

Camp Bullowa Day Camp Information Packet 2026



ghvscouting.org/bullowadaycamp

Cub Scout Campers	Scouts BSA Campers
<ul style="list-style-type: none"> Starting at age 6 or entering 1st grade Open to boys and girls Open to the public, just not scouts Preplanned program containing multiple activities each day. 	<ul style="list-style-type: none"> Ages 11+ (6th grade+) Open to boys and girls Open to the public, just not scouts Make your own schedule! Pick from a wide range of merit badges and classes.

2026 Camp Dates:

Week 1	Week 2	Week 3
July 6 – 10	July 13 – 17	July 20 – 24



<p>Summer Campfire</p> <p>July 25 - 7PM</p>

<p>Weekend Camp:</p> <p>July 24 – 26</p> <p>All Cubs & Parents</p>	<p>Eagle Week: Scouts BSA</p> <p>July 27 - 29: Session 1</p> <p>July 30 - 31: Session 2</p>
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Location: 15 Franck Rd, Stony Point, NY 10980



CAMP BULLOWA:

Thank you for registering your child to attend Day Camp at Camp Bullowa this season. We have a great program planned full of fun, advancement and adventure run by a phenomenal team of staff. I want to tell you about some of plans for the summer and help you and your child prepare for camp. The information below provides answers to many frequently asked questions. If you have a question that is not answered in this packet, please do not hesitate to reach out to our Camp Director.

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Welcome, it's a pleasure to meet you!

Camp Director: Kimberly Gifford

Rah Rah Bullowa! I can't think of a better place to spend my summer.

My scouting history starts back in 2006 when I first volunteered to be a den leader, now that little Tiger Cub is 24 years old. I'm just as excited now, to be providing your children with the same great experiences in scouting and at camp that I once wanted for my own Cub Scout.

Camp Bullowa summer camp offers so many opportunities for your scouts. I love that our program offers many "back to the basic" activities such as being outside in the fresh air, swimming in our lake, catching frogs and learning basic outdoor skills.

I'm proud to be spending my 11th summer here. I'm even prouder to be part of the wonderful staff that's here to make sure your scout is having an awesome time. Fun is not my only goal, safety is just as high on my list and I guarantee your scout will be treated just like my little Cub Scout was once.



Please reach out to me if you have any questions or concerns about camp, Kim.

Camp Office Phone (Camp Hours Only): (845) 786-2677

Kim Gifford, Cell # (845) 269-7465, Email: kimberly.gifford@scouting.org

**DO NOT HESITATE TO CONTACT ME WITH ANY QUESTIONS OR CONCERNS ABOUT YOUR
CHILD'S CAMP EXPERIENCE**

CAMP PROGRAM:

For 2026, Summer of Dinosaurs is Camp Bullowa's theme (Roar Roar Bullowa!) Campers will explore the great outdoors and enjoy many age-appropriate adventures while learning to be good team members. Campers will have ample opportunities to develop or enhance their skills in the following program areas: archery, arts & crafts, BB shooting, field sports/games, nature, scoutcraft, STEAM, aquatics and more!

FEES:

- \$425 per week
- \$105 Scouting America membership & insurance fees for non-scouts
- \$10 per day: Late pick up
- \$20 Camp T-shirt
- \$25 per week discount for siblings or repeat weeks
- Campership-Scholarships are available

DEPOSITS & REFUNDS:

Deposits are non-refundable.

30 days or more before day 1 of your scheduled week; 100% of payments to date, less per person deposit, is refundable.

From 16-29 days before day 1 of your scheduled week; 50% of payments to date, less per person deposit, is refundable.

Less than 15 days before day 1 of your scheduled week; no refund is available unless there has been a medical emergency.

If the Greater Hudson Valley Council cancels camp, the Council will issue a full 100% refund (including any Deposit money).

REQUIRED CAMP FORMS:

At the end of this packet you will find several important forms that **need to be returned before** Camp starts. Per New York State Department of Health and Scouting America Guidelines, campers will not be able to attend camp if these forms are not turned in by the time the first day of camp begins. Please be sure to mail in:

- Parts A & B of the Scouting America Annual Health & Medical Record (no substitutions)
- A copy of your insurance card
- Proof of all Immunizations from your doctor
- Sunscreen and Insect Repellent Form
- Youth Application Form (only for: non-scouts attending)

PAPERWORK TURN IN & CAMP TOUR:

Parents and campers will have an opportunity to visit the camp and turn in their required camp paperwork on several dates before the camp season begins. If you cannot make these dates please mail all required forms to: *Greater Hudson Valley Council, Att: Kim Gifford, 18 Westage Drive #19, Fishkill, NY 12524* **no later than June 15th.**

- June 5th 9am-1pm: Paperwork turn in only
- June 6th 10am-12pm: Paperwork turn in & camp tour departing at 11:00am
- June 12th 9am-1pm: Paperwork turn in only
- June 13th 10am-12pm: Paperwork turn in & camp tour departing at 11:00am

CAMP HOURS:

Our camp program day is from 8:30 AM to 4:00 PM Monday through Friday. Campers may be dropped off no earlier than 8:15AM. Pickup at Camp is 4:00PM daily. Late pick up is available till 6:00PM each day for the additional fee of \$10 per day.

DROP-OFF & DISMISSAL:

Drop-Off: Proceed up the driveway to the STOP sign. Once STAFF indicates, cars will create a loop around the parking lot. Please have campers wait inside your vehicle until a STAFF member meets you at your vehicle and checks in your camper(s). On Monday, STAFF will advise which group your camper is in.

Dismissal: Same as Drop-Off. However, dismissal will not occur until our closing ceremony is completed. Do not take your camper until the CAMP DIRECTOR OR ASSISTANT DIRECTOR has checked them out, we will bring your camper(s) to your vehicle.

5 MPH Driving Zone: Please note that our driveway and parking lot is only 5 MPH. Please drive safely and use caution in our narrow driveway.

Help us out: On a 8'x10" of paper, write your camper's last name and place it in your windshield to help us identify you easily and help the car line move efficiently.

CARPOOLING:

Carpooling is encouraged! Please email the Camp Director the week before your campers starts camp with the names in the carpool to help speed up drop-off and dismissal.

EARLY DEPARTURES:

In the event that you need to pick-up your camper before the end of the program day, please be sure to email the Camp Director. Please be sure that the person meeting your child is over the age of 18 and reports to the Camp Office upon arrival at camp.

LATE ARRIVALS:

In the event that you arrive after the morning drop-off period, you will need to check your camper in at the camp office.

BEHAVIOR & CONSEQUENCE PROCEDURE:

At Camp Bullowa, our two main goals are fun and safety. When there are behavior problems, these goals become difficult to meet for all campers. It's important that each scout behave as they pledge in the Scout Oath and Law.

1st Offense/Minor Offenses: Youth will be spoken to at the den/patrol level. A Behavior Report will be filed.

2nd Offense: The issue will be reported to the Camp Director. Youth will be removed from camp activities for a break. A Behavior Report will be filed.

3rd Offense/Major Offense: Parent/guardian will be called, and youth will be asked to be picked up from camp for the day.

The following behaviors are forbidden: bullying, fighting, threatening others, using profanity, stealing or damaging property of others/camp, leaving a program activity without permission, endangering anyone's health or safety, smoking tobacco/e-cigarettes, using alcohol or drugs, sexual conduct, bringing weapons onto camp property, using cell-phone on camp property.

Cell phones and other electronic devices are not permitted at camp by campers unless for medical reasons. If found, they will be confiscated by staff and returned to the camper's parent or guardian at dismissal.

WHAT TO WEAR TO CAMP:

Please send your child to camp in a light colored T-shirt/camp-shirt, comfortable shorts and a hat. Socks and sturdy closed-toed shoes (sneakers/light weight boots) are necessary for comfort and safety. Since weather conditions can change throughout the day, campers should be prepared to make adjustments for cooler or inclement weather. Ponchos/rain jackets are required for rainy days.

WHAT TO BRING TO CAMP:

Each camper will need a lightweight camp-bag/day-pack to carry their own towel, sunscreen, swimsuit, water bottle and bug repellent (non-aerosol); also rain ponchos are recommended.



WATER-BOTTLES: To ensure that your child stays hydrated, we ask that each camper arrive with a pre-filled reusable Nalgene type water bottle separate from their lunch. Refill stations will be available throughout camp. Please label water bottles.

LUNCH: Campers will need to bring lunch packed in a lunch box with them each day (Including napkins and utensils). Please include a separate drink to further encourage camper hydration. Lunches will be collected at arrival and refrigerated until lunch. We are a **PEANUT FREE camp**, please do not send any peanut products to camp to ensure the safety of all campers.

LOST & FOUND AND LABELING:

We ask that all personal items brought to camp be properly labeled to facilitate their return. IE: towels and water bottles. Lost and Found items will be held in the Dingman office. All unclaimed items will be discarded.

CAMP TRADING POST:

Each day, campers will have an opportunity to visit our Trading Post each day. Refreshing snacks, and various scouting supplies and merchandise will be available for purchase.

CAMP T-SHIRTS:

Camp T-Shirts can be ordered for an additional fee when you register your camper.

MEDICATION (SELF-ADMINISTRATION):

If your child requires any medications (prescription or over the-counter) to be self-administered during camp hours, a physician's signature will be required on your child's medical form. All medications are to be provided in their original containers, which clearly indicates the dose & means of delivery. The camp medic will be available at arrival to receive medications directly from an adult or guardian.

SAFETY PLAN FOR PERSON WITH KNOWN ALLERGIES OR MEDICAL CONDITIONS:

Our camp medic and relevant camp staff will need to be made aware of any actions to assist campers. Please make certain to discuss your child's condition and action plans with our camp medic the week before your child comes to camp.

IN THE EVENT OF:

CAMPER ABSENCE: Please make sure child's counselor is aware of any planned absences. We ask that you contact the camp director by 8:30 AM to report any unanticipated absences from camp.

FEVER: Anyone with a body temperature above 100 F will be required to stay away from camp until they are fever free without medication for 24 hours.

DIGESTIVE CHALLENGES: Anyone that experiences diarrhea or vomiting is asked to stay away from camp until they are symptom free for 24 hours.

ILLNESS: Campers who feel ill are required to stay home.

MINOR INJURIES/AILMENTS: Your child will be seen by the camp medic in the event of any injury or ailment suffered at camp. Parents/guardians will be contacted by camp staff to report all visits with the camp medic.

A HEALTH EMERGENCY: In the event that your child is involved in an accident at camp you will be notified by our camp medic immediately.

INCLEMENT WEATHER: Our staff is prepared to conduct an alternate program in the event of heavy rains or strong winds. The many cabins and grounded pavilions around camp are designated as our Camp Emergency shelters in the event of lightning storms and other inclement conditions. Please have your child prepared with a rain jacket or poncho.

SWIM TEST:

The standard Scouting America Swim Tests will be administered to campers on their first day of camp. There are three classifications depending on the camper ability: nonswimmer, beginner, and swimmer. Their classification will dictate what swimming areas the campers can go in. Throughout the week as their swimming ability increases, campers will be given the opportunity to retake their swim tests.

NOT A SCOUT?:

So your child is not currently in scouting, no problem! When you register for camp, you will be required to pay an additional \$105 fee which will cover the Scouting America membership. This membership is transferable to a scouting once camp is done. The fee also covers insurance fees.

Scouts BSA Campers - Information

MERIT BADGES:

Scouts attending Camp Bullowa have an opportunity to earn merit badges during their time at camp. Merit Badge schedules are provided later in this packet allowing the scouts to plan out their week prior to the start of camp and registration. Our trained counselors are ready and eager to help your scout work towards achieving these Merit Badges. Please note the following important information about Merit Badges at Camp Bullowa:

BLUE CARDS: Scouts do not need to bring Blue Cards to camp. However, Scouts should speak with their troop Scoutmaster or advancement chair for approval of their Merit Badge choices. We will provide blue cards to all scouts.

PREREQUISITES: Some Merit Badges have requirements not taught during the week that are required to be completed before camp in order to fully earn the badge. Incomplete requirements will result in a partial blue card. Merit Badges with requirements not taught are denoted as such in this packet.

MATERIALS COST: Some Merit Badges have an extra cost associated with them due to special materials needed. All required items for these Merit Badges can be purchased during registration. Purchased kits or supplies will be given to Scouts during their Merit Badge time. Extra kits will also be available in the camp trading post.

HOMEWORK: Some Merit Badges require the campers to put in extra work at home or meet a certain level of skill in order to obtain the merit badge. Failure to complete these assignments or meet these skills may result in a partial.

CLASS SIZE: Some Merit Badges have a limited class size. Register early to guarantee your merit badge selection.

NON-MERIT BADGE CLASSES:

There are many non-merit badge classes available. These classes offer Scouts and those new to Scouting different opportunities without requirements.

Scouts BSA Campers – Open to Public Information

Welcome...

We are excited to open our camp and program to the general public! Whether your child is interested in learning more about Scouts or just enjoying outdoor based activities, this is the place for them this summer.

WHAT ARE MERIT BADGES?:

Merit Badges are classes that allow them to learn assorted subjects that interest them. Even if your child is not already part of a Scouting unit, they are welcome to take any class we are offering.

WHICH CLASSES SHOULD MY CHILD TAKE?:

They should pick classes based on their interests. However, encourage them to pick a subject outside their comfort zone and try new things!

WHAT ARE BLUE CARDS?:

Blue Cards keep a record of the requirements for merit badges. We will provide you with these cards. Scouts will give them to their Troop Leader. For those that are not part a troop, we encourage you to keep them in a safe place, just in case your child decides to join a troop later!

ARE UNIFORMS REQUIRED?:

No, campers wear comfortable clothes and sturdy closed-toed shoes. See page 6 for more information on what to wear and bring.

HOW CAN MY CHILD KEEP SCOUTING AFTER CAMP?:

You have a great start by registering for camp, they have already joined Scouts BSA with their paid registration. At the end of camp, we will be supplying information to each of you with unit information in your area.

Scout BSA Schedule:

Weeks 1 & 3						
Period 1 9:00-9:50	Period 2 10:00-10:50	Period 3 11:00-11:50	Lunch (12:00-12:50)	Period 4 1:00-1:50	Period 5 2:00-2:50	Period 6 3:00-3:50
Swimming MB		Kayaking MB	Lunch	Fishing MB		Fun Outdoor Skills
Chess MB	Forestry MB	Mammal Study MB		Rifle MB		Open Sports
Pulp & Paper MB	Bird Study MB	Graphic Arts MB		Archery MB		Leatherwork MB*
First Aid MB		Open Swim				

Week 2						
Period 1 9:00-9:50	Period 2 10:00-10:50	Period 3 11:00-11:50	Lunch (12:00-12:50)	Period 4 1:00-1:50	Period 5 2:00-2:50	Period 6 3:00-3:50
Snorkeling	Canoeing MB	Open Swim	Lunch	Wood Carving MB*		Safety MB
Soil & Water MB	Geocaching MB	Exploring Pioneering Skills*		Rifle MB		Exploring Range
Sculpture MB*	Basketry MB*	Art MB		Archery MB		Open Sports
Entrepreneurship MB						

Class Information:

Class Name	Week(s)	Difficulty	Extra \$	Requirements not taught at camp
Archery MB	All weeks	Medium	-	-
Art MB	2	Easy	-	-
Basketry MB	2	Medium	\$20	-
Bird Study MB	1,3	Medium	-	#11
Canoeing MB	2	Medium	-	Scouts must pass the Swimmer test to take this badge
Chess MB	1,3	Easy	-	-
Entrepreneurship MB	2	Hard	-	-
Exploring Pioneering Skills	2	Easy	\$5	No Prerequisites, No age restrictions.
Exploring the Range	2	Easy	-	No Prerequisites, No age restrictions. Includes shooting, sling shots and axe throwing.
First Aid MB	1,3	Hard	-	#2B1. #14. #15. Scouts Must be 12 Years Old.
Fishing MB	1,3	Hard	-	#7. Scouts must catch a fish to complete this badge. Scouts are encouraged to bring their own fishing gear.
Forestry MB	1,3	Medium	-	#5, #8
Fun Outdoor Skills	1,3	Easy	-	No requirements. Assorted outdoor skills while having fun. Perfect for 1st year scouts and non-scouts.
Geocaching MB	2	Medium	-	#7, #8
Graphic Arts MB	1,3	Medium	-	#6 (Please Bring a Report for Presentation)
Kayaking MB	1,3	Medium	-	Scouts must pass the Swimmer test to take this badge.
Leatherwork MB	1,3	Medium	\$15	-
Mammal Study MB	1,3	Easy	-	-
Open Sports	All weeks	Easy	-	-
Open Swim	All weeks	Easy	-	Free time to swim and cool off at the waterfront. Scouts must pass the Beginner swim test to take this class.
Pulp & Paper MB	1,3	Easy	-	#7 (Please Bring a Report for Presentation)
Rifle MB	All weeks	Medium	-	Scouts must be at least 12 years old to take this badge.
Safety MB	2	Easy	-	#1a (Please Bring Articles for Class)
Sculpture MB	2	Medium	\$15	-
Soil & Water Conservation MB	2	Easy	-	-
Snorkeling Award	2	Easy	-	Scouts must pass the Swimmer test to take this class. Scouts may bring their own snorkeling gear.
Swimming MB	1,3	Medium	-	Scouts must pass the Swimmer test to take this badge.
Wood Carving MB	2	Medium	\$10	-

"Blue coded" classes are non-merit badge classes for campers to enjoy time at camp without requirements

Refer to www.scouting.org/skills/merit-badges/all/ for MB worksheets and requirements.



Sunscreen and/or Insect Repellent

I hereby give permission for my son/daughter _____
(please print youth's name)

to carry and use sunscreen and/or insect repellent that I have provided at camp and throughout the day. If my child needs help re-applying either sunscreen or insect repellent, I give permission for camp staff to provide my child with assistance if he/she requests it.

Week(s) my son/daughter is attending: 1, 2, 3 or Eagle Week

Parent or Guardian Signature: _____

Date: _____

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____
 Date of birth: _____

High-adventure base participants:

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

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

Checking this box indicates you DO NOT want your child to use a BB device.



NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any:

None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, **I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met.** The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

Name: _____

Name: _____

Phone: _____

Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____

Name: _____

Phone: _____

Phone: _____



Part B1: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Phone: _____

Unit leader: _____ Unit leader's mobile #: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

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



Part B2: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

DO YOU USE AN EPINEPHRINE AUTOINJECTOR? Exp. date (if yes) _____ YES 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
		Medication				Plants	
		Food				Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

Check here if no medications are routinely taken. If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

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

Administration of the above medications is approved for youth by:

_____/_____
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)



Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

Immunization

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

Yes	No	Had Disease	Immunization	Date(s)
			Tetanus	
			Pertussis	
			Diphtheria	
			Measles/mumps/rubella	
			Polio	
			Chicken Pox	
			Hepatitis A	
			Hepatitis B	
			Meningitis	
			Influenza	
			Other (i.e., Hib)	
			Exemption to immunizations (form required)	

ATTACH REPORT FROM YOUR DOCTOR

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX.

Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: Yes No

Reason: _____

Approved by: _____

Date: _____



SCOUTING AMERICA YOUTH MEMBER APPLICATION – Must be completed by the youth's parent or legal guardian

YOUTH INFORMATION

First name (Full legal name) Middle name Last name Suffix Preferred nickname

Country Home address City State Zip code

Phone - - Date of birth (mm/dd/yyyy) / / Grade

Ethnic background: Black/African American Native American Alaska Native
 Caucasian/White Pacific Islander Asian
 Hispanic/Latino Other

Gender: Male Female
 Scout Life subscription

School Youth email address

PARENT/LEGAL GUARDIAN INFORMATION

Mark here if address is same as above. Mark here if you are the Lion or Tiger adult partner.

Select relationship: Parent Legal Guardian

Mark here if the Lion or Tiger adult partner is not the parent or legal guardian. Have the adult partner complete and attach an adult application and indicate their relationship below.

First name (Full legal name) Middle name Last name Suffix Preferred nickname

Country Home address City State Zip code

Primary phone - - Date of birth (mm/dd/yyyy) / / Occupation Employer Gender: Male Female

Alternate phone - - x Ext. Previous Scouting experience

I have read the attached information for parents and approve the application. I affirm that I have or will review *How to Protect Your Children From Child Abuse: A Parent's Guide*.

Signature of parent/legal guardian Date / / Parent/legal guardian email address

To be completed by unit

Signature of unit leader (or designee) Date / /

Unit type: Pack Troop Crew Ship Lone Cub Scout Lone Scout Has earned Arrow of Light

Unit No.: For pack registration select one: Lion Tiger Wolf Bear Webelos

Registration fee \$ Council fee \$ Scout Life fee \$

PAID: Cash Check No. Credit card

If applicant has unexpired membership certificate, registration may be accomplished at no charge by transferring the registration or multiple registering.

Transfer application Multiple application

Enter membership number from unexpired certificate:

Council No.: Unit type: Pack Troop Crew Ship

Unit No. or district name: