

# MONSTER CUB MASH

EAST CAROLINA COUNCIL

2024 FALL WEEKEND FAMILY CAMP

NOV 1 – NOV 3

CAMP BODDIE

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## **Registration**

Unit leaders must ensure all the Cub Scouts, leaders, and family members of the pack that will be attending are registered on Tentaroo at [ecc.tenatoo.com](http://ecc.tenatoo.com).

Registration costs are as follows:

\$40 per youth (this includes event t-shirt and patch) – if not registered by 15 Sep, t-shirt cannot be guaranteed.

\$40 per adult with event t-shirt.

\$30 per adult without the event t-shirt.

If you have any questions about registering for this event, please contact Eric Fries at 252-349-8827 or [fjfries@gmail.com](mailto:fjfries@gmail.com) or the council office at 252-522-1521.

## **Spooky-mittee (Camp Staff)**

Camp Director - Eric Fries ([fjfries@gmail.com](mailto:fjfries@gmail.com) or text 252-349-8827)

Spooktacular Programs - Krista Fries ([krisrx97@gmail.com](mailto:krisrx97@gmail.com) or text 252-349-7677)

Committee Members -

Site Inspector/Short Term Camp Admin –

Medical Staff -

Shooting Sports Committee -

Village Manager – Matt B

## **Monsteering**

This event is not possible without the help of Unit Supervisors (Pack Leaders/Parents) helping with the planned events. Request that at least 1 Unit Supervisor from each unit assist in keeping the villagers from mobbing the monsters.

# 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. At camp sites, Troop Scouts will be present to assist unloading gear from vehicle at front of campsite. After unloading, all vehicles must be moved to the designated parking area prior to setting up camp. 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 beverages.
3. All garbage removal is the responsibility of each unit. All trash must be placed in the dumpster near the dining hall.
4. Prior to check out, all units should clear all equipment, trash, fire pits, and replace sod (if needed) at their campsite.
5. Troop Scouts will be present on Sunday morning after worship service to assisting in loading gear into vehicles. Please have all gear packed and placed at front of campsite prior to retrieving vehicle from parking lot.
6. 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

7. 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 has one fire pit.**
8. The cutting of live trees is not permitted. Use fallen, dead wood for fire only. Firewood is available at the campsites, but it must be split by a responsible adult.
9. Wastewater should not be disposed of within 50 feet of a campsite.
10. 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 and Arrow of Light are the only Cub Scout rank permitted to cook outdoors under leader supervision.

11. The only fuels allowed at Camp Boddie 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). Electrical outlets are available at each campsite. Please advise Camp Director if utilizing medical devices.
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. Cub Scouts participating in events must be in closed toed tennis shoes for safety.
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. If one of these devices is required due to mobility issues, please notify Camp Director at least 7 days prior to event and have required course completion with vehicle.
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 rangers 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.
- Spouses may share tents.

# Villager Housing Inspection Sheet

Unit P- \_\_\_\_\_

## Flags (25 points)

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

Pack tent-or-treat pop-up/canopy with pack number (5)	Themed tent-or-treat pop-up/canopy with pack number (10)
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Safety Inspector Signature \_\_\_\_\_ Total Point \_\_\_\_\_/200

# Spooktacular Schedule

## Friday, Oct 6

- 2:00 PM Unit Leader Check-in at the Hodges Building
- 4:00 PM General Check-in at the Hodges Building
- 9:00 PM Gate closes for the evening (if arriving late, please notify Camp Director)
- 9:30 PM Leaders' Meeting (Dining Hall)
- 10:00 PM Lights Out & Quiet

## Saturday, October 7

- 8:30 AM Reveille
- 8:45 AM Flag Raising Ceremony (across from Trading Post)
- 9:00 AM Late Check-in at the Trading the Hodges Building
- 9:00 AM Events Begins (Activity Field and Range)
- 5:00 PM Events End
- 5:30 PM Dinner
- 6:30 – 8 PM Tent-or-Treating at campsites

## Sunday, October 8

- 8:30 AM Reveille
- 8:45 AM Church Service
- 10:00 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 be allowed into the campsite for drop off gear only. Troop Scouts will be at each campsite to assist in unloading gear at the front of the campsite. Vehicles must then be parked prior to setting up camp. Only 2 vehicles are permitted to go to each campsite at one time. Please obtain a pass to be able to enter the campsites.

Vehicles must be parked at the Hodges building. **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 Hodges Building at 9 am on Saturday. Vehicles are allowed to bring trailers and cookers to the campsites, 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

10:00 am - 12:00 am Campsite Check-Out

No vehicles will be allowed to go to camp sites until after the Church 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 prior to retrieving vehicle from parking lot. Troop Scouts will be at each campsite to assist families in loading the vehicles. 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. Only 2 vehicles are permitted to go to each campsite at one time. Please obtain a pass to be able to enter the campsites.

# Village 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 deposit all their trash in the dumpster near the Dining Hall.

## Bathroom Cleaning

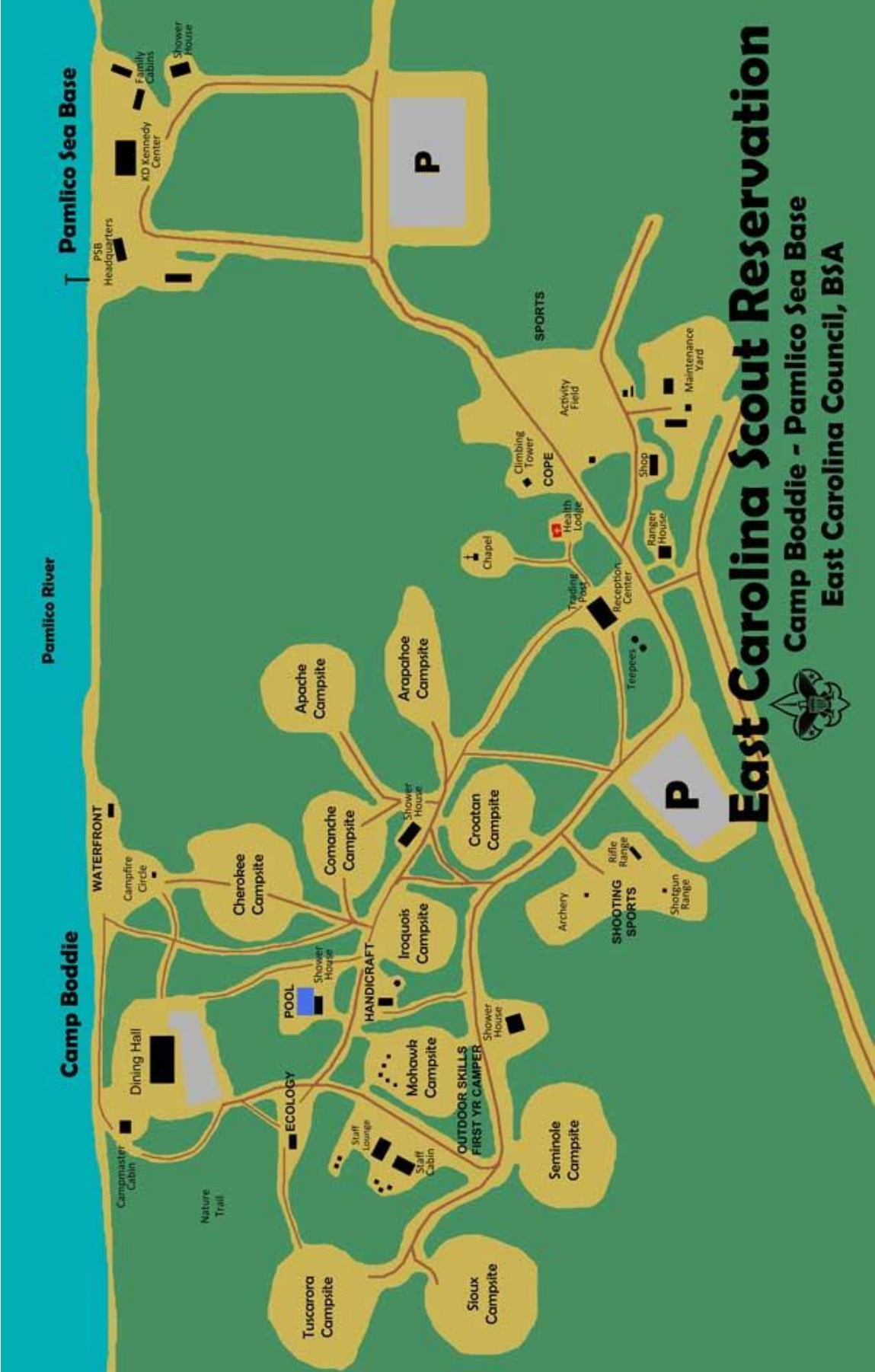
Send at least **3 adults** for this shift. Cubmasters will be required to sign-off that their pack participated in the cleanup of the location assigned.

<b>After lunch</b>				
<b>After dinner</b>				
<b>After breakfast</b>				

## 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
Apache	Pack 99	1
	Pack 258	1
Arapahoe	Pack 252	2
Cherokee	Pack 81	3
	Pack 330	8
Comanche	Pack 937	4
Croatan	Pack 90	5
	Pack 13	6
Iroquois	Pack 3	7
	Pack 879	7
	Pack 130	7
Mohawk	Pack 57	5
	Pack 97	5
	Pack 551	2
	Pack 1884	2
	Staff	
Seminole	Pack 39	8
	Pack 446	6



# East Carolina Scout Reservation

## Camp Boddie - Pamlico Sea Base

### East Carolina Council, BSA



## Spooktacular Events

C O H O R T	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									
2									
3									
4									
5									
6									
7									
8									

## SPOOKTACULAR EVENTS LIST

### SHOOTING SPORTS:

- BB SHOOTING (FOR ACCURACY)
- SLING SHOT SHOOTING
- ARCHERY (FOR ACCURACY)

### ACTIVITY FIELD EVENTS

- BOUNCY BLOB RACING
- SPIDER WEB ESCAPE
- SPOOKY SPOON RACES
- SKELETON KNOCKDOWN
- SPIDER RING TOSS
- SPOOKY CAN KNOCKDOWN
- SCARY LIMBO
- CUB LEADER SCARECROW
- "DON'T BE A LITTLE MONSTER" LEAVE NO TRACE

## 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. All attendees must wear close-toed shoes **at all times**; sneakers or hiking shoes.

### Service Project

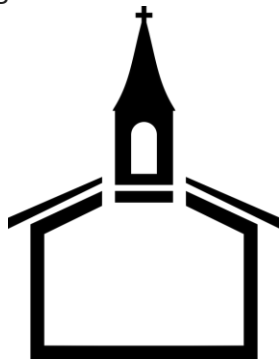
A collection will be set up in the Hodges building to collect hats, scarves, and gloves to send to Western North Carolina residents.

### Campfire Program

Feel free to make your own campfire but do decorate a pop-up/canopy for the children to enjoy Tent-or-Treating from 6:30 to 8 PM. Units must supply their own candy to give out at this event. The Tent-or-Treating pop-up/canopies will be judged (during the Tent-or-Treat time) and a prize awarded.

### Interfaith Worship Service

A Scout is reverent. Please join us for a brief interfaith worship service at the Dining Hall at the lowering of flags on Saturday evening.



## 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've 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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# B1

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



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## 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
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/stings	

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

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

Medication	Dose	Frequency	Reason

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

Administration of the above medications is approved for youth by:

\_\_\_\_\_/\_\_\_\_\_  
Parent/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)
<input type="checkbox"/>	<input type="checkbox"/>		Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>		Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>		Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>		Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>		Polio	
<input type="checkbox"/>	<input type="checkbox"/>		Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Other (i.e., Hib)	
<input type="checkbox"/>	<input type="checkbox"/>		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: \_\_\_\_\_

3

