

CUB ADVENTURE WEEKEND

LEGENDS OF THE SEA

2017 LEADER'S GUIDE



* Image from timtim.com

GREEN MOUNTAIN COUNCIL

BOY SCOUTS OF AMERICA

P.O. Box 557
WATERBURY, VT 05676
(802) 244-5189

GENERAL CUB ADVENTURE WEEKEND INFORMATION

WHAT IS CUB ADVENTURE WEEKEND CAMP?

Cub Adventure Weekend (CAW) Camp is an exciting adventure for your Cub Scouts. It provides a fun filled family environment, and the whole family is invited to attend as an added feature to the fun. Any Cub Scout is welcome at Camp Sunrise or Mt Norris for a Cub Adventure Weekend. The program is oriented toward Cub Scouts. Webelos Scouts and parents are welcome, but we suggest Webelos Resident Camp at Camp Sunrise. **New for 2017,** we are delighted to be offering our first CAW session at Camp Sunrise in Benson **and our second session at Mt Norris Scout Reservation in Eden, VT.**

CAMP DATES Two exciting overnight sessions are planned for 2017!

<u>DATES</u>	<u>CAW CAMP</u>
JULY 15-16	SESSION 1 - SUNRISE
JULY 29-30	SESSION 2 - NORRIS

TELEPHONE

The camp telephone is used for camp business and emergencies only. Since there is only one line into camp, it cannot be tied up with personal calls. The camp number at Sunrise is (802) 537-2448 and at Norris (802) 635-7415.

TRADING POST

All activities and projects in camp have been included as part of the camp fee. There is a Trading Post to provide additional snacks and souvenirs, open only on Sunday, so Cub Scouts may wish to bring some spending money (est. \$20.00 to \$25.00).

PETS: VISITORS AND CAMPER'S CANNOT BRING PETS TO CAMP.

CAMP FEES AND LEADERSHIP

CAMP FEES

Camp fees are \$45.00 per person for "Early Bird" (paid by June 1st), \$55.00 per person for regular camp fee (after June 1st) and \$75.00 if paid after July 1st). Families of four or more have a capped rate of \$150 for regular rate and \$200 if paid after July 1st. These fees include the cost of 3 meals in the dining hall, camp patch, qualified staff and all program supplies. Any family member is welcome to attend the weekend and participate in the program. Same fee applies to all participants. No reservations are accepted without fees. **After July 1st, 2017 there will be a \$20.00 additional fee added to any registration. The Family rate increases by \$50.**

ADULT LEADERSHIP

The program is designed for a parent to share with their son. If a parent is unable to attend with their son, he may still go to camp, however written arrangements must be made by the boy's family for another parent of another Scout, adult relative, or friend, to be a substitute for the weekend. This adult must be at least 21 years of age. The "substitute" becomes responsible for the boy for the entire weekend. A ratio of 3 to 1 (youth to adult) must be maintained. If you have any questions about this policy, contact the Council Service Center at (802) 244-5189.

Camp Staff

The volunteer camp staff stands ready to serve you and your scouts. They are proficient in program skills, the art of having fun, and are a great resource. The adults who bring Scouts to camp are still the leaders and are expected to plan and assist in all activities. Where you have special talents, skills or interests do not hesitate to make those abilities known.

Program: Scouts will have the opportunity to participate in archery, BB guns, swimming (weather permitting), crafts, field games, plus a great Saturday night campfire with skits, songs and cheers!

CAMP REGISTRATION

Scouts must sign up for camp through their own leaders and Pack or through direct contact with the Council office for weekend programs. Registration forms are provided for the Den/Pack, and for individual Scouts.

CAMP EQUIPMENT CHECKLIST

Following are items that Scouts & adult partners will find useful to bring to camp:

- | | | |
|--|--|--|
| <input type="checkbox"/> Medical Form (All participants, including siblings and parents.)
For CAW, only Parts A & B need to be filled out | | |
| <input type="checkbox"/> Handbook | <input type="checkbox"/> Toothbrush & paste | <input type="checkbox"/> Towels |
| <input type="checkbox"/> Scout uniform | <input type="checkbox"/> Jacket or sweat shirt | <input type="checkbox"/> Insect Lotion |
| <input type="checkbox"/> Long Pants | <input type="checkbox"/> Raincoat or poncho | <input type="checkbox"/> Underwear |
| <input type="checkbox"/> Shorts | <input type="checkbox"/> Sturdy shoes or boots | <input type="checkbox"/> Soap |
| <input type="checkbox"/> Small pillow | <input type="checkbox"/> Extra socks | <input type="checkbox"/> Water Bottle |
| <input type="checkbox"/> Flashlight | <input type="checkbox"/> Bedroll or sleeping bag | <input type="checkbox"/> Swim suit |
| <input type="checkbox"/> Sun Screen | <input type="checkbox"/> Pajamas | <input type="checkbox"/> Fishing gear |
| <input type="checkbox"/> Hat | | |

LOST AND FOUND

The lost and found is located at the Camp Office. All clothing items and personal gear should be marked with your name and pack number.

CAMP HEALTH AND SAFETY

THE MEDICAL/PERMISSION FORM AND ITS IMPORTANCE

The single most important part of pre-camp planning and packing is the Medical/Permission Form. This is a two part form, and must be updated annually. Regardless of age you must have a medical form that is current within twelve months. Be advised that the Council Service Center nor the camp have medical forms from previous camp attendance. Medical forms **MUST** be brought to camp or sent to the office 2 weeks in advance of your camping weekend. The form can also be found on line at www.scoutingvermont.org. Click on Resource and Forms to by accessing this link: <http://www.scouting.org/scoutsources/HealthandSafety>

Parts A and B are required for every person attending Cub Adventure Weekend. Both parts are required for all events that do not exceed 72 consecutive hours, where the level of activity is similar to that normally expended at home or at school, such as day camp, day hikes, swimming parties, or an overnight camp, and where medical care is readily available. Medical information required includes a current health history and list of medications. Part A also includes the parental informed consent and hold harmless/release agreement. This form is to be filled out by participants and parents or guardians and kept on file for easy reference while at camp. A blank form is included in the appendix. Please note that you also need to include a photocopy of your insurance card.

In an emergency, doctors and hospitals will not accept photocopied signatures. Be sure that the immunization record section is filled out with dates. Individuals with allergies, diabetes, asthma, etc. are not turned away from camp. It is, however, most important that any medication or restrictions be noted on the health form. This will help our Camp Health Officer to offer better emergency care to our Cub Scouts and Leaders in the event of an emergency, and for the kitchen to provide proper meals around food allergies.

CAMP HOUSING

Each Scout and Adult Partner will be provided a tent on a platform and a bed or a lean-to with a platform. Bringing a sleeping pad is recommended as camp site assignments may need to change. Adults are only allowed to share a tent with youth that are of their own family. Youth are allowed to share a tent with other youth, and adults can share at then with other adults. If you have any questions about the youth protection policies contact the Council Service Center.

DINING HALL

The meals provided on weekend will be Saturday Lunch and dinner and Sunday breakfast. We plan to use the buffet style serving method but will ask for help in cleaning up after each meal.

DRESS CODE

No one is allowed in the dining hall in swim suits or without a shirt or shoes. Closed toe shoes need to be worn in camp at **all times** to prevent foot injuries. We ask that the Scouts and leaders wear their uniform for the evening meal. Costumes relative to the theme are encouraged for Sunday morning.

HEALTH LODGE

A qualified Health Officer will be on duty in the camp at all times. All illness or injuries must be

reported to the Health Officer no matter how minor. In the event of serious illness or injury, the camper will be taken to a local hospital or clinic for treatment and parents will be notified.

SPECIAL MEDICATIONS

Special medicines (i.e. those that require refrigeration) may be kept at the Health Lodge. Other medications should be kept in the possession of the adult partner. Emergency medication such as epi pens and inhalers should be kept with the person they are prescribed for. It is the responsibility of the adult partner to make sure all medications are properly taken.

DANGEROUS ITEMS AND SUBSTANCES

Some items are **NOT** permitted at camp. Do not bring any alcoholic beverages or illegal drugs into camp. Firearms, ammunition, personal BB guns, firecrackers, bows and arrows, and sheath knives are primarily among the items that should not be brought to camp. The use of aerosol propellant based insect spray is prohibited. Please use personal sized insect repellent in squeeze bottles or with a pump action. Failure to abide by the camp rules may result in dismissal from the camp property.

ANTI-DISCRIMINATION NOTICE

Rules for acceptance and participation in the program are the same for everyone without regard to race, color, national origin, age, handicap or sex. Any person who believes he/she has been discriminated against in any USDA related activity should write to: Administrator, Food and Nutrition Service, 3101 Park Center Drive, Alexandria, VA 22302.

CHECKING IN AND OUT OF CAMP

REGISTRATION

All Scouts must be registered as members of the Boy Scouts of America, and camp fees paid in full in order to stay in camp and participate.

ARRIVAL TIME

Check in for the Cub Adventure Weekend weekends are **Saturday between 8:00 and 9:30 am**. Please plan to arrive and check in during that time.

CHECK-IN

Registration will be in the Camp Office. There you will turn in your health forms, if not previously sent to Council Service Center, and make any last minute corrections to the registration information. You will then be assigned to a campsite where you may take your gear.

CARE OF EQUIPMENT

All campers and adult partners are reminded that they are responsible for any damage above ordinary wear and tear caused to camp facilities or equipment.

CHECK-OUT

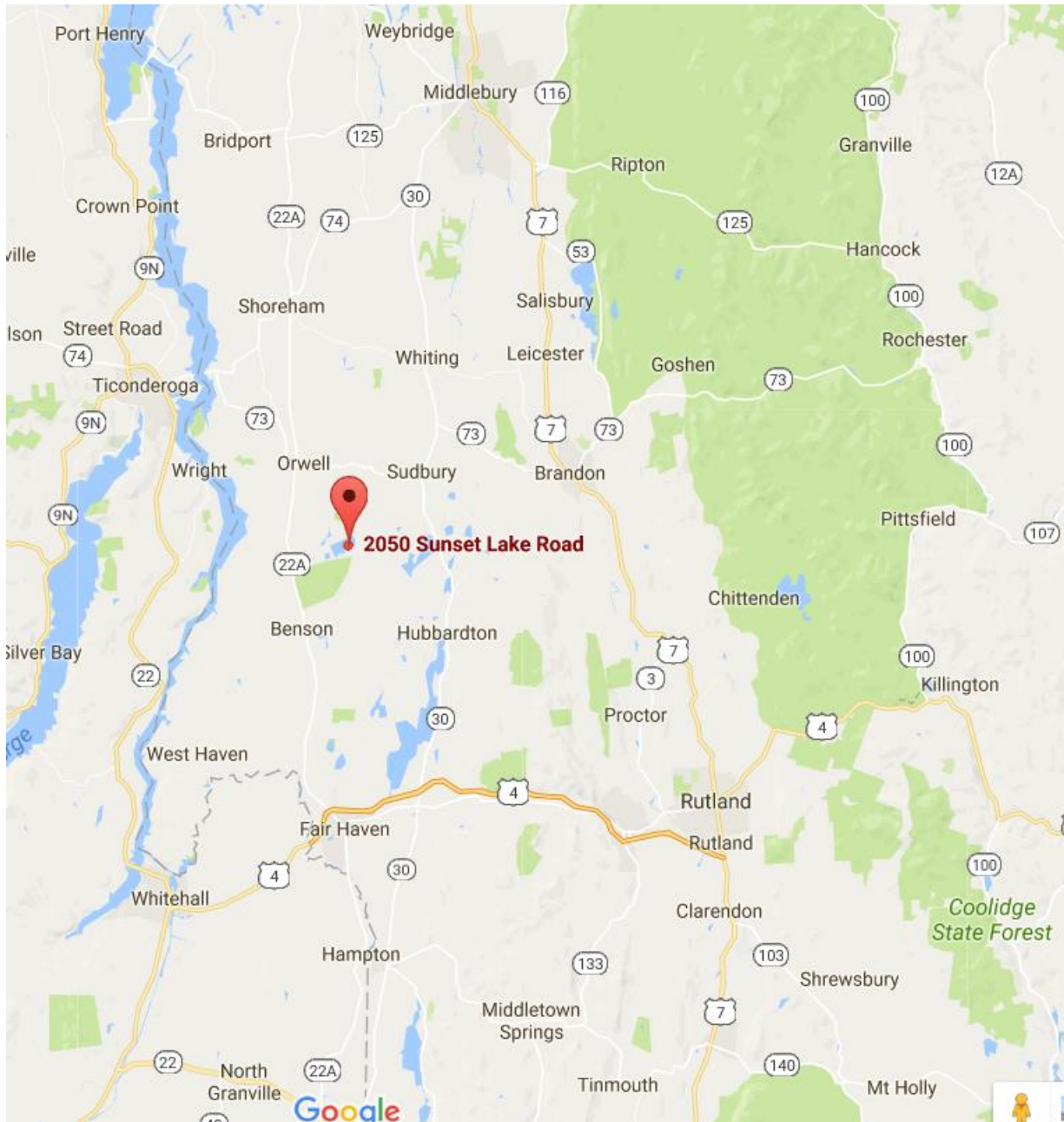
All campers will leave with their leaders and/or adult partner **by 11:00 a.m.** on Sunday morning. Any other time, campers, family members and adult partners should only leave after informing the camp director. Youth will be released from camp only in the company of **parents or guardian** or with parental permission via the Medical Form.

CAMP SUNRISE

Address: 2050 Sunset Lake Road; Benson, VT 05743

Driving Directions:

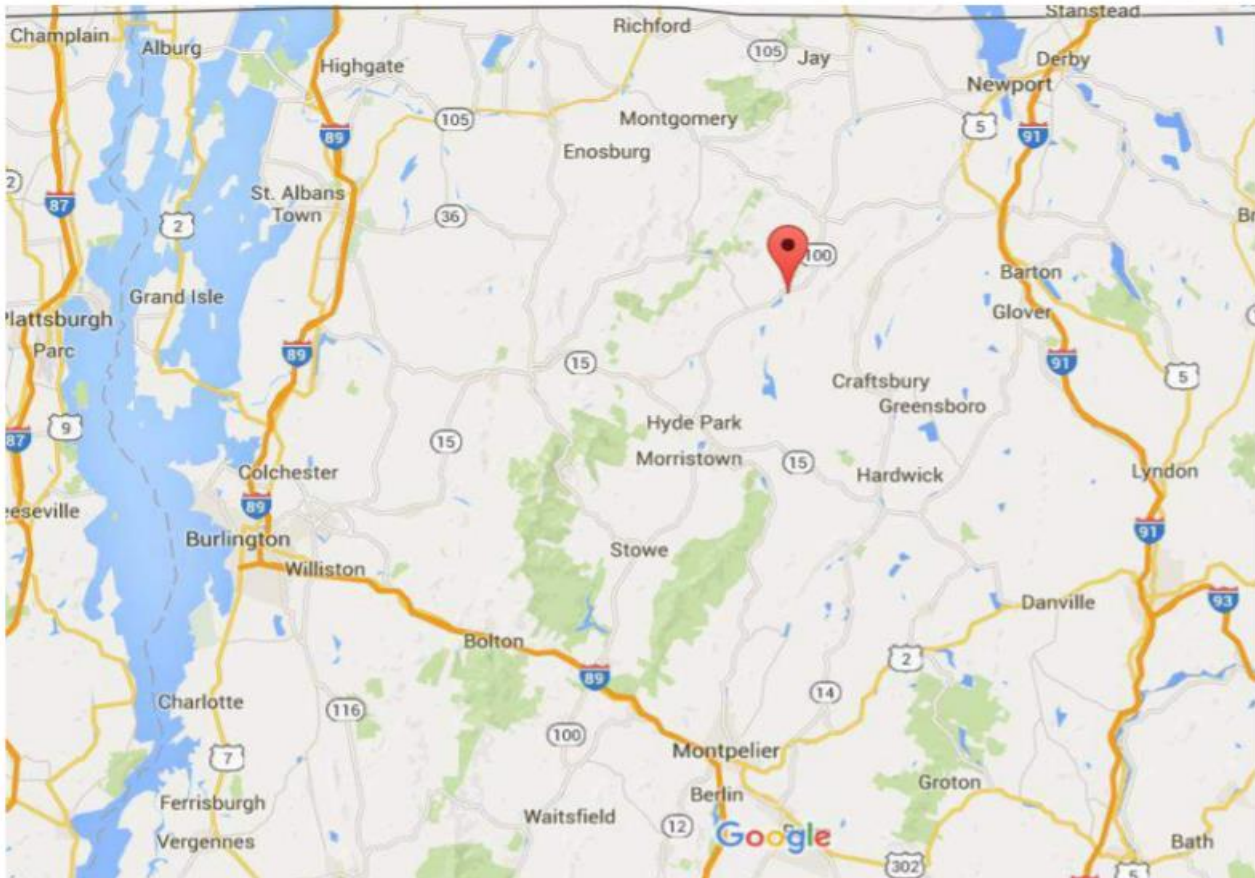
From 22a, turn onto VT-144E. Turn left onto Sunset Lake Rd. Camp Sunrise will be on the right.



MOUNT NORRIS SCOUT RESERVATION

Address: 1 Boy Scout Camp Road; Eden Mills, VT 05653

DRIVING DIRECTIONS



From Interstate 89, take the **VT-100 exit, Exit 10** toward US-2/Waterbury/Stowe. Continue to **VT-100 north** to Morrystown, about 20 miles. In Morrystown enter the roundabout and take the 3rd exit onto **VT-15/VT-100**. Within two miles, enter another roundabout and take the **1st exit onto VT-100** heading north. In 12.6 miles the sign for MT Norris Scout Reservation is on your right and marks Boy Scout Camp Road. Turn right onto Boy Scout Camp Road and follow it to the large parking lot behind the dining hall. For safety, please drive 5 MPH once you have entered camp property.

CUB ADVENTURE

WEEKEND

APPENDIX:

Feel free to duplicate any forms in this Leader Guide Book
And distribute them liberally!

CAW CAMP REGISTRATION

To qualify for Early Bird you must pay in FULL by June 1st. After June 1st, regular rates apply. After July 1st, late fees apply

NAME OF SCOUT _____ AGE _____ PACK _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

NAME OF ADULT PARTNER _____ AGE _____

NUMBER OF ADULTS _____ NUMBER AND AGES OF SIBLINGS _____

ADDRESS INFORMATION SAME AS ABOVE _____ (CHECK IF YES – IF NO, PLEASE PROVIDE THE FOLLOWING)

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

CHOICE OF SESSION: _____ (#1: JULY 15TH-16TH SUNRISE #2 : JULY 29TH-30TH NORRIS)

REGISTRATION FEES –

SCOUT EARLY BIRD --	_____	@ \$45.00	EACH =	\$ _____
OTHER FAMILY MEMBERS EARLY BIRD --	_____	@ \$45.00	EACH =	\$ _____
SCOUT REGULAR – (AFTER JUNE 1 ST)	_____	@ \$55.00	EACH =	\$ _____
OTHER FAMILY MEMBERS REGULAR --	_____	@ \$55.00	EACH =	\$ _____
LATE FEE --	_____	@ \$20.00	EACH =	\$ _____
FAMILY REGULAR (4 OR MORE) --	_____	@ \$150.00 PER FAMILY		\$ _____
FAMILY LATE (4 OR MORE) --	_____	@ \$200.00 PER FAMILY		\$ _____

TOTAL AMOUNT OF REGISTRATION = \$ _____

SPECIAL REQUESTS (FOOD ALLERGIES, HEATH CONCERNS, ETC): _____

PARENT INFORMATION ABOUT CAW CAMP 2017

TWO SESSIONS TO CHOOSE FROM: Each session begins on a Saturday at 10:00 AM (check in starts at 8:30am) and ends Sunday at 11 AM. Session #1 July 15th-16th (Sunrise), Session #2 July 29th-30th (Norris). There is a limit of 125 participants per session.

LOCATION: Camp Sunrise, 2050 Sunset Lake Road, Benson, VT for Session 1, Mount Norris Scout Reservation, 83 Boy Scout Camp Road, Eden, VT for Session 2.

FEES: Includes the cost of 3 meals in the dining hall, camp patch and all craft and program materials. The camp provides all materials needed for the CAW program. Scouts may want to bring some spending money for snacks and souvenirs at the Trading Post. There is a \$20.00 additional fee after July 1st, 2017 for individuals not paid in full. The family rate has an additional fee of \$50 after July 1st, 2017.

WHAT TO BRING: Recommended camp gear: uniform, hiking shoes, extra shirts, shorts, underwear, socks, pajamas, swim trunks, towels, raincoat, personal toilet articles, blankets or sleeping bag, flashlight, fishing gear, sunscreen, and insect lotion.

WHAT NOT TO BRING: We recommend not bringing electronic games or tablets/computers as they could get lost or damaged while in camp.

PACK APPLICATION FOR CUB ADVENTURE WEEKEND CAMP

Please reserve a place for the following Scouts and adult partners to participate in CAW Camp at Camp Sunrise and/or Mt Norris Scout Reservation this summer. Included with this application are:

OUR CHOICE OF SESSION: _____ (#1: JULY 15TH - 16TH SUNRISE, #2: JULY 29TH - 30TH NORRIS)

PACK _____ **DISTRICT** _____

UNIT LEADER _____ **PHONE** () _____

ADDRESS _____ **CITY** _____ **ZIP** _____

EMAIL _____

<u>SCOUT'S NAME</u>	<u>ADULT PARTNERS</u>	<u>SIBLINGS & AGES</u>	<u>PHONE</u>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

In accordance with the policies of the Boy Scouts of America, limited Cub Scout camping is approved when accompanied by the parent(s) or guardian(s) of the boy. There must be at least one leader per three boys or siblings present during

CAW Camp. Please include any allergies (food, insects, latex, etc) on this form for anyone attending so we can plan food, etc accordingly.

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____

DOB: _____

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.



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, Philmont Training Center, Northern Tier, Florida 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)

Second parent/guardian signature for youth: _____ Date: _____

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

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

Name: _____

Name: _____

Telephone: _____

Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____

Name: _____

Telephone: _____

Telephone: _____



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B

Part B: General Information/Health History

Full name: _____

DOB: _____

High-adventure base participants:
 Expedition/crew No.: _____
 or staff position: _____

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

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Unit leader: _____ Mobile phone: _____

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:
<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 (anginal)/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	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	
<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"/>	Behavioral/neurological 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	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"/>	Excessive fatigue	
<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	

B

Part B: General Information/Health History

Full name: _____
 DOB: _____

High-adventure base participants:
 Expedition/crew No.: _____
 or staff position: _____

Allergies/Medications

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 INDICATE 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 by the BSA. 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"/>	<input type="checkbox"/>	Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polio	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influenza	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB)	
<input type="checkbox"/>	<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: _____