

**Check the Camp you are attending.**

<b>Webelos Scout Adventureland</b> <input type="checkbox"/> June 22-25 (Session 1) <input type="checkbox"/> June 25-28 (Session 2) <input type="checkbox"/> June 29 - July 2 (Session 3) <input type="checkbox"/> July 2-5 (Session 4) <input type="checkbox"/> July 6-9 (Session 5) <input type="checkbox"/> July 9-12 (Session 6) <input type="checkbox"/> July 13-16 (Session 7) <input type="checkbox"/> July 16-19 (Session 8) <input type="checkbox"/> July 20-23 (Session 9)	<b>Day Camp</b> <input type="checkbox"/> June 9-11: Johnson park <input type="checkbox"/> June 16-18: Holland Fish & Game <input type="checkbox"/> June 23-25: FOP Grounds <input type="checkbox"/> July 7-9: School Section Lake <input type="checkbox"/> July 14-16: Palmer Park <input type="checkbox"/> July 22-24: Central Park <input type="checkbox"/> July 28-30: Beechwood Hills <input type="checkbox"/> August 4-6: Wabasis Park <input type="checkbox"/> August 11-13: Dwight Lydell Park
<b>Cub Scout Adventureland</b> <input type="checkbox"/> July 27-29 (Session 1) <input type="checkbox"/> July 29-31 (Session 2) <input type="checkbox"/> July 31 - August 2 (Session 3) <input type="checkbox"/> August 3-5 (Session 4) <input type="checkbox"/> August 5-7 (Session 5) <input type="checkbox"/> August 7-9 (Session 6)	<b>Staff</b> <input type="checkbox"/> Adventureland <input type="checkbox"/> Day Camp

**2008 Health Form**

**For Day Camp / Cub Scout Adventureland /**

**Webelos Adventureland Youth and Adult**

Pack # \_\_\_\_\_

***Please fill in the information requested- additional remarks are welcome.***

**\*\*\* Copy this form for each camp being attended!**

Last Name	First Name	Middle Name	Date Of Birth	Age
Address (Number & Street)	City and State	County	Zip Code	Telephone (home)
Parent or Guardians First Name	Last Name	Middle Name	Telephone (work)	
Address (Number & Street)	City	County	State	Zip Code

**Day Camp ONLY: T-shirt Size: Youth: M L Adult: S M L XL XXL XXXL**

(Circle the size you need)

If the person named above is not available in the event of an emergency, notify:

Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

## Health History

CONDITION	YES	NO	CONDITION	YES	NO
Asthma			Heart trouble		
Appendicitis attacks			Hemophilia		
Has the appendix been removed?			Kidney disorder		
Allergies (food, drugs-list details below)			Nervous Conditions		
Blood Pressure Problems			Nose or Sinus Problems		
Back. Limb or joint problems?			Out of breath easily		
Convulsions or seizures?			Skin or Gland problems		
Deformity (list below)			Sleep Walking		
Dentures			Stomach or Bowel problems		
Diabetes			Teeth or Tonsil problems		
Any exposure to contagious/infectious disease ( i.e. TB, Hepatitis B)			Stinging Reaction		
Fainting			Is a bee sting kit needed?		
Glasses/Contacts			Tire easily		
			Other		

Please use this space to explain any answers checked "yes" above:

Should activity be restricted because of any physical defect or illness?

Yes  No *If "yes," please explain degree of restriction:*

Name of personal medical provider:

## Immunization History

Vaccination Dates	Mo/Yr	Mo/Yr	Mo/Yr
DPT	_____	_____	_____
TD (tetanus/diphtheria)	_____	_____	_____
Tetanus	_____	_____	_____
Polio	_____	_____	_____
MMR	_____	_____	_____
or Measles	_____	_____	_____
or Mumps	_____	_____	_____
or Rubella	_____	_____	_____
Haemophilus influenza B	_____	_____	_____
Hepatitis B	_____	_____	_____
Varicella (Chicken Pox)	_____	_____	_____
Neg. TB Test or X-Ray	_____	_____	_____
BCG	_____	_____	_____

## Medications needed Daily:

Medicine Name	Hours Given	Dosage

My child takes no medications on a routine basis.

STATE OF MICHIGAN REQUIRED AUTHORIZATIONS

The following information is required by the Michigan Department of Consumer and Industry Services pursuant to Public Act 116 and Administrative Rule 117.(2)(A).

Scouts Name \_\_\_\_\_

Pack # \_\_\_\_\_

Authorization is granted for the release of the aforementioned individual to adult employees, staff, volunteers, and camp staff of the Gerald R. Ford Council, Boy Scouts of America. In addition to the parents or guardians signing this form, only those individuals listed below are authorized to remove the aforementioned from summer camp during their period of camping.

Table with 2 columns: Name, Relationship. Contains 4 empty rows for listing authorized individuals.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print \_\_\_\_\_

Camp information available at: www.bsagrnc.org

INSURANCE INFORMATION

My child is covered under a personal health insurance policy

PLEASE ATTACH A COPY OF THE INSURANCE CARD!

Policyholder's name: \_\_\_\_\_ Policyholder's birth date: \_\_\_\_\_

Policyholder's employer: \_\_\_\_\_ Insurance company name: \_\_\_\_\_

Insurance company address: \_\_\_\_\_ Policy identification number: \_\_\_\_\_

Does your policy provide a prescription co-payment? \_\_\_\_\_

The following information is required by the Michigan Department of Consumer and Industry Services pursuant to Public Act 116 and Administrative Rule 127.1(1).

The health and history contained herein is correct as far as I know, and the person described has permission to engage in all prescribed activities, except as noted by me and/or the medical provider. In the event I cannot be reached in an emergency, I hereby give permission to the medical provider selected by a designated representative of the Boy Scouts of America to authorize emergency medical or surgical treatment, routine, non-surgical medical care, hospitalize, secure proper anesthesia, or to order injection(s) for my child. The person herein described is in good health, has all required immunizations current, and I assume the health responsibility for the individual.

\*If for religious reasons you cannot sign this, contact the council for a legal waiver, which must be signed for attendance.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print \_\_\_\_\_

# Gerald R. Ford Council Leader Application Form

## For Adults Attending Adventureland ONLY

The following information is required by the Michigan Department of Consumer and Industry pursuant to Public Act 116 of 1973 and Administrative Rule 109.(4).

Pack Number: \_\_\_\_\_ Registered position in Council: \_\_\_\_\_  
Position in Camp: \_\_\_\_\_ Number of years registered with the BSA: \_\_\_\_\_  
Number of years/seasons in summer camp as an adult leader: \_\_\_\_\_  
Number of years in leadership of short term weekend camping: \_\_\_\_\_

Please indicate training received by: **I** = date issued **E** = date expires

### BSA TRAINING

Basic Leader Training: I \_\_\_\_\_  
Youth Protection: I \_\_\_\_\_  
Wood Badge: I \_\_\_\_\_  
Camp School: E \_\_\_\_\_  
Section: \_\_\_\_\_

### HEALTH & SAFETY TRAINING

CPR (ARC or American Heart): E \_\_\_\_\_  
Basic First Aid (ARC): E \_\_\_\_\_  
Other Medical Training Licenses: E \_\_\_\_\_  
Blood borne Pathogen Training: I \_\_\_\_\_  
Other: \_\_\_\_\_

### FIELD SPORTS TRAINING

National Rifle Assoc.: I \_\_\_\_\_  
National Archery Assoc.: I \_\_\_\_\_  
Hunter Safety Instructor: I \_\_\_\_\_

### WATER SAFETY TRAINING

Safe Swim Defense: E \_\_\_\_\_  
Safety Afloat: E \_\_\_\_\_  
ARC WSI: E \_\_\_\_\_  
BSA Lifeguard: E \_\_\_\_\_  
ARC Lifeguard: E \_\_\_\_\_  
YMCA Progressive Swim Instructor: E \_\_\_\_\_  
Other – Describe: \_\_\_\_\_

### OTHER OUTDOOR EDUCATIONAL SKILLS

Explain: \_\_\_\_\_

—————▶ Have you ever been convicted of anything other than a minor traffic violation:  YES  NO

If YES, please explain: \_\_\_\_\_

My signature below verifies that I have knowledge and understanding of the requirements for reporting suspected cases of child abuse/neglect, as stated in the Camp Policy dealing with child abuse/neglect and that the information on this form is correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### REFERENCES:

**As the representative for the Chartering Organization, I recommend the above identified individual to serve as a leader of our Scouts in camp.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**As an individual who knows the good character of the above identified individual, I attest to their emotional stability, leadership ability, educational background and experience to serve as a leader of our Scouts at camp.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**As an individual who knows the good character of the above identified individual, I attest to their emotional stability, leadership ability, educational background and experience to serve as a leader of our Scouts at camp.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date