

Cabrillo Summer Day Camp Medical Information Sheet



MEDICAL HISTORY FORM for *Cub Scout* _____

(Please print full name)

Has a history of (*circle all that apply*): (use back of form to give more information as needed)

Asthma Diabetes Insect Stings Fainting Spells Heart
Convulsions Digestion Ears Eyes Nose

Allergies– To What? _____

Other– Explain: _____

Please list all medication(s) currently being taken: _____

Medications to be taken at camp must be given to the camp medic with original prescription bottle and instructions.

Doctor's Name: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Emergency Contacts:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Parent Authorization:

This Health History is correct so far as I know, and the person herein described has my permission to engage in all prescribed activities, except as noted by me, I, the undersigned, do hereby authorize the adult leader in charge as my agent, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician or surgeon licensed under the provisions of The Act of Medicine on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis; treatment or hospital care required but is given to provide authority and power on the part of the aforesaid agent to give specific consent. This authorization is given pursuant to the provisions of Section 25.0 of the Civil Code of California, and shall remain effective throughout Day Camp, July, 2007.

Parent / Legal Guardian Signature

Date

Day Camp Den Leader will contact you for this form.

Must Be Signed for your Cub Scout / WEBELOS to participate in Archery

B

All Cub Scouts

Pacifica District Cub Scout Archery Program Permission Slip

I give permission for _____ to participate in the Archery Program
(Please print Cub Scout's full name)

I understand that it is my responsibility to see that the above named Cub Scout understands that he is to follow all safety rules and regulations.

I agree to indemnify the Boy Scouts of America, Los Angeles Council, and all Officers, members, employees and volunteers thereof, from all suits or actions brought for, or on account of, any injuries or damages received or sustained by any person or persons by or from the consequences of any negligence or any act or commission of the above named minor occurring during the course of said instruction.

(Signature of parent or legal guardian)

(Date)

Must Be Signed for your WEBELOS to participate in BB Gun

Webelos Only

Pacifica District Cub Scout BB Gun Permission Slip

I give permission for _____ to participate in the BB Gun Program
(Please print Cub Scout's full name)

I understand that it is my responsibility to see that the above named Cub Scout understands that he is to follow all safety rules and regulations.

I agree to indemnify the Boy Scouts of America, Los Angeles Council, and all Officers, members, employees and volunteers thereof, from all suits or actions brought for, or on account of, any injuries or damages received or sustained by any person or persons by or from the consequences of any negligence or any act or commission of the above named minor occurring during the course of said instruction.

(Signature of parent or legal guardian)

(Date)

Day Camp Den Leader will contact you for this form.

Cub Scout Day Camp Rules and Code of Conduct



The following rules apply to all Cub scouts attending Day Camp. They will be read and signed by all Scouts attending the camp. Please return with your camp application.

1. The Buddy System is in effect at all times. Buddies will be assigned by the Den Leader on the first day of camp. Buddies stay together at all times, this includes going to the medic, restroom, and time-out. A Camp Staff Member may allow a Cub to leave his buddy such as when a buddy must stay at the Medic station or leave early. Know where your buddy is at all times.
2. Cubs must have the Camp Director's permission to leave camp any time camp is in session. This includes any time between opening ceremony and camp dismissal. There must also be prior written notification from the Cub's Parents.
3. Cubs will ask permission from their Den Leader before they leave camp any time camp is in session. This includes when they leave at the end of the day. A Cub will leave the camp area only in the company of those authorized to pick him up. When he is dropped off the cub will go straight to his Den area and check in with his Den Leader.
4. Knives and matches are not permitted. Matches and knives will be provided if required for any activity.
5. Cubs will wear closed toe shoes at all times, except when swimming. ***Sandals and open toed shoes are not allowed.***
6. Cubs will be respectful towards all adults, staff members, and visitors.
7. Cubs will be respectful and mindful of the feelings, safety, and property of their fellow Cubs.
8. Proper language will be used at all times (improper language is the use of foul, profane, or abusive language). All leaders will be addressed by their proper name or camp name.
9. Cubs will walk while in the Camp Area unless required to run as part of an activity.
10. The only time a Cub will throw an object in camp is as part of a supervised camp activity.

I have read and understood the Code of Conduct and I understand that repeated violation of this code will lead to Time-out, a note home, and possible dismissal from Day Camp.

Cub Scout or WEBELOS Name (print)

Cub Scout or WEBELOS Signature

Date

Parent or Legal Guardian Signature

Date

Day Camp Den Leader will contact you for this form.

Los Angeles area council

Boy Scouts of America

Talent Release

I hereby assign and grant to the Los Angeles Area Council, Boy Scouts of America (L.A.A.C., B.S.A.) the right and permission to use and publish the photographs, film, video, electronic representations, and/or sound recordings (media) made of me and/or my son, during 2008 Pacifica District Day Camp, by the L.A.A.C., B.S.A. and I hereby release the L.A.A.C., B.S.A. from any and all liability from such use and publications. I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said media without limitation at the discretion of the L.A.A.C., B.S.A. and I specifically waive any right to any compensation I may have for any of the foregoing.

Cub Scout / Den Chief Printed Name

Date

Parent / Legal Guardian Signature

Date

Adult Volunteer Signature
(If different from Parent / Legal Guardian above)

Date

Day Camp Den Leader will contact you for this form.

Cabrillo Summer Day Camp Medical Information Sheet



MEDICAL HISTORY FORM : *Adult Volunteer* _____

(Please print full name)

Has a history of (check all that apply): (use back of form to give more information as needed)

Asthma Diabetes Insect Stings Fainting Spells Heart
Convulsions Digestion Ears Eyes Nose

Allergies– To What? _____

Other– Explain: _____

Please list any medication(s) currently being taken: _____

Doctor's Name: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Emergency Contacts:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Consent to Treatment for Adult Volunteer

In case of emergency, I understand that every effort will be made to contact my spouse or next of kin. In the event they cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medication for me.

Adult Signature

Date

Day Camp Den Leader will contact you for this form.

Cabrillo Summer Day Camp Medical Information Sheet

F

MEDICAL HISTORY FORM : *Den Chief* _____

(Please print full name)

Has a history of (check all that apply): (use back of form to give more information as needed)

Asthma Diabetes Insect Stings Fainting Spells Heart
Convulsions Digestion Ears Eyes Nose

Allergies– To What? _____

Other– Explain: _____

Please list any medication(s) currently being taken: _____

**Medications to be taken at camp must be given to the camp medic
With original prescription bottle and instructions.**

Doctor's Name: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Emergency Contacts:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Parent Authorization for Den Chief

This Health History is correct so far as I know, and the person herein described has my permission to engage in all prescribed activities, except as noted by me, I, the undersigned, do hereby authorize the adult leader in charge as my agent, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician or surgeon licensed under the provisions of The Act of Medicine on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis; treatment or hospital care required but is given to provide authority and power on the part of the aforesaid agent to give specific consent. This authorization is given pursuant to the provisions of Section 25.0 of the Civil Code of California, and shall remain effective throughout Day Camp, July, 2008.

Parent / Legal Guardian Signature

Date

Day Camp Den Chief Coordinator will contact you for this form.



Must Be Signed for Den Chief to participate in Archery

All Den Chiefs (Boy Scouts)

Pacifica District Cub Scout Archery Program Permission Slip

I give permission for _____ to participate in the Archery Program
(Please print Den Chief's full name)

I understand that it is my responsibility to see that the above named Den Chief understands that he is to follow all safety rules and regulations.

I agree to indemnify the Boy Scouts of America, Los Angeles Council, and all Officers, members, employees and volunteers thereof, from all suits or actions brought for, or on account of, any injuries or damages received or sustained by any person or persons by or from the consequences of any negligence or any act or commission of the above named minor occurring during the course of said instruction.

(Signature of parent or legal guardian)

(Date)

Must Be Signed for Den Chief to participate in BB Gun

All Den Chiefs (Boy Scouts)

Pacifica District Cub Scout BB Gun Permission Slip

I give permission for _____ to participate in the BB Gun Program
(Please print Den Chief's full name)

I understand that it is my responsibility to see that the above named Den Chief understands that he is to follow all safety rules and regulations.

I agree to indemnify the Boy Scouts of America, Los Angeles Council, and all Officers, members, employees and volunteers thereof, from all suits or actions brought for, or on account of, any injuries or damages received or sustained by any person or persons by or from the consequences of any negligence or any act or commission of the above named minor occurring during the course of said instruction.

(Signature of parent or legal guardian)

(Date)

Day Camp Den Chief Coordinator will contact you for this form.

Day Camp Adult Volunteer / Den Chief Agreement



MUST be filled out and returned with camp application and medical history.

Full Name (print): _____

Address: _____

Personal Reference and Their Phone #: _____

Specific Interest or Talents: _____

Upon signing this Agreement

- ♦ I understand this is a Volunteer Position offering no monetary compensation.
- ♦ I believe that my attitude toward volunteer work should be professional.
- ♦ I believe that I have an obligation to my work, to those who direct it, to my colleagues and to the Cub Scouts.
- ♦ I will seek to be fair and consistent with the Scouts.
- ♦ I understand that there will be no abusive language tolerated by anyone at camp.
- ♦ Smoking will be only in a designated area and that I have a qualified adult relieve me of my duties when I go to the smoking area.
- ♦ I understand alcohol and drug use is strictly forbidden.
- ♦ I understand that firearms are strictly prohibited.
- ♦ I will not submit the Scouts or staff to any form of initiations.
- ♦ I will be neatly groomed and wear approved camp clothing. Camp T-shirt is mandatory with no alterations. Closed toe shoes are required.
- ♦ I will follow the guidelines presented in the Day Camp staff handbook; and will assist, to the best of my ability, in Day Camp operations.
- ♦ I will keep confidential matters confidential.
- ♦ I will promote a pleasant attitude and will strive to see that each scout has a positive Day Camp experience.
- ♦ I understand that failure to adhere to this agreement could be cause for dismissal by the Day Camp Director.

Signature

Date

Day Camp Den Chief Coordinator will contact you for this form.