmont Training Center, Natchez Trail, 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 this 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, if parent or guardian's signature is required.

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

Parent/guardian signature for youth: Parent 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.

**PARENT #1**

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

Phone: 000-000-0000

**PARENT #2**

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

Phone: 000-000-0000

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

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

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

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

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



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## FILLING OUT THE MEDICAL FORM

- Did you complete the **allergies** section?

## Part B2: General Information/Health History

B2

Full name: CUB SCOUT

Date of birth: 01/01/2010

High-adventure base participants:

Expedition/crow 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
<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	Remarks

☒ YES ☐ NO

Non-prescription medication administration is authorized with these exceptions.

Administration of the above medications is approved for youth by:

Parent Signature

Need to sign if select Yes

MEDICAL or PA signature (if your club 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 medications unless instructed to do so by your doctor.

- Immunization:

For youth, please fill out the entire immunization section or attach the most recent immunization record.

For **adults**, you need to fill out dates of your most recent **tetanus shot**.

- BSA requires a tetanus shot within the last 10 years.

## Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you last the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Kind/Disease	Immunization	Date(s)
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus		01/01/2011
<input type="checkbox"/>	<input type="checkbox"/>	Polio		
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria		
<input type="checkbox"/>	<input type="checkbox"/>	Mumps/measles/rubella		
<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., HB)		
<input type="checkbox"/>	<input type="checkbox"/>	Exemption to immunization (form required)		

Scout and Sibling - Please  
attach immunization records  
Adults: Please ensure  
Tetanus is current (<10 yrs)

Please list any additional information about your medical history:


DO NOT WRITE IN THIS BOX.

(Reserved for counselor special activity.)

Witnessed by:

Date:

Further approval required: ☐ Yes ☐ No

Reviewed by:

Date:



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# 2021 CPC / Pack Contacts

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District	Pack	Pack	Pack Contact	Email
<b>Briones</b>	Pack	0248	Mark Woods	<a href="mailto:mpwoods@aol.com">mpwoods@aol.com</a>
<b>Briones</b>	Pack	0405	Kristy Oxley	<a href="mailto:ms_kristy_lee@yahoo.com">ms_kristy_lee@yahoo.com</a>
<b>Briones</b>	Pack	0813	Kevin Lambert	<a href="mailto:kevinlambertus@gmail.com">kevinlambertus@gmail.com</a>
<b>Meridian</b>	Pack	0053	Will Haley	<a href="mailto:Williammhaley@aol.com">Williammhaley@aol.com</a>
<b>Meridian</b>	Pack	0201	Jerene Bole	<a href="mailto:jerenebole@gmail.com">jerenebole@gmail.com</a>
<b>Meridian</b>	Pack	0203	Aaron Alison Murdock Lieber	<a href="mailto:Aaron.lieber@gmail.com">Aaron.lieber@gmail.com</a> <a href="mailto:alisonrsmurdock@gmail.com">alisonrsmurdock@gmail.com</a>
<b>Meridian</b>	Pack	0800	Bill Burke	<a href="mailto:billgburke@gmail.com">billgburke@gmail.com</a>
<b>Meridian</b>	Pack	0805	Jennifer Clausen	<a href="mailto:jclausen40@gmail.com">jclausen40@gmail.com</a>
<b>Meridian</b>	Pack	0809	Ana Dunigan	<a href="mailto:duniganana@gmail.com">duniganana@gmail.com</a>
<b>Meridian</b>	Pack	0814	Tracy Hong	<a href="mailto:tracyannhong@gmail.com">tracyannhong@gmail.com</a>
<b>Meridian</b>	Pack	0815	Masami Richards	<a href="mailto:machaminnie@gmail.com">machaminnie@gmail.com</a>
<b>Meridian</b>	Pack	0828	Michael Little	<a href="mailto:mlittle265@gmail.com">mlittle265@gmail.com</a>
<b>Meridian</b>	Pack	0841	Elise August	<a href="mailto:eliseaugust@gmail.com">eliseaugust@gmail.com</a>
<b>Meridian</b>	Pack	0842	Joe Armstrong	<a href="mailto:www.buffalojoe@gmail.com">www.buffalojoe@gmail.com</a>
<b>Meridian</b>	Pack	0882	Mick Hurrey	<a href="mailto:mick_hurrey@yahoo.com">mick_hurrey@yahoo.com</a>
<b>Meridian</b>	Pack	0996	Regina Chao	<a href="mailto:Reginachao410@yahoo.com">Reginachao410@yahoo.com</a>
<b>Meridian</b>	Pack	0997	Tiffany Turner	<a href="mailto:turnert3po@gmail.com">turnert3po@gmail.com</a>
<b>Meridian</b>	Pack	1776	Paul Lannus	<a href="mailto:plannus@yahoo.com">plannus@yahoo.com</a>
<b>Muir</b>	Pack	0262	Jennifer Finke	<a href="mailto:jltrue@gmail.com">jltrue@gmail.com</a>
<b>Silverado</b>	Pack	7108	Denise St John	<a href="mailto:denise.ernst@sbcglobal.net">denise.ernst@sbcglobal.net</a>
<b>No CPC / Single Campers</b>			Tracy Hong	<a href="mailto:tracyannhong@gmail.com">tracyannhong@gmail.com</a>

Updated 07.01.2021

## DOCUMENTS TO BE COLLECTED

Attendees or volunteers will not be allowed to participate in the camp without submitting all the **Required Documents**. These documents are listed below. CPC are encouraged to start collecting these documents from attendees – Campers, Junior Helpers and Adult Volunteers - now and reviewing them to ensure they are complete and correctly filled out.

With the exception of Youth and Adult BSA Applications, the rest of these forms will be placed into a Pack Binder. There are separate instructions as to how to assemble the Pack Binder. These will be sent to you closer to camp.

Youth and Adult Leader BSA Applications will be turned into the Camp before the Pack Binder. This is to ensure they are formally entered into BSA's registration system and a background check can be conducted of each adult who may work with youth.

### CUB SCOUTS

- a. **Medical Form A&B** - see below about how this form needs to be filled out.
- b. **Insurance Card Copy** (front and back)
- c. **Shooting Permission forms** (3 copies of each signed form required)
- d. **BSA Youth Application** (only required for youth who are not currently registered by BSA)
  - i. **\$50 Check to "BSA"** (only required for youth who are not currently registered by BSA)

### JUNIOR HELPERS

- a. **Medical Form A&B** - see below about how this form needs to be filled out.
- b. **Insurance Card Copy** (front and back)
- c. **Shooting Permission forms** (3 copies of each signed form required)
- d. **Expectations for Scouting Appropriate Behavior** form
- e. **BSA Youth Application** (only required for youth who are not currently registered by BSA)
  - i. **\$50 Check to "BSA"** (only required for youth who are not currently registered by BSA)

**Recommended: If a Junior Helper received a COVID vaccination, please include a COPY of his or her CDC vaccination card. Again, just make a copy of the vaccination card. Do not provide the original.**

### TAGS

- a. **Medical Form A&B** - see below about how this form needs to be filled out.
- b. **Insurance Card Copy** (front and back)

### ADULT VOLUNTEERS

- a. **Medical Form A&B** - see below about how this form needs to be filled out.
- b. **Copy of the CDC COVID Vaccination Card** (see below about the vaccination policy as of 05.2021)
- c. **Insurance Card Copy** (front and back)
- d. **Camp Staff Agreement Form**
- e. **Youth Protection Certificate (YPT)**
- f. **BSA Adult Leader Application** (only required for adults who are not currently registered by BSA)
- g. **Adult Background Check Form** (only required for adults who are not currently registered by BSA)

### ADULT TRAINING CERTIFICATIONS (Archery, Shooting Sports & Aquatics)

- ii. **Archery/Shooting Sports: valid Rangemaster certificate** (2 copies)
- iii. **Aquatics: valid Safe Swim Defense certificate** (2 copies)

FILLING OUT THE MEDICAL FORM

Medical/Health Form Parts A & B: Type the information into the fillable PDF. The form may be downloaded from the Camp Registration website.

- Life threatening allergy?  
Write "LTA" up top in red.

- Did you check the "none" box or list participant restrictions on the Medical A form?

- Did a parent sign and date the form?

**If you have a life threatening allergy, write "LTA" in red: LTA A**

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

Full name: CUB SCOUT  
Date of birth: 01/01/2010

High-adventure base participants:  
Expedition/row 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 these 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 administer proper treatment, including hospitalization, anesthesia, surgery, or injection 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) may be used under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§ 162.102, 164.501, etc. and, as amended from time to time, includes examination findings, test results, and information 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, defend, waive, and hold all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, its local councils, its activity coordinators, and its 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 photographic, video, videotape/electronic, newspaper/magazine, 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 such photographic/video/electronic/sound recordings and/or sound recordings without limitation of 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 BSA 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 18975(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 continuously 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 agreed on in a child participant in connection with programs or activities below.

List participant restrictions, if any: None

I understand that, if any information I 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, Prement Training Center, Aftonway Trail, Girl 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 this 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: Parent 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: PARENT #1 Name: PARENT #2  
Phone: 000-000-0000 Phone: 000-000-0000

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

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

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## DOCUMENTS TO BE COLLECTED

## FILLING OUT THE MEDICAL FORM

- Did you complete the **allergies** section?



## Part B2: General Information/Health History

B2

Full name: CUB SCOUT

Date of birth: 01/01/2010

High-adventure base participants:

Expedition/crow No.:

or staff position:

## Allergies/Medications

DO YOU USE AN EPINEPHRINE  
AUTO-INJECTOR? 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	Allergens or Reactions	Explain	Yes	No	Allergens 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	Remarks

☒ YES ☐ NO Non-prescription medication administration is authorized with these exceptions:

Administration of the above medications is approved for youth by

Parent Signature

Need to sign if select Yes

MEDICAL: NO, or PT signature of your state-registered physician

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 medications unless instructed to do so by your doctor.

- Immunization:



For youth, please fill out the entire immunization section or attach the most recent immunization record.

For **adults**, you need to fill out dates of your most recent **tetanus shot**.

- BSA requires a tetanus shot within the last 10 years.

## 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	Last Dose/Date	Immunization	Notes
<input type="checkbox"/>	<input type="checkbox"/>		Tetanus	01/01/2011
<input type="checkbox"/>	<input type="checkbox"/>		Polio	
<input type="checkbox"/>	<input type="checkbox"/>		Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>		Measles/mumps/rubella	
<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., HB)	
<input type="checkbox"/>	<input type="checkbox"/>		Exception to immunization (form required)	

**Scout and Sibling - Please attach Immunization records**  
**Adults: Please ensure Tetanus is current (<10 yrs)**

Please list any additional information about your medical history:


DO NOT WRITE IN THIS BOX.

(Reserved for camp or special activity)

Reviewed by:

Date:

Further approval required: ☐ Yes ☐ No

Reviewed by:

Date:



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2019-2020

## ADULTS ARE REQUIRED TO PROVIDE PROOF OF COVID-19 VACCINATION OR VALID NEGATIVE TEST.

All Day Camp participants eligible for the COVID-19 vaccine are encouraged to be vaccinated.

All **ADULTS** must show proof of *either*:

- A **valid vaccination** (copy only of the vaccination card) for COVID-19 (both doses of either Pfizer or Moderna with at least 2 weeks of elapsed time past the 2<sup>nd</sup> dose or after the 1 dose J&J vaccine)  
or
- A **valid COVID-19 test**: proof of a negative COVID-19 test taken within 72 hours of their first day at Day Camp in the case of a PCR-based test or 24 hours for validated rapid antigen-based test.
  - Over the counter tests / tests done at home are **NOT valid**.

We will keep you posted of any changes to the [Golden Gate Area Council's COVID policy](#).

# DOCUMENTS TO BE COLLECTED

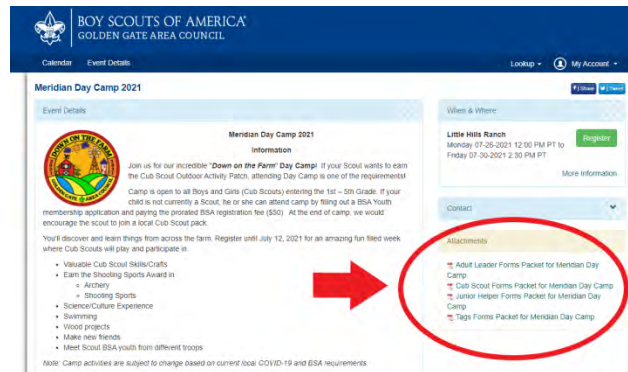
A pack with NO Camp Pack Coordinator



# HOWDY!

We are so glad you are joining us *Down on the Farm* at this year's Meridian Cub Scout Day Camp. **If you are receiving this letter, your Pack does not have a Camp Pack Coordinator to collect all of the registration forms needed for camp.** No worries! This just means, **we need you to submit the forms required for your campers (and you if you signed up to volunteer) by July 10<sup>th</sup>.** We prefer you do this now so that we can start processing the forms.

Campers, Junior Helpers and Adult Volunteers will not be allowed to participate in the camp without submitting all the **Required Documents**. These documents are listed below and can be downloaded from the [registration website](#) (they are on the righthand side):



## CUB SCOUTS

- Medical Form A&B** - see below about how this form needs to be filled out.
- Insurance Card Copy** (front and back)
- Shooting Permission forms** (3 copies of each signed form required)
- BSA Youth Application** (only required for youth who are not currently registered by BSA)
  - \$50 Check to "BSA"** (only required for youth who are not currently registered by BSA)

## JUNIOR HELPERS

- Medical Form A&B** - see below about how this form needs to be filled out.
- Insurance Card Copy** (front and back)
- Shooting Permission forms** (3 copies of each signed form required)
- Expectations for Scouting Appropriate Behavior** form
- BSA Youth Application** (only required for youth who are not currently registered by BSA)
  - \$50 Check to "BSA"** (only required for youth who are not currently registered by BSA)

**Recommended: If a Junior Helper received a COVID vaccination, please include a COPY of his or her CDC vaccination card. Again, just make a copy of the vaccination card. Do not provide the original.**

## TAGS

- Medical Form A&B** - see below about how this form needs to be filled out.
- Insurance Card Copy** (front and back)

**ADULT VOLUNTEERS****DOCUMENTS TO BE COLLECTED**

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- a. **Medical Form A&B** - see below about how this form needs to be filled out.
- b. **Copy of the CDC COVID Vaccination Card** (see below about the vaccination policy as of 05.2021)
- c. **Insurance Card Copy** (front and back)
- d. **Camp Staff Agreement Form**
- e. **Youth Protection Certificate (YPT)**
- f. **BSA Adult Leader Application** (only required for adults who are not currently registered by BSA)
- g. **Adult Background Check Form** (only required for adults who are not currently registered by BSA)

**ADULT TRAINING CERTIFICATIONS** (Archery, Shooting Sports & Aquatics)

- ii. **Archery/Shooting Sports:** valid **Rangemaster certificate** (2 copies)
- iii. **Aquatics:** valid **Safe Swim Defense certificate** (2 copies)

**FOR THOSE ADULTS VOLUNTEERING AT CAMP, NOTE THAT:**

**ADULTS VOLUNTEERING AT DAY CAMP ARE REQUIRED TO PROVIDE PROOF OF COVID-19 VACCINATION OR VALID NEGATIVE TEST.**

All Day Camp participants eligible for the COVID-19 vaccine are encouraged to be vaccinated.

All **ADULTS** must show proof of *either*:

1. A valid vaccination (copy only of the vaccination card) for COVID-19 (both doses of either Pfizer or Moderna with at least 2 weeks of elapsed time past the 2<sup>nd</sup> dose or after the 1 dose J&J vaccine)
- or*
2. A valid COVID-19 test: proof of a negative COVID-19 test taken within 72 hours of their first day at Day Camp in the case of a PCR-based test or 24 hours for validated rapid antigen-based test.
    - Over the counter tests / tests done at home are NOT valid.

We will keep you posted of any changes to the [Golden Gate Area Council's COVID policy](#).

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## FILLING OUT THE MEDICAL FORM

Medical/Health Form Parts A & B: Type the information into the fillable PDF. The form may be downloaded from the Camp Registration website.

- Life threatening allergy?  
Write "LTA" up top in red.

- Did you check the "none" box or list participant restrictions on the Medical A form?

- Did a parent sign and date the form?

**If you have a life threatening allergy, write "LTA" in red: LTA A**

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

Full name: CUB SCOUT  
Date of birth: 01/01/2010

High-adventure base participants:  
Expedition/row 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. I 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 administer proper treatment, including hospitalization, anesthesia, surgery, or injection 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) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§ 162.102, 164.501, etc. and, as amended from time to time, includes examination findings, test results, and information 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 from my participation in Scouting activities, 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 photographic, video, audio, electronic, or other 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 such photographic, video, audio, electronic, or other recordings and/or recordings without limitation of 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 BSA 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 18975(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 continuously 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 agreed on in a child participant in connection with programs or activities below.

List participant restrictions, if any: None

I understand that, if any information I 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, Aorismar Trail, Sixa 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 this 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: Parent 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: PARENT #1 Name: PARENT #2  
Phone: 000-000-0000 Phone: 000-000-0000

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

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

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## FILLING OUT THE MEDICAL FORM

- Did you complete the **allergies** section?



### Part B2: General Information/Health History

**B2**

Full name: **CUB SCOUT**

Date of birth: **01/01/2010**

High-adventure base participants:

Expedition/crow No.:

or staff position:

#### Allergies/Medications

DO YOU USE AN EPINEPHRINE

☐ YES ☐ NO

AUTOMJECTOR? Exp. date (if yes)

DO YOU USE AN ASTHMA RESCUE

☐ YES ☐ NO

INHALER? Exp. date (if yes)

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 Signature*

Parent/guardian signature:

**Need to sign if select Yes**

BSA/CUB, BS, or P1 signature (if your state requires signatures)



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 medications unless instructed to do so by your doctor.

- Immunization:



#### 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	Disease	Immunization	Date(s)
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus		01/01/2011
<input type="checkbox"/>	<input type="checkbox"/>	Polio		
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria		
<input type="checkbox"/>	<input type="checkbox"/>	Measles/mumps/rubella		
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A		
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B		
<input type="checkbox"/>	<input type="checkbox"/>	Whooping cough		
<input type="checkbox"/>	<input type="checkbox"/>	Infuenza		
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIV)		
<input type="checkbox"/>	<input type="checkbox"/>	Exemptions to immunizations (form required)		

**Scout and Sibling - Please attach immunization records**  
**Adults - Please ensure Tetanus is current (<10 yrs)**

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX.

(Reserved for camp or special activity.)

Witnessed by:

Date:

Further approval required: ☐ Yes ☐ No

Reason:

Reviewed by:

Date:



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