MCU - Marvelous Cub Units

Leaders Guide

East Carolina Council
Southern Area District
2022 Fall Weekend Family Camp
Sep 30 - Oct 2
Training Base Camp Sam Hatcher

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*******If anyone has flu-like symptoms and/or a cough, do not attend Cuboree. If anyone develops flu-like symptoms and/or a cough during Cuboree, please notify the Camp Director immediately..*******

Registration

Unit leaders should register all the Cub Scouts, leaders, and family members of the pack that will be attending on Tentaroo at ecc.tenatroo.com. Training equipment will be provided with each registered participant name, therefore imperative everyone is registered.
The event is listed as 2022 MCU- Marvelous Cub Units

Registration costs are as follows:
$35 per youth (this includes trainee uniform – if not registered by 10 Sep uniform cannot be guaranteed at event, but will be delivered after event).
$25 per adult (if registered by 10 Sep and you want camp uniform at event). Any adults that register at this price after 10 Sep will have the camp uniform delivered after event.
$15 per adult if you do not want the camp uniform.
If you have any questions about registering for this event, please contact Eric Fries at 252-349-8827 or fjfries@gmail.com or the council office at 252-522-1521.

MCU Agents (Camp Staff)

Eric Fries – MCU Director (Camp Director)
Krista Fries – MCU Recruitment and Training Coordinator
Angela Bosse, Cindy Douglas, and Jennifer Potter – MCU Training Coordinators
Chad Amick- MCU Chief Safety Officer (Site Inspector/Short Term Camp Admin)
Wes Dail, Jerry Pennington, Patrick Reed, Joe Hoffman – Arms Training Facilitators (Shooting Sports)
Andy Holliday – Base Facilities Manager (Camp Ranger)
Additional MCU Training Agents - Scouts from various Troops

Volunteering

This training opportunity is not possible without the help of Unit Agents (Pack Leaders/Parents) helping with the planned training exercises. Please see MCU Training Coordinators to assist in training areas.

ECC CUBOREE RULES AND REGULATIONS

*All attendees must abide by the rules and policies set forth in the **Guide to Safe Scouting** and the **Scouter Code of Conduct** and follow the **Sweet 16 of BSA Safety**. All attendees are expected to utilize **Leave No Trace** principles. Registered adult leaders are expected to do their part to inform their unit of these rules and enforce them.*

Arrival and Departure

1. After unloading, all vehicles must be moved to the designated parking area. This will ensure the safety of all campers and reduce the chance of damage to your vehicle. The unit trailer will be allowed to remain at the campsite, as long as it is detached from the vehicle and safely secured in place. Each unit is allowed only one trailer. **PARK ONLY IN DESIGNATED AREAS.**
2. Each unit is responsible for bringing its own food and potable water.
3. All garbage removal is the responsibility of each unit. All trash must be packed out by their unit.
4. Prior to check out, all units should clear all equipment, trash, fire pits, and replace sod (if needed) at their campsite.
5. Vehicle access to the campgrounds is limited to specific times only. An open or unlocked gate is not permission to drive into camp. The gate must remain unlocked in the event of an emergency.

Leave No Trace

6. Ground fires may not be allowed in camp due to burn restrictions, but if allowed they are only permitted in designated areas (established fire rings or an alternative is the use of a portable raised patio fire pit with ground protection. Firefighting equipment consisting of one (1) water bucket, one (1) sand bucket, and a dedicated shovel should be maintained at each campsite. **Each campsite can only have one fire pit.**
7. The cutting of live trees is not permitted. Use fallen, dead wood for fire only. Units are expected to haul in their own firewood.
8. Wastewater should not be disposed of within 50 feet of a campsite.
9. Be respectful of all nature and wildlife in the camp. Do not feed, collect, injure, or disturb nature or wildlife. This camp is their home, and we are just visiting.

Health & Safety

10. Cub Scouts and other youth are not permitted within 5 feet of a campfire unless they are cooking in the fire. Webelos Scouts are the only Cub Scout rank permitted to cook outdoors under leader supervision.
11. The only fuels allowed at Camp Sam Hatcher are **propane** and **butane**. Fuels cannot be stored in or near tents. Cub Scouts cannot operate fueled devices. Gas generators are not permitted (except for use with medical devices and with permission of camp directors).
12. Each campsite must have designated areas for tents, cooking, and play. Cooking areas must be roped off. Individual families cannot set up cook stations next to their tents.
13. Closed-toed shoes MUST be worn about the camp at all times. This applies to all attendees.

14. Quiet hours are between 10 pm and 7 am. Scouts must remain in the campsites during these hours unless accompanied by a parent or guardian.
15. The registered unit leaders are responsible for their unit at all times. Each pack must have two-deep leadership and follow no one-on-one guidelines as set for in Youth Protection Policies. Follow tenting policies as detailed in Scouting's Barrier to Abuse found in the Guide to Safe Scouting.
16. **The buddy system is to be used at all times.** Scouts are not allowed to roam freely through the camp at any time. Refer to the Sweet Sixteen of BSA Safety.
17. No one is allowed to take shortcuts through the campsites of other units for both privacy and security.
18. Units and parents will be responsible for any medications for Scouts. Each unit should be equipped with an adequate first aid kit and must have current Annual Health and Medical Reports with them for every participant including adults and siblings.

Prohibited Items

19. No fires, grills, fueled lanterns, open flames, or tent heaters of any type are allowed in or near tents.
20. No pets are allowed at camp at any time. Service animals are permitted. Please notify the camp director if you have a service animal.
21. No personal transportation vehicles are permitted. Leave bicycles, skateboards, skates, scooters, ATVs, and golf carts at home.
22. **No firearms, fireworks, or explosives are allowed in camp.** Only law enforcement officers operating within their jurisdiction and range safety officers managing shooting sports events may carry firearms onto the camp property. No exceptions.
23. Sheath (fixed-blade) knives are not permitted. Only Cub Scouts who have earned their Whittling Chip may carry a pocket knife. They must have their Whittling Chip card with them. All other cutting tools (hatchets, axes, saws, etc.) are to be used by adults only and securely stored when not in use.
24. No alcoholic beverages or illegal narcotics (including cannabis) are permitted at this event or any Scouting event.
25. Adult leaders must support the attitude that we are better off without tobacco. Use of any tobacco products, including electronic cigarettes and chewing tobacco, may only be used in the designated tobacco use area, and never within the view of any Scouts or other youth. **The designated tobacco use area will be outside of the exit gate (see map page 10).**
26. Any attendee violating these Rules and Regulations or acting in a manner inconsistent with the Policies and Principles of the Boy Scouts of America is subject to dismissal from the event with no additional notice and no refund of any fees.

BSA Tenting Regulations

From Scouting's Barriers to Abuse (Guide to Safe Scouting)

- Separate tenting arrangements must be provided for male and female adults as well as for male and female youth.
- Youth sharing tents must be no more than two years apart in age.
- In Cub Scouting, parents and guardians may share a tent with their family.
- In all other programs, youth and adults tent separately.
- Spouses may share tents.

Covid Regulations

1. All equipment will be wiped down after each rotation.
2. Maintain social distancing of 6 feet even outside when possible.
3. Notify camp chief immediately if anyone becomes ill with flu-like symptoms.

Unit Quarters Inspection Sheet

Unit P- _____

Flags (25 points)

US Flag (10)	Pack Flag (10)	Properly displayed (5)	_____/25

Fire (35 points)

Fire watch on duty/Fire out (10)	Above ground or existing pit (5)	One fire pit per pack (5)	_____/35
Ground clear around the fire pit (5)	Bucket of water and bucket of sand (5)	Chairs greater than 5 feet away (5)	

First Aid (35 points)

One adult CPR/First Aid Trained, the certificate in First Aid box (10)	Stocked and organized pack-size first aid kit (5)	Scouts know the location of the first aid kit (5)	_____/35
Location of first aid kit is highly visible (5)	Medical forms are readily available (5)	First aid log (5)	

Kitchen (75 points)

The pack has only one kitchen (15)	Kitchen is at least 10 feet away from tents (10)	Menus are posted (5)	_____/75
Menus are nutritionally sound (5)	Food is properly stored (5)	Kitchen is roped off (5)	
Sanitary kitchen area (5)	Buckets of water and sand (5)	Handwashing station (5)	
Dishwashing station (5)	Garbage bag (5)	Pack uses mess kits (5)	

Campsite (30 points)

Campsite divided into tent area, kitchen area, and activity area (20)	The campsite is neat and clean (5)	Each pack has a bucket of water and a bucket of sand (5)	_____/30

Bonus Points

Pack gateway with pack number (5)	Themed gateway with pack number (10)

Safety Inspector Signature _____ Total Point_____/200

Training Schedule

Friday, September 30

2:00 PM Unit Leader Check-in at the Bob Howard Lodge
4:00 PM General Check-in at the Bob Howard Lodge
9:00 PM Gate closes for the evening (if arriving late, please notify Director)
9:10 PM Leaders' Meeting (Bob Howard Lodge)
10:00 PM Lights Out & Quiet

Saturday, October 1

8:30 AM Reveille
8:45 AM Flag Raising Ceremony (Activity Area)
9:00 AM Late Check-in at the Bob Howard Lodge
9:00 AM Trainings Begin
11:45 AM Lunch
12:00 PM Gates open until 1:45 PM for vehicle access
1:55 PM Trainings Resume
6:00 PM Dinner
8:00 PM Flag Lowering Ceremony (Activity Area)
8:15 PM Trainee Graduation Activity (Activity Area)
After campfire – Agent Debriefing at Bob Howard Lodge
30 minutes after campfire closing - Lights Out & Quiet

Sunday, October 2

8:30 AM Reveille
8:45 AM Worship Service (Chapel)
9:00 AM Check-out Begins

Arrival Procedures

Unit leaders may check-in at 2 pm to secure the unit trailer and map out the campsite. General check-in is from 4:00 pm - 9:00 pm. Vehicles will not be allowed into camp. **The gate will be closed at 9 pm on Friday, and no vehicles are permitted to enter the camp.** (Just because the gate is unlocked or open does not mean anyone can drive into camp.) If arriving after 9 pm on Friday evening, you can carry in your gear and check-in at the Bob Howard Lodge at 9 am on Saturday. Vehicles are allowed to bring trailers and cookers to the sites but vehicles are not to be left at the sites. Please leave no trace at your campsite.

No one is permitted to arrive early without the permission of the camp director. The gates may be open to permit the ranger to work on-site, not for individuals to come and unload their gear and set up camp. The council and camp staff will not be responsible for property loss/damage or personal injury outside of the hours of the event.

Departure Procedures

9:00 am - 11:00 am Campsite Check-Out

No vehicles will be allowed to go to camp sites until after worship service for the safety of our scouts and their families. Please pack your gear and move it to the side of the road for easy loading. The gate is left unlocked at night in the event of an emergency so emergency vehicles can enter. If individuals wish to leave earlier, they must pack out their gear to their vehicles. Please follow the Leave No Trace principles by remaining on the roads and not driving into campsites.

Community Responsibilities

A Scout is Clean.

Trash

Every unit is responsible for removing all trash from their campsite. Units are encouraged to reduce their amount of trash as much as possible. Use mess kits and reusable water bottles. Recycle as much as possible. Units must pack out all their trash.

Bathroom Cleaning

Send at least **3 adults** for this shift. Cubmasters will be required to sign-off that their pack participated in the cleanup of the location assigned.

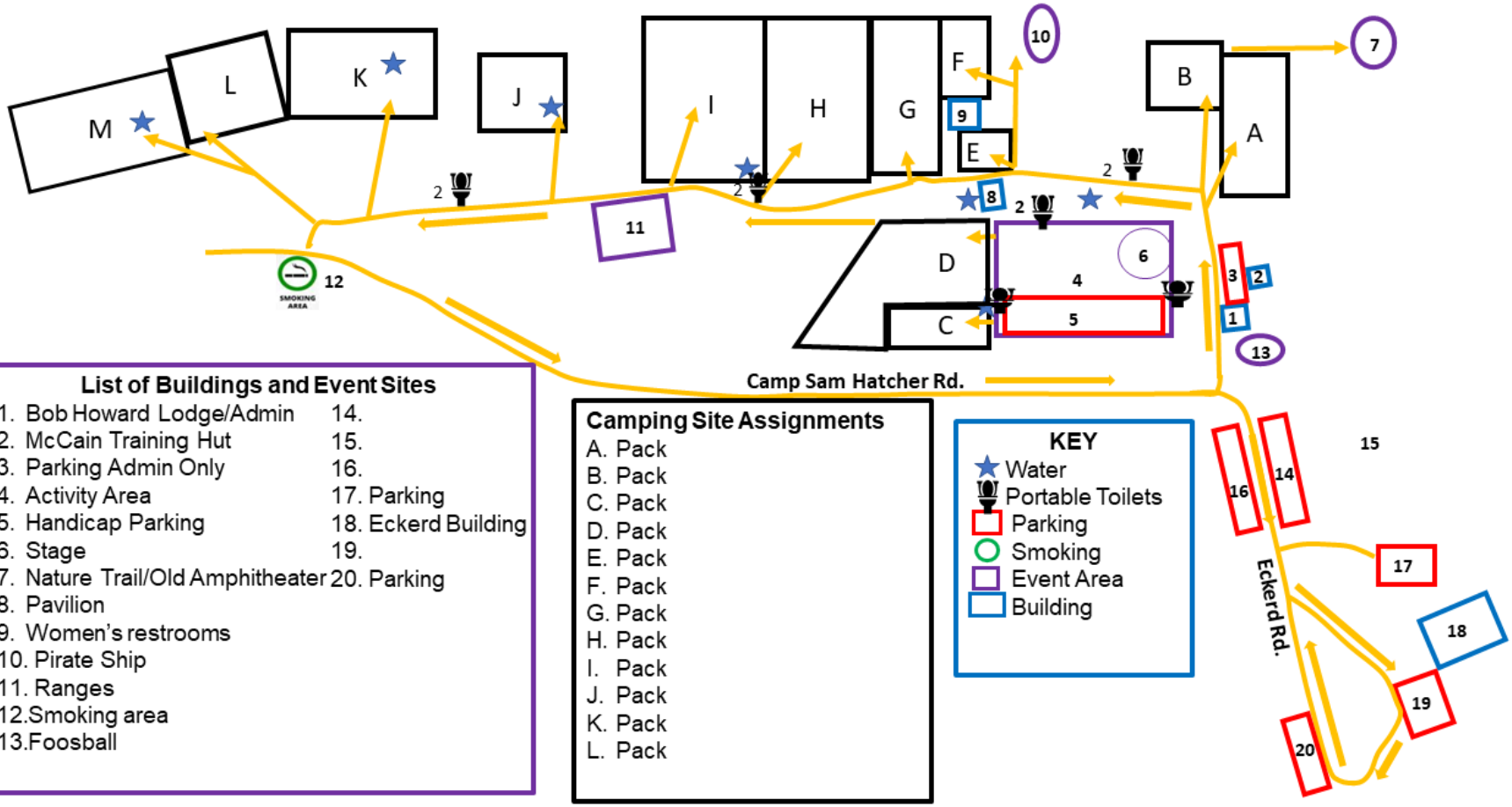
After lunch				
After dinner				
After breakfast				

Campsite Assignments

Be mindful that you may possibly be sharing a campsite with another unit. Share the fire pit, the shelter, and the outlets. Campsite assignments will not be made until registration has closed.

Campsite	Unit(s)	Cohort
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		

Camp Sam Hatcher Map



List of Buildings and Event Sites

1. Bob Howard Lodge/Admin
2. McCain Training Hut
3. Parking Admin Only
4. Activity Area
5. Handicap Parking
6. Stage
7. Nature Trail/Old Amphitheater
8. Pavilion
9. Women's restrooms
10. Pirate Ship
11. Ranges
12. Smoking area
13. Foosball
14.
15.
16.
17. Parking
18. Eckerd Building
19.
20. Parking

Camping Site Assignments

A. Pack
B. Pack
C. Pack
D. Pack
E. Pack
F. Pack
G. Pack
H. Pack
I. Pack
J. Pack
K. Pack
L. Pack

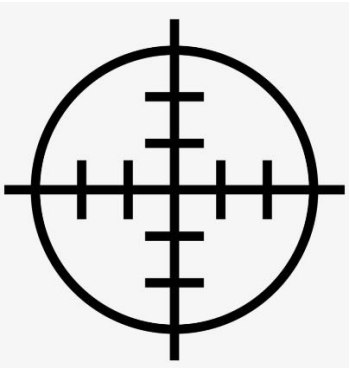
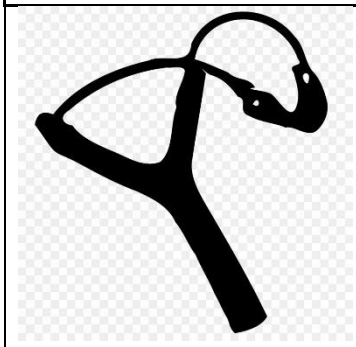
KEY

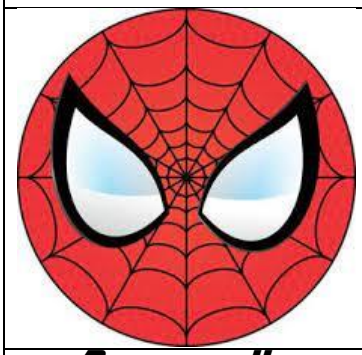
- Water
- Portable Toilets
- Parking
- Smoking
- Event Area
- Building

Training Schedule

COHORT	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8	Session 9
	0900	0955	1050	1145	1240	1335	1430	1525	1620
1	**Arms**	**Bow**	**Alternate arms**	**Lunch**	**Shield**	**Mjolnir**	**Web escape**	**Planetary Hero**	**Gamma Relay**
2	**Bow**	**Alternate arms**	**Shield**	**Lunch**	**Mjolnir**	**Web escape**	**Planetary Hero**	**Gamma Relay**	**Arms**
3	**Alternate arms**	**Shield**	**Mjolnir**	**Lunch**	**Web escape**	**Planetary Hero**	**Gamma Relay**	**Arms**	**Bow**
4	**Shield**	**Mjolnir**	**Web escape**	**Lunch**	**Planetary Hero**	**Gamma Relay**	**Arms**	**Bow**	**Alternate arms**
5	**Mjolnir**	**Web escape**	**Planetary Hero**	**Gamma Relay**	**Lunch**	**Arm**	**Bow**	**Alternate arms**	**Shield**
6	**Web escape**	**Planetary Hero**	**Gamma Relay**	**Arms**	**Lunch**	**Bow**	**Alternate arms**	**Shield**	**Mjolnir**
7	**Planetary Hero**	**Gamma Relay**	**Arms**	**Bow**	**Lunch**	**Alternate arms**	**Shield**	**Mjolnir**	**Web escape**
8	**Gamma Relay**	**Arms**	**Bow**	**Alternate arms**	**Lunch**	**Shield**	**Mjolnir**	**Web escape**	**Planetary Hero**

MCU Required Training

Arms Training	
	Alternate Arms Training
Bow & Arrow Training	
	Shield Wielding Training

Mjolnir Worthiness	
	Spidey Web Escape
Planetary Heros	
	Gamma Radiation Relay

MCU Training Supplemental Information

Attire

Attendees may wear activity t-shirts or dress according to the theme during Saturday activities. Field uniforms should be worn to the Interfaith Worship Service on Sunday morning. All attendees must wear close-toed shoes **at all times;** sneakers or hiking shoes.

Service Project

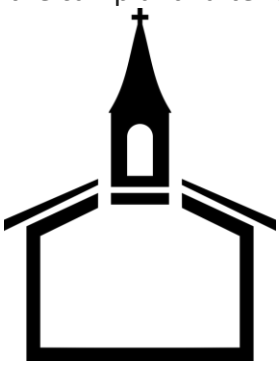
We will be collecting aluminum cans to be sold and the money donated to the American Cancer Society – Breast Cancer Association.

Campfire Program

After the Flag Lowering Ceremony, then we will gather at the Activity Area for a Campfire Program. There will be a brief leader pow-wow at the Bob Howard Lodge directly after the program.

Interfaith Worship Service

A Scout is reverent. Please join us for a brief interfaith worship service at the chapel before leaving camp. No cars are permitted to enter the camp until after the service.



Webelos Research & Development Exothermic Project

Introduction: This is an opportunity for Webelos Scouts to show off some of the cooking skills they have learned.
Webalo scouts will prepare a dish of their choosing using an element (Al – aluminum or Fe – (cast) iron.

Rules:

1. All cooking will be done at the pack campsite. All prep work must be done after arrival at camp.
2. This is a cooking competition.
3. All gear must be provided by the pack. This includes charcoal.
4. Use proper food sanitation practices. Sanitize utensils before and after use. Food dropped on the ground must be discarded. Wash your hands often.
5. All fish, poultry, and meat must be store-bought.
6. Deliver entries to the Bob Howard Lodge at 6 PM.
7. Three tasting portions must be submitted for each entry.
8. Packs may submit more than one entry. Entries must be labeled with the pack number and den.
9. An entry form must be submitted with each entry.

Pack # _____ Den: _____
Scouts Names (first and last): _____
_____
_____
Adult supervisor(s):_____
Name of recipe and method of preparation:
_____
Description:_____
_____

Do not write below this line. To be completed by the judges.

Three samples provided (10 points, minus 5 points per missing sample) _____/10
Samples are labeled 0 or 10
Entry form submitted with entry 0 or 5

	Judge #1	Judge #2	Judge #3
Difficulty (1-5)			
Properly cooked (1-5)			
Creative (1-5)			
Nutritious (1-5)			
Taste (1-5)			
Subtotal			

Total Score _____/100

Leader-Volunteer Research & Development Endothermic Project

Methods:

1. Ice cream must be prepared at the campsite without the use of electricity.
2. Use proper sanitation.
3. Packs may have multiple submissions by multiple food scientists, but only one food researcher per submission.
4. Four servings must be submitted to the judges.
5. All entries must be labeled with the pack number and name of the food researcher.
6. Submit entry form with the food.
7. Entries are due at 6 pm to the Bob Howard Lodge.

Peer Review and Conclusion:

- Appearance (5 points)
- Aroma (5 points)
- Creative Method of Experiment (5points)
- Taste (10 points)

Pack #_____
Name of Agent_____
Name of Recipe_____
Description of recipe method:
_____
_____
_____

Do not write below this line.

Category	Judge 1	Judge 2	Judge 3	Judge 4
Appearance (1-5)				
Aroma (1-5)				
Creative Method of Preparation (1-5)				
Taste (1-10)				
Subtotal				
Total				

Part A: Informed Consent, Release Agreement, and Authorization

A

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: _____

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Part B1: General Information/Health History

B1

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** ☐ **No** ☐
☐	☐	Hypertension (high blood pressure)	
☐	☐	Adult or congenital heart disease/heart attack/chest pain (angina)/ 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** ☐ **No** ☐
☐	☐	List all surgeries and hospitalizations	**Last surgery date:**
☐	☐	List any other medical conditions not covered above	

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Part B2: General Information/Health History

B2

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)**	

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: _____

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