

Participant Medical Information Form

(Please print neatly and fill in all blanks)

Day Camp Use Only:

Participant Name: _____ Age: _____ Weight: _____

EMERGENCY CONTACTS:

Name 1: _____ Relationship to Scout: _____

Phone # (1): _____ (2): _____ (3): _____

Name 2: _____ Relationship to Scout: _____

Phone # (1): _____ (2): _____ (3): _____

Child's Primary Care Physician: _____ Phone: _____

Hospital Preference in an Emergency: Forsyth Medical Center (3.2 mi) Wake Forest Univ. Medical Center (4.4 mi)

Special Medical Instructions: _____

Current or Past Primary Medical History: *(Circle Yes or No for Each)*

Yes	No	Asthma / Respiratory Trouble	Yes	No	Seizures / Convulsions
Yes	No	Diabetes (Type 1 or 2)	Yes	No	ADD / ADHD
Yes	No	Heart Trouble	Yes	No	Hemophilia / Bleeding Disorders
Yes	No	Dietary Restrictions*	Yes	No	Activity / Physical Restrictions
Yes	No	Special Equipment Needed	Yes	No	Drug / Food / Bee Sting Allergies*

Describe any item checked above: _____

Are all immunizations up-to-date?: Yes No _____ Date of Last Tetanus: _____

List all Medications taken on a regular basis: _____

List all Medications that must be taken during Day Camp: _____

*****All medications must be checked-in with the Camp Health Officer each morning.*****

Parent Authorization: I certify that this *Medical Information Form* is correct, and that the participant herein described has permission to engage in all activities not restricted above. These activities may include BB-Gun shooting & archery (excluding Tiger Cubs), except as noted by me under *Special Medical Instructions*. In case of emergency, I understand every effort will be made to contact a participant's parents. In the event I cannot be reached, or a delay in care is inappropriate, I hereby give permission to the on-site Health Officer or Camp Director to secure appropriate medical treatment, including hospitalization, anesthesia, surgery, or injections or oral administration of medications. I authorize the on-site Health Officer to provide appropriate medical care: to include first aid, supervising administration of medications listed above, initial emergency care, and stabilization. I also understand that I will be contacted prior to administration of over-the-counter medications as needed. (Parent or guardian must sign below:)

Signed: _____ Date: _____

Day Camp Registration Form

2008 Salem District Cub Scout Day Camp
(One Registration Form Per Cub Scout/Webelos)

First Name: _____ **Last Name:** _____
Street: _____
City: _____ **State:** _____ **Zip:** _____
Date of Birth: ____/____/____ **Pack #:** _____ **District:** _____
Name of Parents/Guardians: _____
Home Phone: _____ **Business:** _____ **Mobile Phone:** _____

Cub Scout Advancement:

Rank Completed as of May 31st, 2008	Tiger	Wolf	Bear	Web I		
Grade Completed in June of 2008	K	1	2	3	4	5
Circle Rank you wish to work on at Day Camp:	Tiger	Wolf	Bear	Web I	Web II	

Participant's appropriate T-shirt size:

-Youth Medium
 -Youth Large
 -Adult Medium
 -Adult Large

Parents: If you can volunteer to serve on staff, select the appropriate day(s):

-Wednesday
 -Thursday
 -Friday
 /
 -All 3 days* (\$10.00 off your son's registration)

Den Assignment Preference: -Tiger
-Wolf
-Bear
-Webelos
-Anything Needed
-_____

Adult T-shirt Size:
Adult Med.
Adult Large
Adult XL
Adult XXL

For parent volunteers only: Please list any unregistered children who will attend and their age(s):

*There will be adult supervision and planned activities. Parents of these children must be on the premises at all times.***

Select appropriate fees: (Please make check payable to Old Hickory Council, B.S.A.)

<input type="checkbox"/> Registration Fee:	Must be received/postmarked by: July 16th	\$40.00
<input type="checkbox"/> Parent Volunteer for 3 Days:	If Yes: <i>Subtract \$10.00</i>	
Total Cost:		\$____.____

Please submit ONE Registration Form and ONE Medical Information Form for EACH Cub Scout/Webelos to:

Old Hickory Council, B.S.A.
 Attn: Salem District Cub Day Camp
 6600 Silas Creek Parkway
 Winston-Salem, NC 27106