



San Gabriel Valley Council  
Boy Scouts of America  
3450 E. Sierra Madre Blvd., Pasadena, CA 91107  
626-351-8815 Ext 237 or 249 for the Camping Department

Dear Parents and Scouts,

Thank you for your reservation to participate in one of our camp programs. Enclosed with this letter are several important documents that you will need to fill out and bring to camp with you. You will also find a list of things to bring to camp if you are camping out.

Medical form: to be filled out by each participant (youth and adult); part A & B only. Please bring your form to camp with you.

Permission slip: to be filled out for each youth that would like to participate in the activities listed.

Tiger Cubs should travel to and from camp in their Class A or B uniform.

**Tiger Cub Safari at Trask**  
**March 3, 2012**



**Please Be Prepared** - Things to bring in your daypack:

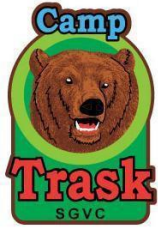
- Jacket
- Hat
- Sun Screen
- Insect Repellent
- Water Bottle
- Tiger Cub Book – to sign off on advancements



If you should have any questions please feel free to contact the camping department at 626-351-8815, Ext. 237 for Maggie or 249 for Sonia.

Thank you,

Camping Department



**SAN GABRIEL VALLEY COUNCIL  
BOY SCOUTS OF AMERICA**



**Prepared. For Life.™**

At the council's camps, the children have the opportunity to participate in the activities listed below. However, to participate, they must have the consent of their parent or guardian. Please indicate with a check mark, those activities which will apply to your child and the camp he/she is attending, sign and date the form and send it to camp with your child.

I give consent for \_\_\_\_\_, who is my son/daughter or ward, to use the following equipment:

The following are offered at all three camps, but not for all programs; refer to the camp guide for the program you will be attending.

- Archery Pack Troop Team Crew Post
- B.B. Guns Unit Number: \_\_\_\_\_
- .22 Rifles (Boy Scouts/Adults only)
- Shot Guns (Boy Scouts/Adults only)

At

- Camp Trask

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/Guardian

# Annual BSA Health and Medical Record

## Part A

### GENERAL INFORMATION

#### High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_  
 or staff position: \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Male  Female   
 Address \_\_\_\_\_ Grade completed (youth only) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Unit leader \_\_\_\_\_ Council name/No. \_\_\_\_\_ Unit No. \_\_\_\_\_  
 Social Security No. (optional; may be required by medical facilities for treatment) \_\_\_\_\_ Religious preference \_\_\_\_\_  
 Health/accident insurance company \_\_\_\_\_ Policy No. \_\_\_\_\_

**ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."**

In case of emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
 Alternate contact \_\_\_\_\_ Alternate's phone \_\_\_\_\_

### HEALTH HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma Last attack: _____	
		Diabetes Last HbA1c: _____	
		Hypertension (high blood pressure)	
		Heart disease (e.g., CHF, CAD, MI)	
		Stroke/TIA	
		Lung/respiratory disease	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Behavioral disorders (e.g., ADD, ADHD, Asperger syndrome, autism)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures Last seizure: _____	
		Sleep disorders (e.g., sleep apnea) Use CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Abdominal/digestive problems	
		Surgery	
		Serious injury	
		Other	

#### Allergies or Reaction to:

Medication \_\_\_\_\_  
 Food, Plants, or Insect Bites \_\_\_\_\_

#### Immunizations:

The following are recommended by the BSA. **Tetanus immunization is required and must have been received within the last 10 years.** If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	<b>Tetanus</b> _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB) _____

Exemption to immunizations claimed (form required).

**(For more information about immunizations, as well as the immunization exemption form, see Scouting Safely on Scouting.org.)**

### MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____
Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____

Administration of the above medications is approved by (if required by your state): \_\_\_\_\_ / \_\_\_\_\_  
Parent/guardian signature and/or MD/DO, NP, or PA signature

**Be sure to bring medications in sufficient quantities and the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.**

Emergency contact No.:

Allergies:

DOB:

Full name:

## Part B

### INFORMED CONSENT AND HOLD HARMLESS/RELEASE AGREEMENT

#### High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_  
or staff position: \_\_\_\_\_

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. 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.

I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

I 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 claims or liability arising out of this participation.

Without restrictions.

With special considerations or restrictions (list) \_\_\_\_\_

### TALENT RELEASE AGREEMENT

I hereby assign and grant to the local council and the Boy Scouts of America 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 hereby 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 Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

Yes  No

### ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS:

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

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone \_\_\_\_\_

3. Name \_\_\_\_\_ Telephone \_\_\_\_\_

Adults NOT authorized to take youth to and from events:

1. Name \_\_\_\_\_

2. Name \_\_\_\_\_

3. Name \_\_\_\_\_

**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, or Florida Sea Base: I have also read and understand the risk advisories explained in Part D, 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.**

Participant's name \_\_\_\_\_

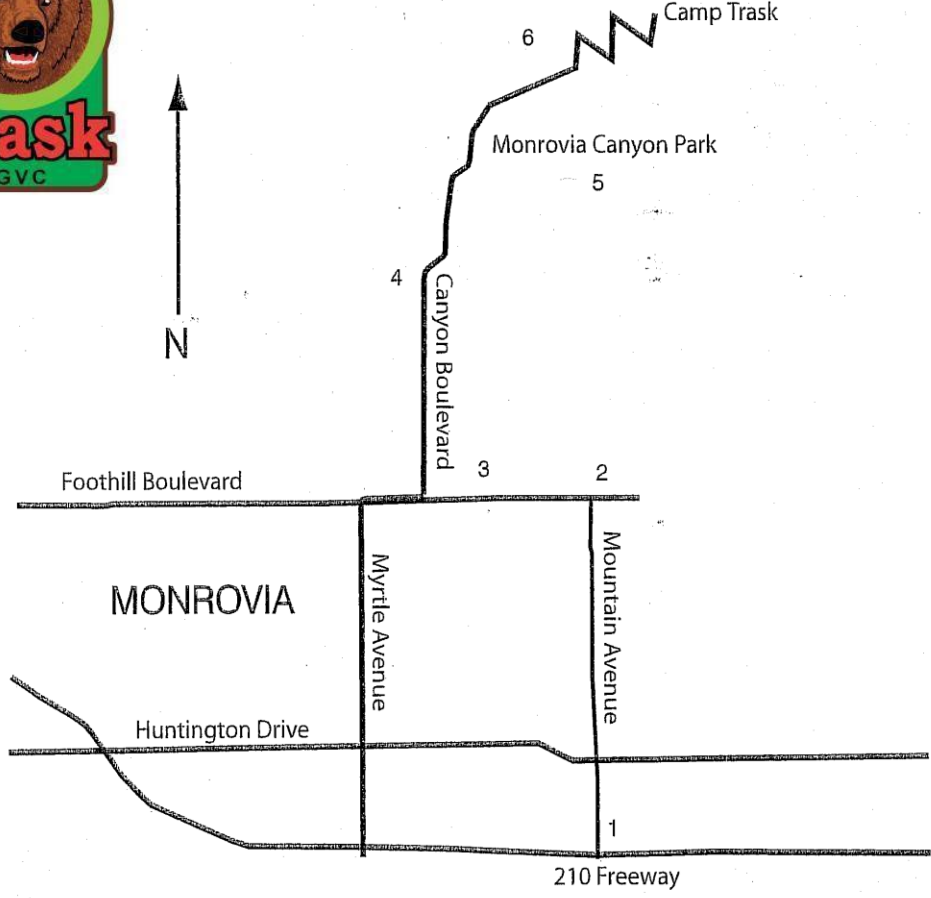
Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

(if participant is under the age of 18)

**This Annual Health and Medical Record is valid for 12 calendar months.**

**Part B Full name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_



**Tiger Cub Safari**  
**March 3-2012**  
**Bridge Comb: 1111**  
**Canyon Park Front Gate Comb: 7602**

**Directions to Trask Scout Reservation**

Take the 210 Freeway to the Mountain Avenue offramp, in Monrovia. Exit at Mountain, and turn north towards the mountains. Follow Mountain up to Foothill Blvd. Turn left on Foothill and follow it to Canyon Blvd. Turn right on Canyon Blvd. Follow Canyon Blvd. up the hill. After crossing Hillcrest Blvd., which has a stop sign, Canyon will fork. Stay on the right fork. There will be signs indicating Trask Scout Reservation and Monrovia Canyon Park. There is a combination lock at the entrance and a second combination lock at the Bridge. The combinations are changed weekly. Please note the combinations above. They are for the week/weekend that you are attending. One more thing – the road into camp is paved and has some tight turns.

**DRIVE CAREFULLY!**