



BOY SCOUTS OF AMERICA®
DAN BEARD COUNCIL

Cub Scout Pack 395

The Bridge Church
Alexandria, KY

Pack Information

Fees

The sign-up fee due today to join Cub Scouts is \$30. For a detailed breakdown of all costs associated with scouting, please see the “Pack 395 Annual Budget, Cost Projections, and Popcorn Goals” sheet.

Den Meetings & Leaders

Dens will generally meet Thursdays at 7:00pm at The Bridge Church. We follow the Campbell County School calendar. When the school does not meet, we do not meet.

Lion Cubs (Kindergartners and parents)

Den Leader: Martha Burns
Contact: 502-291-3683 /
martha.roederer@gmail.com

Tiger Cubs (1st graders & parents)

Den Leader: Doug Burns
Contact: 502-262-2246 / burns.dr@gmail.com

Wolves (2nd graders)

Den Leader: Christina Weinel
Contact: 859-609-4220 /
christina.weinel@yahoo.com

Bears (3rd graders)

Den Leader: Beth Thompson
Contact: 859-907-5168 / mbt072910@icloud.com

Webelos (4th graders)

Den Leader: Mike Moore
Contact: 859-466-4234 / cryix2200@msn.com

Arrow of Light (5th graders)

Den Leader: Jen Willoughby
Contact: 859-444-2464 / jawillo@yahoo.com

Pack Meetings

Most Pack meetings will be held on the third Thursday at The Bridge from 7:00 – 8:00 PM. Other locations may be used. Please see pack calendar. Everyone is invited to attend the Pack meetings.

Cub-O-Ree

Our Pack will be participating in an overnight campout October 1-2 at Camp Michaels. Cost is:
Scouts: \$10
Siblings: \$5
Parents: \$7
All payments due by Thursday, September 16.

Pack Contacts

If you have any questions about our Cub Scout pack, please contact your den leader or one of the pack leaders listed below:

Committee Chair: Rebekah Binion
Contact: 859-630-6214 / rbinion75@gmail.com

Cubmaster: Chris Binion
Contact: 859-462-4253 / chris.binion@outlook.com

Treasurer: Mike Moore
Contact: 859-466-4234 / cryix2200@msn.com

Popcorn Sale

We sell Trail’s End popcorn as our major fundraiser for the year. The sale starts on September 4th. and goes until October 17th. Each Scout is encouraged to spend at least 6 hours with pack sales.

Training for New Leaders

Training is available for all new leaders and parents online.

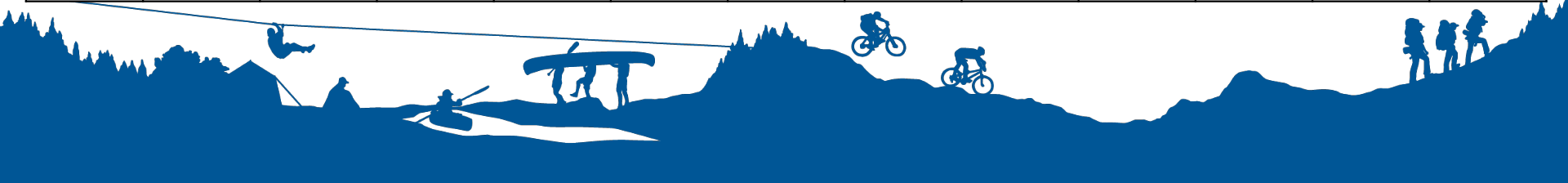
Go to: www.my.scouting.org, create a user ID and profile to get started. See Pack Trainer, Chris Binion for any questions.

‘Like’ us on Facebook – Cub Scout Pack 395 and connect with us on Scoutbook.com for the latest information!

Pack 395 Annual Plan and Themes

MONTH	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY
THEME	LEARN	AQUATICS	TRAVEL	OUTDOORS	GAMES	COOKING	DUTY TO COUNTRY	BUILDING	DUTY TO GOD	GAMES	PROTECT YOURSELF	ADVANCEMENT
LIONS				MOUNTAIN LION	LION'S HONOR	FUN ON THE RUN	KING OF THE JUNGLE	ON YOUR MARK	ANIMAL KINGDOM	RUMBLE IN THE JUNGLE	READY SET GROW	
TIGERS	SKY'S THE LIMIT	TIGER TAG	FLOATS AND BOATS	TIGERS IN THE WILD	GAMES TIGERS PLAY	TIGER BITES	TEAM TIGER	MY TIGER JUNGLE	TIGER CIRCLES: DUTY TO GOD	EARNING YOUR STRIPES	PROT. YOURSELF RULES	TIGER SAFE AND SMART
WOLVES	DIGGING IN THE PAST	SPIRIT OF THE WATER	AIR OF THE WOLF	CALL OF THE WILD	RUNNING WITH THE PACK	PAWS ON THE PATH	COUNCIL FIRE	HOWLING AT THE MOON	FOOTSTEPS OF FAITH	GERMS ALIVE!	PROTECT YOURSELF RULES	CUBS WHO CARE
BEARS	FORENSICS	A BEAR GOES FISHING	SUPER SCIENCE	BEAR NECESSITITES	BEAR CLAWS	BEAR PICNIC BASKET	PAWS FOR ACTION-DUTY TO COUNTRY	BALOO THE BUILDER	FELLOWSHIP OF FAITH	FUR, FEATHER, AND FERNS	PROTECT YOURSELF RULES	MODULAR DESIGN
WEBELOS	LOOKING BACK, LOOKING FORWARD	AQUANAUTS	ADVENTURES IN SCIENCE	WEBELOS WALKABOUT	STRONGER, FASTER, HIGHER	CAST IRON CHEF	FIRST RESPONDER	BUILD IT	DUTY TO GOD AND YOU	GAME DESIGN	AWARE AND CARE PROTECT YOURSELF RULES	MODULAR DESIGN
AOL		AQUANAUTS	ADVENTURES IN SCIENCE	OUTDOOR ADVENTURER	PROJECT FAMILY & PROTECT YOURSELF RULES	CASTAWAY	BUILDING A BETTER WORLD	SCOUTING ADVENTURE	DUTY TO GOD IN ACTION	CROSS OVER		

ACTIVITIES												
PACK MEETING ACTIVITY	NO MEETING	NO MEETING	NO MEETING	WELCOME BACK (23rd)	FALL FESTIVAL BOBCAT (28th)	OUTDOOR COOKING (18th)	CHRISTMAS PARTY (16th)	PINEWOOD DERBY WORKSHOP BOBCAT (27th)	SONGS / SKITS (24th)	FIELD DAY BOBCAT (24th)	CONSERVATION PROJECT (28th)	ADVANCEMENT COOKOUT BOBCAT (26th)
OUTING	SCIENCE DAY	SUMMER CAMP	CANOE TRIP		CUBOREE (1-2nd)			PINEWOOD DERBY (30th)	BLUE AND GOLD (27th)	CROSS OVER (26th)		
OUTING	FARM	FISHING DERBY	AIR FORCE MUSEUM	RAINGUTTER REGATTA	SPOOKOREE (23rd)			PINEWOOD CUTSHOP (8th and 15 th)	RELIGIOUS EMBLEM	CAMPOUT		
COMMITTEE			1st	12th	3rd	7th	5th	2nd	6th	6th	3rd	1st
NO MEETING					14th	25th	23rd & 30th			17th	7th	



Pack 395 Annual Budget and Cost Projections and Popcorn Goals



The Basic Costs

Line Item	Amount/Scout
BSA Membership + Insurance + Charter	\$72 + \$6 + \$4 = \$82
Advancement Awards + Book + Neckerchief	\$30+\$17+\$11=\$58
Activity Awards + Patches (Trophies, Cross Over Awards, etc.)	\$32
Misc. (Pinewood Derby Car, etc.)	\$8
Total Cost	\$180

Item	Monthly Payment
The Basics	\$20.00/Scout/Month
All In	\$53.33/Scout/Month

We will deduct the amount from your account each month adjusted for popcorn sales for 9 months. (3% processing fees for automatic payments)

Popcorn Sales	Payment	Cash Equivalent
\$400	50% Dues	\$90
\$800	100% Dues	\$180
\$1450	50% All Fees	\$330
\$2000	100% All Fees	\$480
\$200	Uniform Shirt	\$48

Event Costs

Event	Amount/Scout	Parent Cost
Summer Camp	\$170	\$55
Camporee	\$30	\$15
Outings and Campouts	\$100	\$50
Total Cost	\$300	\$120

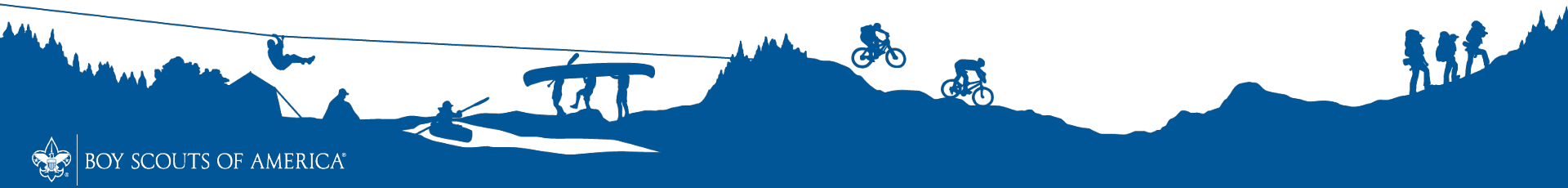


Pack 395 Multi-Family Payments / Popcorn Goals

Popcorn Sales	1st Scout	2nd Scout	3rd Scout	4th Scout	5th Scout
50% Dues	\$400	\$1,100	\$2,900	\$4,700	\$6,500
100% Dues	\$800	\$1,400	\$3,200	\$5,000	\$6,800
50% All Fees	\$1,450	\$2,050	\$3,850	\$5,650	\$7,450
100% All Fees	\$2,000	\$2,600	\$4,400	\$6,200	\$8,000
Uniform	\$200	\$400	\$600	\$800	\$1,000

Cash	1st Scout	2nd Scout	3rd Scout	4th Scout	5th Scout
100% Dues	\$180	\$360	\$540	\$720	\$900
Dues Monthly	\$20	\$40	\$60	\$80	\$100
100% All Fees	\$480	\$960	\$1,440	\$1,920	\$2,400
All Fees Monthly	\$53	\$107	\$160	\$213	\$267
Uniform	\$200	\$400	\$600	\$800	\$1,000

Families with multiple scouts within Pack 395. First Scout is full price at \$180 dues/\$20 per month / \$800 in popcorn sales. Each additional scout is \$180 cash dues / \$20 per month / \$600 in popcorn sales. All activity prices and case prices remain the same.

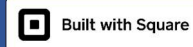


THE POPCORN APP

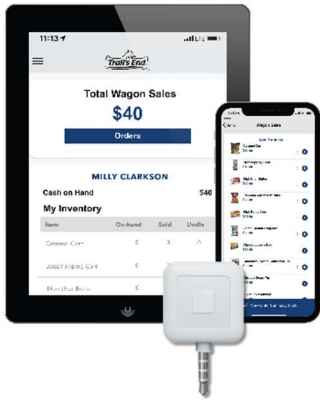
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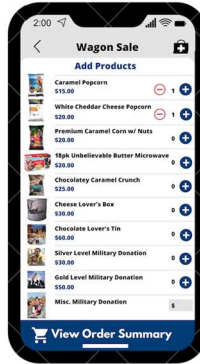
BOY SCOUTS OF AMERICA
DAN BEARD COUNCIL



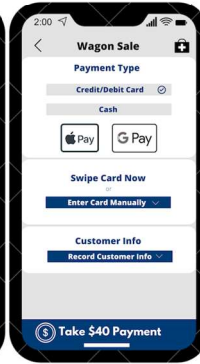
THE POPCORN APP FOR SCOUTS AND FAMILIES



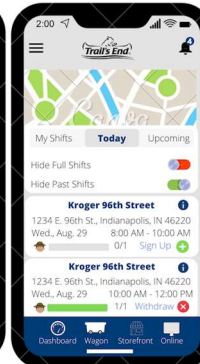
Point of Sale



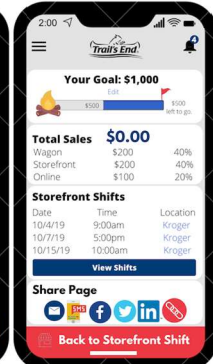
Payment



Storefront
Scheduling



Sale Tracking



OFFERS SAFE CONTACTLESS SALES!

BENEFITS FOR SCOUTS & FAMILIES: NO CREDIT CARD FEES

(paid by Dan Beard Council & TE)

- Safe Contactless Payment Methods
- Text cart to customers for checkout
- Use Online Direct for direct delivery to the consumer
- Every Scout can do credit card sales (increased sales)
- Sales are tracked live so Scouts can see how they are doing
- Share your fundraising page using social media/email (with parents)
- Easily sign-up for unit storefront shifts all in one place
- Mark and see what items have been delivered or still need delivered
- Parents can easily track and record all sales

DOWNLOAD THE APP



FEATURES



Email and SMS invitations to Scouts to download and register



Built-in storefront shift scheduling.



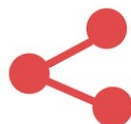
Easy reporting to determine your Scouts' rewards.



Real-time reporting of sales, inventory and storefront registrations.



Integrated scheduling and management of storefront shifts



Share your online fundraising page from the app via email, text message, and social media

SCOUT & PARENT APP VIDEOS

Check out all of the quick tutorial videos on how to use the app and your Scout portal online.

Visit

danbeard.org/popcorn-selling-videos



Pack 395 Popcorn Sales 2021 Information

Why Popcorn?

Popcorn sales help fund Scouting in many ways. A portion of popcorn sales goes directly to Pack 395 and the rest goes to Dan Beard Council to help fund council programs such as summer camp venues and other resources that benefit Scouting youth. 73% of sales goes toward Scouting as a whole, while the individual Pack/Troop receives between 29-34% commission on sales.

For Scouts, participating in popcorn sales offers the opportunity for individual growth as well. Scouts learn the importance for giving their time for a cause that is bigger than themselves. Scouts can also develop and improve on interpersonal skills, confidence, entrepreneurship, money management, goal attaining, altruism, and pride in self.

Can Popcorn Pay My Way?

YES! Each individual Scout can use their popcorn sales to offset or completely cover the cost of Scouting. Please reference the **Pack 395 Annual Budget and Cost Projections and Popcorn Goals** sheet to see the specific breakdown for how popcorn sales can offset your out-of-pocket costs.

How to Sell Popcorn

There are multiple ways to be successful selling popcorn. Below is a breakdown of the ways Scouts can be successful:

Storefronts: Pack 395 has gotten permission to set up tables at multiple stores across the community. These storefront hours are typically on Saturday and Sunday from Sept 3rd – Oct 17th. Scouts can use the app to sign up for 2 hour shifts to work at these storefronts. Pack 395 would like each Scout to sign up for at least 3 storefront shifts. It is recommended to sign up on different days and weekends to avoid potential bad luck with weather. Sales on each weekend will be averaged and divided by hours worked and credited to individual Scouts.

Wagon Sales: Wagon sales are generally done by individual Scouts or families. In this instance, a Scout can check out inventory from the Pack and take the inventory door to door or a soccer game or even a family gathering and do individual direct sales. If available, Scouts can also check out Square readers so they can process these sales online. If a Scout family checks out inventory, they become financially responsible for the product until it is returned undamaged to the Pack, for this reason, wagon sales will benefit the individual scouts.

Neighborhood Blitz Sales: This year, we are setting up “shifts” in the app that will look like storefronts but will be neighborhood door to door sales. The sale will work like a wagon sale but a group of Scouts can sign up to “blitz” a neighborhood together and benefit from an average of group sales from that blitz. Choosing this method over individual wagon sales means that sales will be divided between the number of Scouts who participate in the blitz and credited to individuals that way. This may be a good option for younger scouts who are still perfecting the art of the sale. A Scout leader will be assigned to each blitz to ensure unsold product is returned to the Pack in a timely fashion. If Scouts are interested in setting up a multi-Scout neighborhood blitz, contact Martha Burns to set it up to make sure supplies are available

and the shift is set up on the app so everyone gets credit for selling. **Take Order:** This is where you take an order sheet to work, collect payment and then deliver the product after. Each Scout will be given a paper order form to collect orders. Take orders are a good way to make a sale but remember that Scouts are responsible for ensuring the money is collected up front and that the product is delivered after arrival. Take order sales are credited to the Scout whose name is on the form.

Online: Each Scout needs an account in the app. After the creation of the account your Scout will be given both a link and a QR code to share with friends, family, and social media. The app will give Scouts the opportunity to send their links as an email or text or post to social media. The benefit to online sales is that the product ordered will be delivered directly to the customer and there's nothing else the Scout must do after the sale is complete. Online sales are credited to individual Scouts. If a family has multiple Scouts and would like their online sales to be divided among family members to help pay for dues, please contact a Scout leader to ensure your family's dues are applied appropriately.

There are Rewards, Too?

YES! Scouts will earn Amazon gift cards for popcorn sales. There are also extra Council sponsored awards for reaching specific sales milestones. In addition to those prizes, Pack 395 will offer weekly incentives for top sellers and/or top selling dens. These incentives may include throwing a pie in the face of a leader, pizza parties, popsicles, etc. We hope that these incentives help keep kids motivated but please recognize that adult companions ultimately set the tone for how motivated kids stay during this incredibly important annual fundraiser.

How Can I Help?

Great question!! Besides keeping kids motivated, we could use a lot of assistance. We need volunteers to help keep inventory, set up and break down storefronts, lead neighborhood blitz sales, and various other tasks. If you have a specific talent, vehicle, supplies, ideas, and availability, we would love to have more volunteers. Cub Scouting depends on family and community involvement.

What if I Need Help?

If you have any questions, please do not hesitate to ask. You can call or text Martha Burns, Popcorn Kernel at 859.474.0613. You can email Martha Burns at martha.roederer@gmail.com

What's Next?

At the first meeting on September 2nd, Scouts will be given paper order forms, information about prizes, and more detailed instructions for policies and procedures for each selling method. For now, please download the Trail's End app and set up an account for each Scout. Once an account is created, Scouts can begin online sales right away.



ACH Bank Draft Commitment

Parent Information

Please Print Legibly

Name: _____ Scout Name: _____

Phone No: _____ Email address: _____

Financial Institution Information

Amount to Be Drafted:

\$21/mo Standard Dues

\$54/mo All-in (activity fees paid)

Name on Account: _____

Bank Routing No: _____ Bank Account No: _____

Account Type (circle one): CHECKING / SAVINGS

(Credit card draft also available with a 3% fee)

Credit Card #: _____ Exp: _____ CVV: _____

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for ACH transactions, and that I am authorized to provide this information.

I authorize Cub Scout Pack 395 to deduct my program fees from this bank/credit account via Electronic Fund Transfer. By signing this commitment, I agree to continue electronic drafts until all fees are paid, or buying out this contract for the remainder of payments.

Print Authorized Name

Authorized Signature

Date



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PLEASE ATTACH VOIDED CHECK



Pack _____

Date _____

Each adult family member is invited to fill out a separate sheet.

Welcome to our Cub Scout pack. Cub Scouting is for adult family members as well as youth. We have a fine group of families who have indicated a willingness to help. We invite you to add your talents and interests so that the best possible program can be developed for your child. We hope that you will enjoy being part of our pack's team and want you to know that whatever you can do to help will be appreciated.

- 1. My interests/pastimes include: Social Media Music Sports (please specify): Health & Fitness STEM Travel Other Parent Groups (please specify): Family Activities Gardening Cooking Crafts Video Games DIY Projects Writing Art Other Volunteer Work (please specify): Other (please specify):
2. A topic I would enjoy teaching youth is:
3. My job, business, or profession might be of interest to Cub Scouts:
4. I have training or experience that might be helpful. First Aid or Safety-Related Training or Credentials (please specify): Teaching, Coaching, or Mentoring (please specify): Previous Scouting Experience (please specify): Other:
5. I am willing to help my child and the pack by providing behind-the-scene support such as: posting on social media helping to welcome other new parents making contacts for trips and activities providing transportation serving as a pack committee member being part of a New Member Coordinator team
6. I would be willing to help my child and the pack by assisting to present the program, perhaps serving as: an occasional presenter part of a team helping a Cub Scout den Den Leader or Assistant Cubmaster or Assistant
7. I can help in these areas (please check applicable boxes for all ranks):

General Activities

- Carpentry Swimming/watercraft safety Games Nature Sports Outdoor activities Crafts Music/songs Citizenship/flag etiquette Bookkeeping

- Computer skills Drawing/art Radio/electricity Dramatics/skits Cooking/banquets Sewing Transportation Hiking Other

Special Program Resources

- I have a van SUV or truck I have a workshop. I have family camping gear. I have camping gear that others could use. I have access to a cottage, camping property or boat. I can help Webelos Scouts with Boy Scout skills. I can give other help.

Tiger Activity Areas

- Nutrition/health Magic Biking Astronomy First aid

Wolf Activity Areas

- Knots Sign language Coin collecting Physics Math/codes Collections Disabilities awareness Dinosaurs Compass use Health Gardening Civil service/military

Bear Activity Areas

- Pocketknives/wood carving Camping Computers/technology Citizenship/flag etiquette Fishing American Indian culture Animal care Forensics Physics Marbles Robotics General science

Webelos Activity Areas

- Outdoor cooking First aid Camping General science Disabilities awareness Survival skills Geocaching Geology Engineering Home repair Game design Wildlife Plant life Moviemaking

Adult Name E-Mail address [The best way to reach me is via email text cell phone home phone business phone.] Street address

Youth Name Phone(s) H- C- B- City State ZIP

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
		Medication	
		Food	

Yes	No	Allergies or Reactions	Explain
		Plants	
		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)	

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: _____



