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 1%" 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** <u>horizontally</u> on the **spline**.
- Contains 6 standard separation tabs.
  - o 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**.



1

### 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 <u>copy</u> of his or her CDC vaccination card. Just make a copy of the vaccination card. <u>Do not provide the original</u>.

### 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.

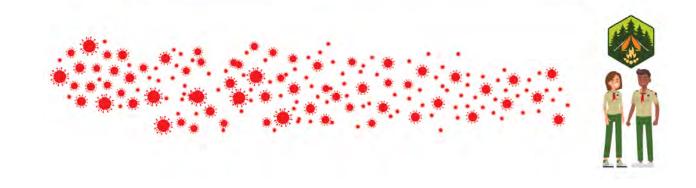
ADULTS ARE REQUIRED TO PROVIDE PROOF OF COVID-19 VACCINATION OR VALID NEGATIVE TEST.

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 <u>ADULTS</u> must show proof of *either*:

 A <u>valid vaccination</u> (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 <u>valid COVID-19 test</u>: 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 <u>NOT valid</u>.

We will keep you posted of any changes to the <u>Golden Gate Area Council's COVID policy</u>.

## 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?	Full name: CUB SCOUT	High-adventure base participants:
Write "LTA" up top in red.	Date of birth: 01/01/2010	Expeditor/brew Na:erstaft position:
	Informed Consent, Release Agreement, and Authorization	
	Landamizerul shari participanan in Socuring aptivines implyees the resk of personal repurp including perant, start to the proposal, animale, and emotivation brainingers in the activities phased, international alkout these advinteer regio personand must be versult, activity possibility of emotivation of alkout these advinteer regio personand must be versult, activity possibility of emotivities printing to device must be an operating and these participants and the version and the to device must be an operating and an operating and the printing and the personal personal to device must be an operating and an operating and the personal must be adviced to activity and the personal personal personand and the personal personand to device must be personand and an operating and the personand and the personand to device must be personand and the personand and the personand and the personand to device must be personand and the personand and the personand and the personand to device the personand and the personand and the personand and the personand to device the personand and the personand and the personand to device the personand and the personand to device the personand the personand the personand the personand the personand	I also have the sesion and grant to the torcal estancia not the Boy Schuls of Anterica, et well as the submitted representatives. The right and porcession is see and usake the proteigence that discretions between estances and/or source income for each section of the one on education Schulter particulars, and haveby a base the Boy Schult of Anterica, the base section. The activate constraints and a section of the end of the section of the section of the section of the section. The section constraints and a section of the
	In tase of an emergency avoiving his is thy check, landerstand that efforts will be intake to contract the individual liked as the integrating contract parses by the mackar provider entror abilit likedly. If the effect that this person control for inschor, permission is heating years to the mackar provider selected by the addition in charge to accurate propid insafrued, including	with the polyky liver any after all initiality from such car and publication. If states aphronous the event backs, the copyright works, broadcast, discriming alreage, analyz diministration of same the logarization where the post-discrimination in order same in section portional unitaria of the discriminant to the BSA, and ( section 2000 werker, any right to very can preside in they are in any of the foregoing.
	hospitalization, anesthesia, surgerly or injections of medication for me or my child. Medical profiles are automated to declaw) prohibited methy informations to the actual in obarge, camp medical staff, camp inningement. AdVX any physicism or health information (medical and the and provided medical actions the participant. Protection Realth Information (Cambio) of Health Information. Information (Medical Cambio) and an action of the physicism of health Information (Medical Health Information Information (Medical Cambio) and Statistical Health Information (Cambio) and Health Information. A CEAR 48(16):103–164.207, who see, as a transport from the to the information semination and the semination of the semination of the semination of the semination of the semination and the semination of the semination of the semination of the semination of the semination and the semination of the semination	Every control wind functions my BB device to my minor, whitch the express or impleat permission of the parent or kapal quantum of the minor, or pully of a metaformanice. California Posel Oxde Steffan: 1987/5(g) bly separative adam on this term indicates my permission:
	Indings, bed manufa, and implement provides (in plumenes of intersical sevelation of the part repart, Indiany up and communication with the centropant's generative granulaus and/or observation of the participant's gately to commune in the program autoration.	I give planning out my crive to use a 88 dynam. (Note: Note: (Note: Note: B) Concerning this dynamic and a 88 dynamic and a 88 dynamic and a 88 dynamic and a 88 dynamic and a 98 dynamic and a A 98 dynamic and a 98 dynamic a
Did you check the "none" box	If applicable) invite carefully consideres the risk involved and sensey give my inknowed concert. Is my circle to carefully and carefully and applicable of time in the poppran. If where automax the straining of the information control for the my return of SAA valuations or a professionality who need to inform of methical control for an any return result of control technic my control of source of the sense.	NOTE Due la Uni valute of programs and activities, the Boy Scould of America and local controls cannot continually manitor compliance of anyone participants or any initializes tracead usen them be parents in matching the second secon
or list participant restrictions	With appreciation of the dampers and risks associated with programs and estivities, on my own behalf and/or on behalf of my child, I hereby fully and completely renget and wave	Breitabers, Batany restrictions annexed on a child participant in connection with programs or activities below.
on the Medical A form?	any and all claims for nersional injury death, or law that may arise available Tay Society	List participant restrictions, if any:
on the Medical A form?	o evaluation, one occar concer, the activity contrainants, and an empiryons, endows, endow	e devineste the assorbusht by contaction in any seent or activity (i) an metrosome of
Did a parent sign and date the form?	Tables parties, or other engelisations associated with any program or activity.	or eliminate the opportunity for participation in any event or activity. II am partosaireg at entry. I have also mad and understand the experimental risk advisories, including parget thread to participate in applicable high-interminer programs of these requirements are not quartificatly mixed by mount the herde-same previous of the unstant of the order the optic of (A, e 7946).
• Did a parent sign and	Tables parties, or other experiencements associated with any program or activity.	or eliminate the opportunity for participation in any event or activity. II am partosaireg at entry. I have also mad and understand the experimental risk advisories, including parget thread to participate in applicable high-interminer programs of these requirements are not quartificatly mixed by mount the herde-same previous of the unstant of the order the optic of (A, e 7946).
• Did a parent sign and	Tables parties, or other engelisations associated with any program or activity.	or eliminate the opportunity for participation in any event or activity (i) any participating at minit, i have also made and understand the supplemented risk advisories, including hapted thread to participate in applicable high-acterminer programs of these requirements are soft quarticipaty mixed by mean the herde-scare prevides of the software the ope of the a "Refe
• Did a parent sign and	trained parties, or other engelstadions associated with any program or actions.     "      "     "     "     "      "     "      "     "      "     "      "     "      "     "     "      "     "      "     "      "     "      "     "      "      "     "      "     "      "      "     "      "      "     "      "      "     "      *      "      "      "      "      "      *      "      "      "      "      *	or eliminade the osponlumby larganticipation in any event or activity. (I) any participating all mont, I have allow much and understated the sequimmental risk advisories, including baged foreed to participate in applicable high-same president of the second point a confer the operation participation of the method same president of the second point a confer the operations and the region of the method same president of the second point a confer the operation and the region of the method same president of the second point a confer the operation of the the advisories of the second same second sam Same second same se
• Did a parent sign and	Tables parties, or other ergentrations associated with any program or actions.	or eliminate the opportunity for participation in any event or activity. (I) are participating as nerve, I have also made and understand the supplemental risk advisories, including baged transfer to participate in applicable high-reference programs of these requirements are out quarticipation and by mour the heide-same present in the participation a over the open if (9, a 1966.
Did a parent sign and date the form?	trained parties, or other equivilations associated with any program or actions.     "      "     "      "     "     "      "     "      "     "      "     "      "     "      "     "     "     "      "     "      "     "      "     "      "     "      "     "      "     "      "     "      "     "      "     "      "     "      "      "     "      "	or deminance the osportunity for participation in any event or activity. (i) an participating a nerve, i have also much and understand the sequiremental risk advisories, including haged intered to participate in applicable high-advertiser programs of these requirements are not interedically mode by non-in-the heideb-are previded. (I for some of the operation of the operation of the operation of the sequences of the operation of the some operation of the operation of the operation of the operation of the operation of the operation of the operati
Did a parent sign and date the form?	Tables parties, or other ergentrations associated with any program or actions.	or deminance the osportunity for participation in any event or activity. (i) an participating a nerve, i have also much and understand the sequiremental risk advisories, including haged intered to participate in applicable high-advertiser programs of these requirements are not interedically mode by non-in-the heideb-are previded. (I for some of the operation of the operation of the operation of the sequences of the operation of the some operation of the operation of the operation of the operation of the operation of the operation of the operati
Did a parent sign and date the form?	trained parties, or other ergentations associated with any program or actions.     "      "     "     "      "     "      "     "     "      "     "     "      "      "	or deminante the opportunity for participation in any event or activity. (I) are participating of write.) Nave also rund and understand the sequentianish risk advisories, including bagde intered to participate in supplicable light-size present to specify these requirements are not marchicely model by no include height-size presedent if the sectory of the set of the sectory of the sectory of the sectory of the sectory of the set of the sectory of the sectory of the sectory of the sectory of the sec- ence of the sectory of the sectory of the sectory of the sectory of the sec- ptime of the sectory of the sectory of the sectory of the sectory of the sec- ence of the sectory of the sec- ptime of the sectory of the sec- ence of the sectory of the secto

## FILLING OUT THE MEDICAL FORM

		Part B2: General Information/Health History
		Full name: CUB SCOUT High-adventure base perticipants:
		Date of birth: 01/01/2010 Eigenition/one Va.
٠	Did you complete	
	the allergies section?	Allergies/Medications DO YOU USE AN ASTHMA RESCLIE VES VES VES VES VES VES VES VES VES VE
		Art you sillarge in it de you have shirt Antenen succion is in a Althre Robuley?
		Read
		List all medications currently used, including any over-tha-counter medications.
		Check here if no medications are routinely taken.
		Matiratina Basa Propency Basan
•	Did you <b>authorize</b>	
	non-prescription medicine	
		INC Non-creativities attraction attraction with these exceptions     Antimistration of the asset instications a approved by youth by
	(i.e. Tylenol) and sign if "yes"?	Parent Sugnature Parent Sugnature Motor Rc = Magnature Motor Rc = Magnature Sugnature
		Bring enough motifications in sufficient quantities and in the original containers. Make sure that they are NOT superied, including intukes, and EalPens. You SHOULD NOT STOP hall any maintenance medication unless instructed in do so by your doctor.
_		Immunization
•	Immunization:	The triology manualitations commended. Tetrus immunation 6-myland and mith hard bean maxinal settler fire tast 10 gians. If yet had the disease beam and lad the dat. U minustrati, direck yet and provide the year received. Please list any additional information about year
		The Re Red Otaces Innunization Date(s) medical history:
	For youth, please fill out the entire	Texas: 01/01/2011
	immunization section or attach the most	Annual
		Ungeterminipologia
	recent immunization record.	Scout and Sibling - Please Do NOT WRITE OF THIS BOX.
		attach immunization records
	For <b>adults</b> , you need to fill out dates of	Adults: Please ensure
	your most recent <b>tetanus shot</b> .	Tetanus is current (<10 yrs)
		Câter (J.E., HE)
0	BSA requires a tetanus	Exemption to immutation (here expained)
	shot within the last 10 years.	Prepared. For Life.

# 2021 CPC / Pack Contacts

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

Updated 07.01.2021

### A pack with a Camp Pack Coordinator

## 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 <u>not currently registered by BSA</u>)
  - 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 <u>not currently registered by BSA</u>)
  - 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. <u>Do not provide the original</u>.

#### <u>TAGS</u>

- 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?	Full name: CUB SCOUT	High-adventure base participants:
Write "LTA" up top in red.	Date of birth: 01/01/2010	Expedition/ongw Na or statt position
	Informed Consent, Release Agreement, and Authorization	
	Lunderstand that participense in Soluting activities involves the resk of personal rejury, including term, state to the physical, energies, and enrotitetic challenges in the activation stituted, internavion alkau it that activities reprise obtained from the versal, activity coordinators, of your load council likes understand that earticipation in these activities as strictly involved your work enables definition to follow instructions and activities and these activities as strictly involved your and the attributed to follow instructions and activities and these activities and the denoted of capital to follow instructions and activities and and activities the relationship of the denoted of activities.	I also hereby seagn and grant to the total estimation the Boy Socials of America, as well as authorized representatives, the optimation provides in the second cubical the prelamptic like viscolatesistectoric resteamonthers analysis using incording mobile if we in my child at a Socialing activities, and i hardey as lease to like Socials of America, the least sciency, the activities constraints, and all an equipying voluments, related to activity, or the rest approximate according activities.
	In tase of an emergency avoiding the entity check, and estated that efforts will be anade to contract the individual Need as the mergetary contract parses by the matching provider entroly addit i lander. If the events that his person cannot be reached, per massing in Persit by each the matching provider estates by the addit isotor to charge to be accurate propole fractment, including instatements, matchings, a supply, or injections of an eached, point matching. Models	with the derively lose are with all infelsive from such are and publication. Instance analysis of messiour and the comparison of the produced mession and the second mession and whether the second second second mession and the second measurement of the descendent all the IBA, and ( second second second second second measurements of any of the transmission all the IBA, and ( second
	provides are automoted to disclete protected heritik information to the adult in charge, camp medical skift, camp anriegement, infold any projection or health cance provide in active in particular, molical sortis the participant. Protectical Health Information Contribution (Health Health Information: Philottel and the Extension Extension (Health Control and Anal) Analysis 40 CFA 83163 100, HEA 507, refs. seq., as amonted from time to the adult of extension references the status. And information provides the programs of indicational advances and the barriers of the transition.	Every person was functions any BB device to any minor, without the express or impleations of the parent or logal guardian of the minor, or pushy of a middemassion. California Pecol Col Stefan: 19915(9) bits expressive asless on this form anticalties my permission: I give doministics nor my chied to also a BB dyness. (Nork: Not winerwes with impleate BB denics)
	following and communication with the perfectpant's extention or guardian random determination of the participant's utility to carrieve in the program activities.	C Greeking this flux matcalles you DO NOT want your child to eas a BB device.
Did you check the "none" box	If applicable () Here confluit considers the risk invoked and neeping give my informed consent for my cirils to participate is all addition offered in the pagman. If uniter automate the sharing of the information on this town with any BSA statisticans or professional with an extra to sharing of metrical conditions that may resure special consideration in conducting Socialing activities.	NOTE Doe to the value of programs and activities, the Boy Secular Aversian and head exercise cannot continuing matrice comprises of program participants or any initiations imposed uson them by parents in mode providers. However, so that leaders can be as humilar at possible with
or list participant restrictions	With appreciation of the dangers and risks associated with programs and estivities, on my own behalf and/or on behalf of my skild, I hereby fully and completely renease and wave	Benitations, list any restrictions are readed on a child participant in connection a programs or activities below.
on the Medical A form?	an and all chim for personal interview commany. And an any area analysis of the analysis of th	List participant restrictions, if any: 🧖 None
	I understand they, if any information t/we have provided is baind to be inconsisted, if may find and Plateous Sense Barrier Theorem Theorem Contex Senses Tex Sen Barrier to the Sense if theorem I denoted it	to eleminate the apportunity for participation in any event or activity (i) an participating at
Did a parent sign and	Photoeni Seau, Benzi, Perinanti Training Canter, Nacham Teo, Sea Base, ol the Sonnell (benthe H and weight requirements and rotaticitizes, and winderstand that the participation will not be med. The participant has participant to alignly in all high-advertisities of sectors i except as parters or galactants signature is required. Participanty angoldisce	conver, I have also read and understand the supplemental risk advisories, including heig Noved to participate in audicable high-scienceure response if these requirements are a
Did a parent sign and date the form?	"Instanti Setus Renzi, "Instanta" Instanti, Cente, Naziman Teo, See Base, or the Sorrient (Instantia) and set with requirements and installations, and subgroups that the participation will not be met. The participant has participant to original in all high-objecture at living described except a partern or guardantia significant is (oguine).	enner, frae also mad and uiderstand tie suglimmentel disk deviceries, mokaling has himsel to participation in supliciation (they internet energy argument & daw of a garefic ely moled by me or the heads-are prevident if to successful a center the ope of (the daw)
. –	Marken Seese Amore, Aremost having Conte, Accurate Teo, See Base, of the Sorrent (Hermat having Conte, Accurate Teo, See Base, of the Sorrent (Hermat having Contex), and understand that the participation will be the marken of the second secon	renner, filter also mad and understand the sequelemented risk divisories, including bag linear to participation in upplicable filter. In the sequelemented as a specifically miled by mean the helds-sing products if for underpert a set of the open of the 
date the form?	And each of the second	PARENT #2 PARENT
date the form?	Marken Seese Amore, Aremost having Conte, Accurate Teo, See Base, of the Sorrent (Hermat having Conte, Accurate Teo, See Base, of the Sorrent (Hermat having Contex), and understand that the participation will be the marken of the second secon	renner, filter also mad and understand tie sequiementel risk dovisories, instantion bas instants to participation in supplicable filter-serve prevention to use as a preside ally miled by mean the heide-serve prevention to use of the risk and the server of the server prevention of the understand to use of the risk and the server of the s
date the form? Did you designate an adult authorized to pick up your	Marken Seese Amore, Arminal Training Carle, Accurate Tao, See Base, of the Sorrent (Herbit H and mergin requirements and restrictions, and understand that the participation will not use mark the participation and restrictions, and understand that the participation will not use mark the signal train participation is adjusted.     Mark to be a seed of the seed of the seed of the second o	renner, filter also mad and understand the sequelemented risk divisories, including bag linear to participation in upplicable filter. In the sequelemented as a specifically miled by mean the helds-sing products if for underpert a set of the open of the 
date the form?	Marken Seese Amore, Arrinned Training Center, Accurate Teor, See Base, of the Sorrani field term in the method of the field of the sector	PARENT #2 PARENT #2 Name PARENT #2 000-000-0000
date the form? Did you designate an adult authorized to pick up your	Marken Seese Amore, Arrinned Training Center, Accurate Teor, See Base, of the Sorrani field term in the method of the field of the sector	PARENT #2 PARENT #2 Narra PARENT #2 Narra Narra PARENT #2 Narra Na

A pack with a Camp Pack Coordinator

## DOCUMENTS TO BE COLLECTED

**B2** 

## FILLING OUT THE MEDICAL FORM

		ry	D2
	Full name: CUB SCOUT	High-adventure base p	articipantis:
	Date of birth: 01/01/2010	Expetition/crew No.:	
Did you complete	Date of Dirut.	e shif positor	
the allergies section?	Allergies/Medications DO YOU USE AN EPONEPHINKE VES NO. AUTOINAECTORY Exp. date (If yes)	DO YOU USE AN ASTHMA RES INHALER? Exp. date (if yes).	CHE D YES D NO
	Am yau alikinga ia via da vipu jawa any azvena resatiun ia any ol tra islimulega" 🤤 Tes No Altergias ar Assettam Explain	Tes Sie Aflangues of Reaction	es Emilios
	Ministerior	Bath	er entre
	P Rest	inner totalstrips	
	List all medications currently used, including any over-the-counter medical	iora.	
	Check here if no medications are routinely taken. 🗆 If addition	al space is needed, please list on a sep	parate sheet and attach.
	Matteaths Data Propency	-	Tinastin
Did you <b>authorize</b>			
non-prescription medicine	I WE WO like mercelas exclusion ambienta a adversal with these	E	
		acques	
(i.e. Tylenol) and sign if "yes"?	Aministration of the above institution is approved by you're Need to s	AGIN IT SELECT TE	S
Immunization:	Bring manife molifications in auditions quantilities and in the argund translaters. In any maintenance medication unless autivated to do no by your docker.      Instantizations     The transfer management and the mean and the first data in annumber of angles of angles of a state o	o hean maximal write file lad 10 es and anvide the lata regimed.	ligt any additional information about you:
Immunization:	The biologing expandence medication unless andivisited to do no by your docker.	e henn nachtad setter fhe tad 10 es and provide fhe jaar received. Tatega	
Immunization:	any maintenance medication unless methods to do no by your doctor:      Instruminization     The biology consumed with an exemption of the biology of t	o hash maskad settle fije lad kil si and privide the jaar received. medice	ligt any additional information about you:
For youth, please fill out the entire	any maintinuare medication unless andiviated to do no by your doctor      Intumunization      The theorem emmance theorem recommended. Televas immunization is regard and doubt here     you had no doctors the docume ensure and bit the data it announces the      the doctor of the doctor of the doctor of the doctor of the      Theorem Intervention     Theorem Intervention     Theorem     Perfamilie     Perfamilie	e henn nachtad setter fhe tad 10 es and provide fhe jaar received. Tatega	ligt any additional information about you:
For youth, please fill out the entire immunization section or attach the mo	any maintinuarce medication unless individual to do no by your docks:      Instrumization     The transformer or recommended. Telenus immunication is reported and analy     the transformer or recommended. Telenus immunication is reported and analy     The transformer or recommended. Telenus immunication     The transformer or recommended. Telenus immunication     The transformer or recommended. Telenus     The transformer or recommended.     The transformer or recommended or recomme	e Jean-manisad within five lash fill st and smrkite the year manised. Balaga 01/03/2011	list any additional information about your
For youth, please fill out the entire	any maintinuare medication unless andiviated to do no by your doctor      Intumunization      The theorem emmance theorem recommended. Televas immunization is regard and doubt here     you had no doctors the docume ensure and bit the data it announces the      the doctor of the doctor of the doctor of the doctor of the      Theorem Intervention     Theorem Intervention     Theorem     Perfamilie     Perfamilie	e hans readinad justice file (ad 10) e and amride the juar received. Indep() 01/03/2011 01/03/2011 01/03/2011 01/03/2011 01/03/2011 01/03/2011	list any additional information about you: I history: WRITE 01 THIS 80X.
For youth, please fill out the entire immunization section or attach the mo	ary maintinuare medication unless andinated to do no by your doda:      Immunization     The tenoing menanecularies on reconstructed. Tetarus inmunitation is regard and each he     your. If you had the datase is the data of a menanecularies     Tetarus     Tetarus     Tetarus     Replace     Scout and Sibling - PI	e benn nachsad wither file lad fil Bestjar 01/01/2011 01/01/2011 01/01/2011 01/01/2011 01/01/2011 01/01/2011 01/01/2011	list any additional information about you: I history:
For youth, please fill out the entire immunization section or attach the mo recent immunization record.	ary maintinuare medication unless andinated to do no by your dode:      Immunization     The strong measure shows no constrained on a measure of the star.     The strong measure shows no constrained on a measure of the star.     The strong measure shows no constrained on a measure of the star.     The strong measure shows no constrained on a measure of the star.     The strong measure shows no constrained on a measure of the star.     The strong measure shows no constrained on a measure of the star.     The strong measure shows no constrained on a measure of the star.     The strong measure shows no constrained on a measure of the star.     The strong measure shows no constrained on a measure of the star.     The strong measure shows no constrained on a strong measure of the star.     The strong measure shows no constrained on a strong measure of the strong measure of the star.     The strong measure shows no constrained on a strong measure of the star.	e hann machard detter fiel ad til meigen medical meigen 01/01/2011 ease ecords 00 Mar hannen hannen hannen hannen	list any additional information about you: I history: WRITE 01 THIS 80X.
For youth, please fill out the entire immunization section or attach the mo recent immunization record. For <b>adults</b> , you need to fill out dates of	Any maintinuare medication unless andinated to do no by your dode:      Immunization     The Attorny measurements     Thomas     The Attorny measurements     Thomas     Th	e hans nuclead dette fre tad til neety 01/01/2011 ease ecords dt	list any additional information about you: I history: WRITE 01 THIS 80X.
For youth, please fill out the entire immunization section or attach the mo recent immunization record.	Ary maintinuize medication unless antipatted to do no by your dode:      Immunization     The Brance can be accorded. Tabus intervented of a report and mail and     the according consumer on the threader and according to the according to t	e hans nuclead dette fre tad til neety 01/01/2011 ease ecords dt	list any additional information about you: I history: I WRITE 01 THIS 80%. I COMPLET ON THIS 80%.
For youth, please fill out the entire immunization section or attach the mo recent immunization record. For <b>adults</b> , you need to fill out dates of	Any maintinuare medication unless andinated to do no by your dode:      Immunization     The Attorny measurements     Thomas     The Attorny measurements     Thomas     Th	e hans nuclead dette fre tad til neety 01/01/2011 ease ecords dt	Teet any additional information about your thistory: WRITE 01 THISS BOX. Format sector address: ter 
For youth, please fill out the entire immunization section or attach the mo recent immunization record. For <b>adults</b> , you need to fill out dates of your most recent <b>tetanus shot</b> .	Ary maintinuize medication unless andinated to do no by your dode:      Immunization     The Absolution and the Absolution and the first and the Absolution and the Absolu	e been nacional destric file tad til Respin 01/01/2011 eease ecords 0 yrs)	Teet any additional information about your thistory: WRITE 01 THISS BOX. Format sector address: ter 
For youth, please fill out the entire immunization section or attach the mo recent immunization record. For <b>adults</b> , you need to fill out dates of your most recent <b>tetanus shot</b> . BSA requires a tetanus	Any maintinuer medication unless andinated to do no by your dode:      Immunization     The Antony encouncement     Tabus invariants of a medication of the data to encounce	e been nacional destric file tad til Respin 01/01/2011 eease ecords 0 yrs)	Teed any additional information about you: It history: WRITE 01 ThisS 802. Information additions the
For youth, please fill out the entire immunization section or attach the mo recent immunization record. For <b>adults</b> , you need to fill out dates of your most recent <b>tetanus shot</b> .	Any maintinuer medication unless andinated to do no by your dode:      Immunization     The Antony encouncement     Tabus invariants of a medication of the data to encounce	e been nacional destric file tad til Respin 01/01/2011 eease ecords 0 yrs)	Teed any additional information about you: It history: WRITE 01 ThisS 802. In comput spaces address: Incomput spaces address: Incomput spaces address:

## 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 <u>ADULTS</u> must show proof of *either*:

1. A <u>valid vaccination</u> (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 <u>valid COVID-19 test</u>: 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 <u>NOT valid</u>.

We will keep you posted of any changes to the Golden Gate Area Council's COVID policy.

06.26.2021



A pack with NO Camp Pack Coordinator



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 <u>registration website</u> (they are on the righthand side):

Calendar Event		Lookup - (1) My Account
Eveni Details	np 2021	Witen & Where
	Mention Day Camp 2021 Information Join us for our increation: "Down on the Furth "Oby Camp II your food wants to earn the Galocal Calebook Asthing Pace, interiong Day Camp a one of the requiremental Camp is open to all boys and Camp (Canabus printing hot all BAN Notic cales a non-camering a South for on the can attend camp friting out a BAN Notic method and conserving a south one of the cale attend to any fitting out a BAN Notic with Indeg Cale Canabus printing hot all BAN Notic with Indeg Cale Canabus printing out a BAN Notic With Indeg Cale Canabus print out and the Canabus printing out a BAN Notic With Indeg Cale Canabus printing out a BAN Notic With Indeg Canabus	Little Hills Ranch Moniay 07-35-2031 12:00 PM PT to Friday 07-30-3021 2:30 PM PT More Informat Contact
	earn things from across the farm. Register until July 12, 2021 for an amazing fun filled week ill play and participate in.	Allactiments
Eam the Shoo Archery Shootin Science/Cultu Swimming Wood projects Make new frie	g Sports re Experience	Aduit Leader Forms Packet for Mensian Day Camp Course Sociel Forms Packet for Mensian Day Cam Junior Helper Forms Packet for Mensian Day Camp Tags Forms Packet for Mensian Day Camp

#### 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 <u>not currently registered by BSA</u>)
  - 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. <u>Do not provide the original</u>.

### <u>TAGS</u>

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



### A pack with NO Camp Pack Coordinator

### 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)

## 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 <u>ADULTS</u> must show proof of *either*:

 A <u>valid vaccination</u> (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 <u>valid COVID-19 test</u>: 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 <u>NOT valid</u>.

We will keep you posted of any changes to the <u>Golden Gate Area Council's COVID policy</u>.



A pack with NO Camp Pack Coordinator

## 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?	Full name: CUB SCOUT	High-adventure base participants:		
Write "LTA" up top in red.	Date of birth: 01/01/2010	Expeditor/prev Na		
	Informed Consent, Release Agreement, and Authorization			
	Lunderstand that participanse in Skauling activities involves the nak of personal opury including dears, due to the physical, mental, and enrolised challenges in the activities attract internation alkoul these activities may be obtained from the venue, activity coordinators, of you load council if day unreasted that activity and activities a priority exploring one relative membrates to fixities and relativities and you applicable council was and the stemated of council b fixities membrates.	I also here the session and grant to the local occurcit and the Boy Sobula of America, its well as authorized inpresentatives. The other and permission is one and custals the photographic film waterdates therefore a contemportant source source in permission and the contemportant of the source and provide a source and the source and		
	In sizes of an emergency available in the other constant the efforts will be inside to constant the individual leaded as the theorem constant person by the matching provide entropy abilitit leader. If the event that the person cancer do is eached, or mossion is photoly given to the matching consider is started by the staff leader to charge to serve proper finalment, holdstaff incostinguishing, matchings, surgedy, or injudicion of an entropy to the matching. Modifying incosting the server and the server proper provide the server proper finalment, holdstaff the server proper provide the server proper provide the server proper finalment, holdstaff the server proper provide the server proper provide the server proper finalment. Modifying the server provide the server provide the server proper provide the server proper the server proper terms of the server proper terms of the server provide the server proper terms of the server proper terms of the server proper terms of the server provide terms of the server proper terms of terms of the server proper terms of term	with the actively live any air all labelity from such are and publication. If a the software involution, the cooperative more provided and the software and the software and the intelligence and the software extended and the software and reporting without and the document of the SSA and Sectional neuroscience and reporting and the document of the document of the SSA and Sectional neuron any right report on proceeding any of the foregoing.		
	provides are automate to disclare provides the first information to the adult in change, camp modical staff, camp minipagement, individe un physician or health case provider interface in provident modical sortic the participant. Protected Health Iseams to Contrast to Health interments - Priorities units in the Santalize De Proves of Island Health Contrast and Health Interments - Priorities units in the Santalize De Proves of Island Health Contrast and Health Interments - Priorities units in the Santalize De Proves of Island Health Contrast and Health Contrast and Priorities - Priorities units in the Santalize De Proves of Island Health Contrast and Health Contrast and Priorities - Priorities units and the Priorities - Prioritae - Priorities - Priorities - Priorities -	Every person who diversities my BB device to dry minor, which the express or impleations of the parent or sign guardule of the minor, is guilty of a micromeseer. (California Penal Dep Stefair: 1987(5)(i) My signiture action on task form anticable my permission.		
	-44 C.F.R. 89160 (10), 144.501, etc. seq. as amonad from time to time, includes transmission findings. Extinuous, and implicit provided for purposes of medical available if the participant; holdow up and communication with the gentral available provided and and detainwaken of the participant's ability to carrier as in the program activities.	I give deminister or my check to use a 88 threes. (Note Not an increase will include 80 device) Clinicking (NIS from militaties you DC NOT want your child to ease a 88 device.		
Did you check the "none" box	yll applikative ( Henro carrifulle considerse the risk Invianda and sense) give my informed concert ler my cristal bi partitutate in at activities offering in the pageson. Turtifers automate the streng of the information on distant with any BSA relationse are professionate who neet its innov of medical conditions that may resure secal consideration in conducting Sociality activities.	NOTE: Due to this value of programs and activities, the Boy Secula Avertica and best councils cannot condinaally monitor obantiliance of progra participants or any imitibitors imposed usen them by parents or met- volutars. Nonewick, or that values can be as brandlar as possible with a		
or list participant restrictions	With appreciation of the dangers and risks associated with programs and estiraties, on my own bihalf and/or on behalf of my shild, I handly fully and completely ranges and waive	limitations, list any restrictions annexed on a child participant in connection w programs or activities below.		
	any and all claims for nersonal interview death, or line that may are available day Society	and the second sec		
on the Medical A form?	or meaning, we can source, we come concerning concensors, and an employees, percents, related parties, or offer experientiations associated with any program or activity. I understand from, if any entertained low have provided is found to be insociate, if may entertain Plateout Scale Brand, Therman Training Contex, National Res for Section 20, and the section of the Source I there is the entertained that there is the section of the sect	crover. I have also rund and understand the sequinmental risk advisories, including height Noved to participate in applicable blob-attenness proprams if these requirements are ex-		
Did a parent sign and	In instance, we can control to a control control and the instance of employees, percentry, etcladed parties, et offsee ergenizations associated with any program or activity. I understand from it any information two hore provided is thand to be insociated, if may information two hores provided is than the second state of the second sta	for eleminate the apportunity for participation in any event or activity. (() are participating to prever, if have also made and understand the exquiremental risk advisories, matalong bags finand to participate in auglicular this -elementer postaname. If there are an encoders		
	I intelesta, one can control to a scalar operation of the strategy and a stra	tor eleminate the assorbunity for participation in any event or activity. If an participating at energy, have also read and understand the experimental risk advisories, including heap thread to participate in applicable high-reference programs of these requirements are a spaceficially mind by one or the herde-same prevident of the participate of a while the ogs of the 396.		
Did a parent sign and	I understation of the organizations associated with any program or activity, related parties, ar offer organizations associated with any program or activity. I understation from, if any within allow low have provided is found to be insociated, if may with devi- Plational Scale Brand, Thermark Training Contex, Naturation Scale Base, or the Sommit Hermit H and wright requirements and reductions, and understated that the participant with other met. The performant has permission to arguing in all high-off-ensure activities described, except a partner or quarktack signature is required.	to eleminate the assorbunity for participation in any event or activity. (I) an part costing of enviry. Have also much and understand the experimental risk advisories, including begin thread to participate in applicable Kigh-interminer programs of these requirements are as spaceficially miled by mount the herde-same prevident of the solution on a certer to ope at 16, 1996.		
Did a parent sign and	It is independent of the requirement of the intervence of the registration of the r	to eleminate the opportunity for participation in any event or activity. (I) an participating of energy, I have also mad and understand the equilibrium of a cativity of a solution begin transit to participate in applicable high-schemener programs of these requirements are so squardically miled by mean the herdescent present if the participant a cativit the operation of the 396. 0000		
Did a parent sign and	Anderse, we call source, we attend to conside considered with any program or activity,     when the organization of the regulation of the source of the regulation of the	Ve elemente the assorbunity for participation in any event or activity. If i an participating of merror, i have also rund and understated the experimental risk devisories, including begin linear to participate in applicable high-adversary presented is to surpoper a order to ope of the merror participation and the metro-are presented if the surpoper a order to ope of the dates represented by metro and the metro-are presented in the surpoper a order to ope of the open compared by the metro open of the surpoper and the surpoper at the surpoper at the surpoper at the open compared by the surpoper at the open compared by the surpoper at the surpose at the surpoper at the surpoper at the surpose at the surpos		
Did a parent sign and	It is independent of the requirement of the intervence of the registration of the r	to eleminate the opportunity for participation in any event or activity. (I) an participating of energy, I have also mad and understand the equilibrium of a cativity of a solution begin transit to participate in applicable high-schemener programs of these requirements are so squardically miled by mean the herdescent present if the participant a cativit the operation of the 396. 0000		
Did a parent sign and	Anderse, we call source, we attend to conside considered with any program or activity,     when the organization of the regulation of the source of the regulation of the	Ve eliminate the dependunity for participation in any event or activity. (II an participating of programs of these requirements are set participate in applicable high-adversaries the sequence of the setup of the events of the events of the setup of the events of the setup of the events of the setup of the events of the		
Did a parent sign and date the form?	Andresse, and accuracy to a second product of the second sec	Ve elemente the assortunity for participation in any event or activity (i) an participating of merror. I have also rund and understation the sequencement of risk deviceries, including begin thread to participate in applicable high-advertisement programs if these requirements are a marked and the metric of the second of the second of the device in ope of the data open		
Did a parent sign and date the form?	Andresse, and there equivalently the standy conclusion with any program or activity,     where the equivalent of th	Ve elemente hie osportunity lar participation in any event or activity (ii) an participation beginned to participate in applicable high-attentive pagarans of these requirements are elemented to participate in applicable high-attentive pagarans of these requirements are elemented to participate in applicable high-attentive pagarans of these requirements are elemented to be activity (iii) an participate in applicable high-attentive pagarans of these requirements are elemented to participate in applicable high-attentive pagarans of these requirements are elemented to participate in applicable high-attentive pagarans of these requirements are elemented to be activity (iii) an participate in applicable high-attentive pagarans of these requirements are elemented to be activity (iii) an participate in applicable high-attentive pagarans of these requirements are elemented to be activity (iii) an participate in applicable high-attentive pagarans of these requirements are elemented to be activity (iii) an participate and the attention of elemented to be activity (iii) an participate in a set of the activity (iii) an participate in applicable high-attentive pagarans of the activity (iii) an participate in a set of the activity (iii) an participate in a set of the activity (iii) and activity (iii		



A pack with NO Camp Pack Coordinator

## FILLING OUT THE MEDICAL FORM

		Part B	2: General Info	rmation/Health	History			<b>B2</b>
		Full name	CUB SCOUT		H	ligh-adventure base perticipants		
			rth: 01/01/2010			opesition/onew No.:		
•	Did you complete the <b>allergies section</b> ?	Allergies	S/Medications AN EPINEPHRINE ON? Exp. date (if yes)	C YES		U USE AN ASTHMA RESCHE ER? Exp. date (if yes)		T ND
		Ann yau alikran Yes No	an of de you have any adverse rea Aftergies or Reactions	estan bi nev ol tre ita badepi 🧧 😑 Explain	100 10	Allergies or Reactions	Evolution	-
			Medication			Barto		
			Rint			inner talesistings		
			ications currently used, incl ere if no medications are m	7 7		ded, please list on a separate she	drutte hop to	
		TE CHECKIN	Maticalina	Data Frag		ned, prease list on a separate area	er ditte etterali.	_
		(*	iner is come	uau riaj	inity.	0.0200		
•	Did you <b>authorize</b>							
-		-						
	non-prescription medicine	• 115 [	MO. Jan prestpictur red	indice attricted in a articles				
	(i.e. Tylenol) and sign if "yes"?		Parent Signative	Need	to sign if	select Yes		
•	Immunization:	Introducia The following in	ration	instructed to do so by your decise	r nd calify have been reasoned in	metho tut til na mainet Pisane list any ad	EgiPens. You SHOOLD NOT Shional Information ab	STOP taking
		Tes Mi	End Otherese	Immunication	Bais(s)	medical history:		
	For youth, please fill out the entire		Trittania:		01/01/2011			
	immunization section or attach the most		Dishteria					
			Ukastesini	enterination and the second	2007			
	recent immunization record.		Scout a	nd Sibling	- Please	DO NOT WRITE OF		
			attach in	nmunizatio	on record	S Names by:		
	For <b>adults</b> , you need to fill out dates of		Adults:	Please ens	sure		a	
	your most recent <b>tetanus shot</b> .			is current		Fatture approval transmit	De De	
			information		1	Empel to		
			Ottaer (i.e., i		_	Page and a second secon		
0	BSA requires a tetanus		Exemption	to know interfaces (form required)		dine		
	shot within the last 10 years.		Prepared, For Life,"					101-8621 January Citot