

# Cub Scout Investigators at Tamarancho

## Summer Day Camp Newsletter 2019

This newsletter will give you a better understanding of what to expect at day camp

**Bus Schedule & Driving**—The bus schedule is emailed to you just before camps starts at the email address provided during registration. *Buses run Monday through Friday mornings and afternoon. If you are driving*: Do not use a computer-mapping service for directions to this camp—the directions are incorrect. Please follow the directions listed on our website. And please arrive and park by 3:45 in the afternoon before the campers are dismissed.

**Bus Monitor Jobs**: Morning bus monitors: text/call the on-site director at 415-717- 1638 if there are any bus issues. Afternoon bus monitors: make sure all the campers are picked up and no camper is left by themselves. ***Please be considerate of the bus monitors and arrive at your child's stop on time.***

**Friday Campfire**: We conclude camp with a campfire program on Friday. This is the highlight of the week for most campers, so please try to have your child attend that day. Parents are invited to attend. The program begins at 2:30 pm.

**Camper T-Shirts**: On Monday the campers will be given a camp t-shirt to wear for the week. This is our way of identifying the campers, so plan to have your child wear the t-shirt each day.

**BB Gun and Archery**: ALL campers go through the safety briefings the first time they are at the ranges. Once the safety briefing is done any camper not doing these activities will be given an alternate activity to do. Campers must be on their best behaviors at the ranges. Any camper misbehaving will be removed from the range for the rest of the week and given an alternate activity.

**Food, Swimsuit, Etc.**: Please send your camper with a swimsuit and towel, lunch, snacks, and a refillable water bottle. Provide a hat and light jacket or long-sleeved shirt as Tamarancho can be windy, foggy, and cold. Only closed-toe shoes are allowed at camp. REMEMBER: Camper t-shirts will be given to campers on Monday, this is the camp “uniform” and they should wear the shirts all week.

**Swimming**: Swim tests (usually done Monday & Tuesday) are required of all *swimmers*. Your camper does not have to do the swim test. Those that don't can play in the “wading” area of the lake.

**Medications**: If your camper uses an inhaler or has an epi-pen make sure this information is on their health form and please make sure these items are brought to camp each day. If there is a medication that must be taken during camp time, make sure the medication is in the original bottle.

**Camper Placement**: Each camper is placed in a DEN with other campers of the same gender and grade. Two dens of campers travel to most of the activity areas together. If you provided us the names of buddies your camper wants to be with we will do our best to pair up friends. If no buddy is listed, then we go by school or geographic area for placement. We do make mistakes so let us know if your camper is in the wrong group. Don't wait until the end of the week to inform us of the error. Sometimes we have large groups of campers that all want to be together making the den too big, so we will split them and pair the dens, so they still can travel around camp together.

**Cancellations**: Fees are nonrefundable 30 days before the first day of each camp session. Refunds must be requested in writing to our council office.

**CONTACTING CAMP**: This email is used while camp is in session [cubcamping@boyscouts-marin.org](mailto:cubcamping@boyscouts-marin.org) and it is checked often. If you need immediate information call the office at 415-454-1081.

Marin Council, BSA, 225 West End Ave., San Rafael, CA 94901

(415) 454-1081

[www.boyscouts-marin.org](http://www.boyscouts-marin.org)

## 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: \_\_\_\_\_



## 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 (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	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	

## 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: \_\_\_\_\_

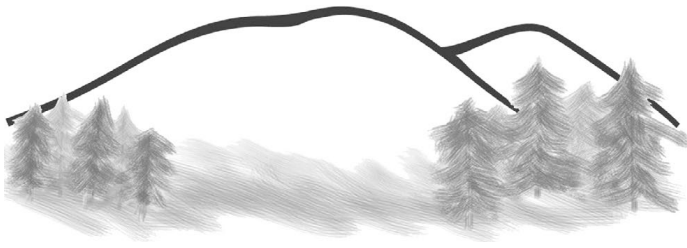
Date: \_\_\_\_\_

Further approval required:  Yes  No

Reason: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_



**PARENT/GUARDIAN AUTHORIZATION FORM**  
**CONSENT FOR MINOR TO USE ARCHERY EQUIPMENT, BB GUNS**

Unit #: \_\_\_\_\_ Type: \_\_\_\_\_ Council: \_\_\_\_\_ District: \_\_\_\_\_  
(Pack)

Youth Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_  
(home, cell, work) (home, cell, work)

Second mailing address: \_\_\_\_\_  
(if applicable)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

We, the undersigned parent(s) or legal guardian(s) of: \_\_\_\_\_, a minor, do hereby authorize Marin Council, BSA to furnish archery equipment and BB Guns along with ammunition, as appropriate, to the minor named herein for the purpose of instruction in the safe handling and shooting of air rifles, target shooting, and related activities under the supervision of the Shooting Sports Director and range staff. This authorization will remain in effect for said minor while he is participating in any Boy Scouts of America program or activity related to firearms/archery, unless revoked in writing by the undersigned and said revocation personally delivered to the Marin Council service center.

Parent/Guardian's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

**BB guns and archery equipment are used by Cub Scouts at council- or district-sponsored events only.**

Expires July 27, 2019 2/6/17 (rev.—Cub Scout only)