



# CUB SCOUT

## Summer Camp



# PROGRAM GUIDE



2026



# CAMP WORKCOEMAN

A Connecticut Rivers Council Scout Camp

# Roar Into Adventure at Cub Scout Summer Camp!



Dear Cub Scout Families and Leaders,

Welcome to **Cub Scout Summer Camp at Camp Workcoeman**! We are excited to invite you and your Scouts to another memorable summer filled with adventure, friendship, and fun in the outdoors.

At Camp Workcoeman, we are committed to providing a safe, welcoming, and engaging camp experience where Cub Scouts can try new things, build confidence, work toward advancement, and create lasting memories. Whether this is your Scout's first camp experience or a return visit, our dedicated staff is focused on delivering a high-quality program rooted in the values of Scouting.

This summer, we are proud to offer a variety of camp experiences designed to meet the needs of every Cub Scout family. Details on each program can be found throughout this guide.

No matter which program you choose, our goal is for every Scout to leave camp with new skills, new friends, and stories that will last long after the summer ends. We look forward to welcoming you to Camp Workcoeman and sharing an incredible summer together.

**Jeff Seiser**

Camp Director

[jseiser@campworkcoeman.org](mailto:jseiser@campworkcoeman.org)



**Aline Souza**

Cub Scout Program Director

[cubscouts@campworkcoeman.org](mailto:cubscouts@campworkcoeman.org)

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## Find the Camp Experience That's Right for Your Cub Scout

Camp Workcoeman offers a variety of Cub Scout summer camp options designed to meet the needs of every Scout and family. Whether your Scout is ready for a full week of overnight adventure, a shorter overnight experience, a family weekend at camp, or a fun-filled day program, the chart below will help you compare each option and choose the experience that best fits your schedule and comfort level.

Program Type	Who Can Attend?	Session Dates	Length of Program	Best For?	Cost per Scout
Full Week Overnight Camp	Scouts entering grades 1–5 in fall 2026	July 19–24 July 26–31	6 days, 5 nights	Older Cub Scouts	\$525* \$555
Mini Week Overnight Camp	Scouts entering grades 1–5 in fall 2026	July 19–21 July 26–28	3 days, 2 nights	First Time Campers	\$295
Family Camp	Scouts and family members age 3+	July 10–12 July 31–Aug. 2	3 days, 2 nights	Family Experiences	\$75/Youth \$35/Adult
Day Camp	Scouts and non-Scouts entering grades 1–5 in fall 2026	July 20–24 July 27–31	5 days	Younger Cub Scouts	\$325* \$335

\* Denotes early fee

## Registration Information

All camp registration is completed online through links found at [campworkcoeman.org](https://campworkcoeman.org) or [ctscouting.org](https://ctscouting.org). Cub Scout packs may coordinate registration in one of two ways:

1. *Pack-Managed Registration*: Families submit payment to the pack for their selected program, and a designated pack representative completes the registration for all attendees.
2. *Individual Family Registration*: Packs share the registration link and program details with families, and each family registers and pays directly for their chosen camp experience.

*Early registration pricing*, if offered, is available through *June 1, 2026* for Cub Scout Day Camp experiences and through *July 19, 2026* for all overnight camp experiences.

Camperships are available for families in need of financial assistance; eligible families should apply by *April 1, 2026* (see <https://campworkcoeman.org/camperships> for details).



# Overnight Camp Program Description



Cub Scout Overnight Camp gives Scouts the chance to experience resident camp in a fun, safe, and supportive setting. With age-appropriate activities, advancement opportunities, and trained staff, Scouts build confidence, independence, and lasting memories. Cub Scout Packs and families may choose between Full Week or Mini-Week Overnight Camp based on their Scout's readiness and schedule.

## Who can attend?

Cub Scout Overnight Camp is designed for *registered Cub Scouts and their adult leaders*. Eligibility typically depends on *rank/grade and age (as of fall 2026)*.

- **Tigers** (Entering 1<sup>st</sup> Grade):  
Eligible for Full-Week or Mini-Week Overnight Camp with an adult partner.
- **Wolves** and **Bears** (Entering 2<sup>nd</sup> and 3<sup>rd</sup> Grade):  
Eligible for Full Week or Mini-Week Overnight Camp.
- **Webelos** and **Arrow of Light Scouts** (Entering 4<sup>th</sup> and 5<sup>th</sup> Grade):  
Best for overnight sessions, including more advanced activities.

Each Scout must be registered with Scouting America and meet any health and safety requirements (medical forms, Youth Protection guidelines).

## Arrival and Departure Day and Time

*Full-Week Cub Scout Overnight Camp* begins on Sunday at 12:00 noon and ends on Friday with a 7:00 PM Court of Honor.

*Mini-Week Cub Scout Overnight Camp* begins on Sunday at 12:00 noon and ends on Tuesday at 7:00 PM Court of Honor.

### This Summer's Camp Theme: Dinosaurs

Get ready for the ultimate Cub Scout camp experience at Camp Workcoeman this summer! Scouts will discover adventure, friendship, and the great outdoors during our Cub Scout Overnight Camp, Mini Week, Day Camp, and Family Camping programs—all built around an exciting theme, Dinosaurs! Your Scouts can participate in the fun with skits, songs, and activities this summer as we celebrate all things dinosaurs. We encourage everyone to embrace the theme with campsite decorations, costumes, and more.





## Dining Arrangements

Meals will be prepared by our commissary staff and served at the dining hall. Scouts will be served breakfast, lunch and dinner each day, starting with Sunday dinner and ending with Friday dinner.

## Leadership Structure

Overnight camp works best when a pack's adult leaders provide supervision for their Scouts throughout the day and overnight. For Scouts attending without their pack's adult leadership (provisional campers), the camp will arrange qualified adult supervision in advance to ensure a safe and supportive experience. Our staff is trained to support all Scouts, so every camper receives safe, attentive guidance.

## Advancement Opportunities

Cub Scout Overnight Camp offers a variety of rank-based advancement opportunities designed to help Scouts work on requirements in a fun, hands-on environment. Activities are tailored to each age and rank, allowing Scouts to earn achievements, complete electives, and make progress toward their next rank while enjoying camp adventures. Our trained staff guide Scouts through each activity safely, providing support and encouragement along the way. These advancement opportunities are incorporated into the 'Program Sessions' listed on the schedule on the following page.

## Arrow of Light Adventure Trek

The Arrow of Light Adventure Trek is an exclusive program for Arrow of Light Scouts attending the Full Week Overnight Camp. During one special night, Scouts will hike into the backwoods of camp, cook a meal over an open fire, and participate in activities designed to prepare them for the transition to troop-level Scouting. Sign-up for this exciting program will take place on Sunday afternoon.

## Year-Round Scouting Adventures at Camp Workcoeman

Did you know that Camp Workcoeman offers activities for Cub Scouts and Scouts BSA throughout the year? This includes weekend activities during the fall, winter, and spring and an expanded program during the summer. Popular Cub Scout events include *Webelos Woods* in the fall and the *Covered Wagon Derby* in the spring. The camp is open for unit camping year-round with campsites and cabins available. Be sure to check out [campworkcoeman.org](http://campworkcoeman.org) for more information and to register.



# Overnight Camp Program Schedule



Each day at Cub Scout Overnight Camp is filled with fun, adventure, and hands-on learning. Scouts participate in a variety of program sessions designed to support rank advancement, try new activities, and build confidence and teamwork. The schedule below provides a typical day at camp, including meals, program sessions, evening activities, and time for rest.

6:30 AM:	Polar Bear Swim (Tue. & Thurs. only)
7:00 AM:	Rise and Shine
8:00 AM:	Breakfast
8:40 AM:	Opening Flag Ceremony
9:00–9:45 AM:	Program Session #1
9:55–10:40 AM:	Program Session #2
10:50–11:35 AM:	Program Session #3
11:45 AM–1:15 PM:	Lunch and Rest Time
1:20–2:05 PM:	Program Session #4
2:15–3:00 PM:	Program Session #5
3:10–3:55 PM:	Program Session #6
4:05–4:50 PM:	Program Session #7
5:45 PM:	Evening Flag Ceremony
6:00 PM:	Dinner
7:00–8:00 PM:	Evening Program
8:00–8:45 PM:	Campsite Time or Camp Games & Activities
9:30 PM:	Taps



*Closing Ceremonies for the Mini-Week Program will take place on Tuesday at 7:00 PM.*

## Evening Program (Monday – Thursday)

Every evening after dinner, Scouts will have the opportunity to choose from a variety of optional programs not offered during the daytime schedule. These evening programs may include boating instruction and adventures, slingshot activities, nature and conservation projects, and more. Each program will meet over multiple evenings to allow participants to complete the activity. Pre-registration is required, with sign-ups opening Sunday afternoon.

## Camp Games and Activities (Monday – Thursday)

Following the evening program, activities will be offered throughout the week for Scouts to attend at the discretion of themselves and their pack leadership. These activities may include a dance party, night nature hike, craft activities and movie night.

## Family BBQ and Campfire (Friday)

The Full-Week Overnight Resident Camp experience concludes with a family night BBQ and campwide campfire on Friday evening. The campfire features songs, skits, and cheers from both the Scouts and camp staff and ends with awards and recognition. The BBQ is included for all Scouts and adults who spend the week, but family members must buy tickets separately.





# Family Camp Program Description



Family Camp lets Scouts enjoy the outdoors with their parents and siblings—participating in hikes, games, crafts, and campfires. This relaxed program emphasizes shared experiences, skill-building, and making lasting memories—perfect for first-time campers or returning families.

## Who can attend?

Cub Scout Family Camp is open to registered Cub Scouts, their siblings and parents. Scouts of all ranks—Lions through Arrow of Light—are welcome. Adult participation is required, as this program is designed for families to experience camp together.

## Arrival and Departure Day and Time

Arrival is on Friday between 5:00–7:00 PM, with departure on Sunday at 11:00 AM.

## Dining Arrangements

Meals provided during Family camp include Friday dinner, breakfast, lunch, and dinner on Saturday and Sunday breakfast.



## Leadership Structure

While families from the same pack will be placed in the same campsite, parents are responsible for supervising their children at all times. Because Family Camp is designed around shared family experiences, all Scouts must participate with an adult partner.

## Advancement Opportunities

Sessions designed to help Scouts work toward specific Adventure Badges are identified in the program schedule on the following page. Pre-registration is required and will take place on Friday evening during Family Camp. Each Scout only needs to select one session in order to complete the requirements for the Adventure Badge.

## Saturday Evening Campfire

There will be a campwide campfire on Saturday evening featuring song, skits and cheers. Scouts and family members are encouraged to join in with the staff during what will be one of the highlights of the weekend.



# Family Camp Program Schedule



Family Camp offers a flexible, family-centered schedule designed to let Scouts, their siblings and parents to enjoy camp at their own pace. While there are organized activities like hikes, crafts, and campfires, families have plenty of time to explore, relax, and create their own experiences together. This open format allows each family to balance structured programs with free time, making it a fun and adaptable camp experience for Scouts and siblings of all ages.



## Weekend Schedule

### Friday

- 5:00–7:00 PM: Check-In at Chapel
- 5:00–6:30 PM: Swim Checks at Waterfront
- 6:00–7:30 PM: Dinner at Dining Hall
- 7:30–8:30 PM: Craft at Chapel
- 8:30 PM: S'Mores at Campsites
- 9:30 PM: Taps (Quiet time begins)

### Saturday

- 8:00–8:45 AM: Breakfast at Dining Hall
- 8:50 AM: Flag Raising
- 9:00 AM: Program Areas Open
- 12:30–1:15 PM: Lunch at Dining Hall
- 1:15–2:00 PM: Siesta (Downtime)
- 2:00–5:00 PM: Program Areas Open
- 5:50 PM: Flag Retreat
- 6:00–6:45 PM: Dinner at Dining Hall
- 7:00–8:00 PM: Campfire
- 8:15 PM: 'Workcoeman at Night' Hike
- 10:00 PM: Taps (Quiet time begins)

### Sunday

- 7:00–7:45 AM: Pack up campsites
- 7:45 AM: Flag Raising
- 8:00–8:45 AM: Breakfast at Dining Hall
- 9:00–10:30 AM: Program Areas Open
- 11:00 AM: Check-out

## Program Area Information

### Archery

- Open Shooting: 3:00–4:30 PM
- Adventure Badge Sessions:
  - Session 1: 2:00–3:00 PM
  - Session 2: 4:30–5:30 PM

### BB Shooting

- Open Shooting: 10:00–11:30 AM
- Adventure Badge Sessions:
  - Session 1: 9:00–10:00 AM
  - Session 2: 11:30 AM–12:30 PM

### Boating

- Open Boating: 10:00 AM–12:00 noon
- Adventure Badge Sessions:
  - 2:00–3:30 PM
- Adventure Badge open to Webelos and AOL.*
- Must pass the Swimmer Test.*

### Fishing

- Open Fishing:
  - 9:00 AM–12:00 noon
  - 2:00–5:00 PM

### Gaga Ball

- Open All Day

### Slingshots

- Open Shooting:
  - 9:00–10:00 AM
  - 3:30–4:30 PM

### Swimming

- Open Swimming:
  - 10:00 AM–12:00 noon
  - 2:00–5:00 PM



# Day Camp Program Description



Cub Scout Day Camp offers Scouts a fun-filled, action-packed camp experience during the day, returning home each afternoon.

## Who can attend?

Day Camp is designed for *registered Cub Scouts and their adult leaders*. Eligibility typically depends on *rank/grade and age (as of fall 2026)*.

- **Tigers** (Entering 1<sup>st</sup> Grade):  
Eligible for Day Camp with an adult partner
- **Wolves** and **Bears** (Entering 2<sup>nd</sup> and 3<sup>rd</sup> Grade):  
Best for Day Camp; activities are most suited for Scouts in this age range.
- **Webelos** and **Arrow of Light Scouts** (Entering 4<sup>th</sup> and 5<sup>th</sup> Grade):  
Eligible for Day Camp.
- **Children not currently registered in Scouting** are welcome to participate in Day Camp. These children must complete the same health and safety requirements (medical form, etc.) that apply for Scouts.

## Arrival and Departure Days and Times

Arrival for Day Camp is 8:15–8:30 AM while departure is 5:15–5:30 PM each day, Monday through Friday. Please see the information below for details relating to our extended day program and family night, which include adjusted time schedules.

## Extended Hours

In an effort to help accommodate different schedules, an option for extended hours is being offered. For extended hours, arrival is 7:15–7:30 AM while departure is 6:30–6:45 PM. During this extended time period, Scout and non-Scout participants will be provided with breakfast and dinner and participate in additional experiences such as our closing flag ceremony.

*To sign up your child for extended hours, select this option when registering; an additional \$125 fee will be added to your registration.*

## Dining Arrangements

Lunch is provided for all youth participants and adults during day camp. Breakfast and dinner are provided as part of the extended hours program. All meals will be prepared by our commissary staff and served in the dining hall.

## Leadership Structure

Day Camp works best when a pack's adult leaders provide supervision for their Scouts throughout the day. For Scouts attending without their pack's adult leadership (provisional campers), the camp will arrange qualified adult supervision in advance. Camp staff also provide oversight during extended hours to ensure a safe and supportive environment.

For packs with youth and adults participating in both day and overnight programs, camp leadership will make every effort to have all members of the same pack travel through activities and enjoy meals together. While this cannot be guaranteed and depends on attendance, it is the intention of camp leadership to coordinate these opportunities whenever possible.



# Day Camp Program Schedule



The Day Camp program includes themed activities, outdoor games, hands-on skill-building, and some opportunities for rank advancement.

7:15–7:30 AM:	Extended Day Arrival*
8:15–8:30 AM:	Day Camp Arrival
8:40 AM:	Opening Flag Ceremony
9:00–9:45 AM:	Program Session #1
9:55–10:40 AM:	Program Session #2
10:50–11:35 AM:	Program Session #3
11:45 AM–1:15 PM:	Lunch and Trading Post
1:20–2:05 PM:	Program Session #4
2:15–3:00 PM:	Program Session #5
3:10–3:55 PM:	Program Session #6
4:05–4:50 PM:	Program Session #7
5:00–5:15 PM:	Day Camp Departure
6:30–6:45 PM:	Extended Day Departure*

\*Additional fee for extended day program. See description of extended day program for further information.



## Advancement Opportunities

Day Camp offers a variety of rank-based advancement opportunities designed to help Scouts work on requirements in a fun, hands-on environment. Activities are tailored to each age and rank, allowing Scouts to earn achievements, complete electives, and make progress toward their next rank while enjoying camp adventures. These advancement opportunities are incorporated into the 'Program Sessions' shown in the schedule above.

## Friday evening BBQ and Campfire

The Day Camp experience will conclude with a family night BBQ and campwide campfire on Friday evening. The campfire will feature songs, skits and cheers from both the Scouts and camp staff, and end with awards and recognition. Participation is included for all Scouts and adults; however, family members must buy tickets to the BBQ in advance.



## Health and Safety



Parents or guardians are required to submit a complete Scouting America medical form (Parts A, B, C, and D) for their Scout to the camp health services staff prior to or upon arrival on the first day of camp. Any adults or non-Scout participants in summer programs—day or overnight—must also submit a complete medical form.

*Family Camp Exception:* For Family Camp participants, only Parts A, B, and D are required; Part C (physical exam) is not needed. Completed forms may be picked up by parents when departing at the end of the program.

Certified medical personnel are on-site throughout all programs, providing care during the day and overnight. Any medications taken by youth must be turned in to the Health Lodge upon arrival, where they will be administered as needed during the camp experience. Medical forms may be turned in at the Pre-Camp Meeting or upon arrival for your camp experience. Forms may also be mailed to camp via the address below:

Camp Workcoeman  
P.O. Box 32  
Torrington, CT 06790

## Campsite Accommodations



Campsites will be assigned by the camp leadership in advance, based on each pack's registered attendance. Assignment details will be emailed to pack leadership beforehand, and all participants from a particular pack will camp together.

Each campsite includes several two person tents with bunks and mattresses, a fire pit, a flagpole, and access to bathrooms. Some, but not all, have a pavilion in the campsite. Potable running water will be available at all campsites for the duration of the event. Each campsite will require a short walk to get to, and driving to campsites will not be allowed, so plan and pack accordingly.

## Meals and Food Service



All meals at Camp Workcoeman are prepared in our Dining Hall by trained kitchen staff. Menus are reviewed and approved by a certified dietitian, ensuring that food served is nutritious, balanced, and appealing to Scouts of all ages. Meals provide the energy needed for a full day of activities, and special dietary needs can be accommodated with advance notice by contacting our Food Service Commissioner Daron Colgan at [dcolgan@campworkcoeman.org](mailto:dcolgan@campworkcoeman.org).



Adult involvement plays an important role in creating a safe, positive, and successful camp experience for every Cub Scout. Camp Workcoeman's programs are designed as a partnership between camp staff, pack leaders, and families, with clear roles and expectations for adults attending camp.

## Who attends as an adult?

Adults participating in Cub Scout Summer Camp can include:

- Registered Cub Scout leaders
- Parents or guardians
- Adult partners attending Family Camp

## Are adult roles different depending on the program type?

Yes, please review the information below for specific details:

### Resident Camp and Mini-Week Overnight Camp

Overnight camp works best when a pack's adult leaders provide supervision for their Scouts during the day and overnight. Adults support Scouts with daily routines, transitions between activities, and general well-being. Camp staff are responsible for leading all program areas and activities.

### Cub Scout Family Camp

Family Camp is designed as a shared experience. Parents or guardians attend and participate with their Scouts and are responsible for supervising their own children at all times. This program emphasizes family involvement, flexibility, and enjoying camp together.

### Cub Scout Day Camp

Day Camp is most successful when packs provide adult leaders to supervise their Scouts throughout the day. For provisional campers, camp-arranged adult supervision will be provided. Camp staff oversee program areas and extended-hour supervision.

## What are the behavioral expectations of adults attending camp?

All adults are expected to:

- Follow Scouting America Youth Protection policies at all times.
- Maintain appropriate behavior and language.
- Support a safe, respectful, and inclusive environment.

The following are not permitted at camp:

- Alcohol, illegal substances, or controlled substances.
- Smoking or vaping outside designated areas, firearms, fireworks, or other prohibited items.

# Frequently Asked Questions



## **Will there be any meetings before camp for parents and leaders?**

Yes, these meetings are essential to help parents and leaders be prepared for Cub Scout Summer camp, and to communicate with the camp leadership about how to best support your Scouts.

Our meeting schedule is as follows:

*Summer Camp Program Launch:* Zoom on Tuesday May 19<sup>th</sup> at 7:00 PM.

*Program updates, attendance updates, promotion help, and questions and answers.*

*Pre-Camp Meetings:* Camp Workcoeman on Wednesday July 1<sup>st</sup> and July 22<sup>nd</sup> at 7:00 PM.

*Camp tour, turn in medical forms, and campsite visitations.*

## **How do adults register for summer camp?**

Adults sign up for camp through the Connecticut Rivers Council Website or by contacting Camp Director Jeff Seiser at [jseiser@campworkcoeman.org](mailto:jseiser@campworkcoeman.org). All adults participating in camp must have a complete Scouting America health form parts A, B, C, and D.

## **What is the Trading Post and will this be of interest to my Scout?**

The Trading Post is the camp store where snacks, such as candy, soda, and ice cream are on sale. Camp Workcoeman merchandise such as t-shirts, hats, and patches will be on sale as well. The camp trading post also carries Scouting America merchandise such as all adventure pins, rank patches, uniforms etc.

## **Can I order the adventure pins and badges my Scouts earn during summer camp?**

Yes, please contact our Business Manager Bill Hatfield at [scoutshop@campworkcoeman.org](mailto:scoutshop@campworkcoeman.org) prior to your week of camp to place your order (you will know what your Scouts will be working on beforehand). Orders can also be placed both during or after your camp experience.

## **Will there be Pack/Den photos taken during camp?**

Yes, Pack/Den photos will be taken for those attending Overnight and Day Camp. Photos cost \$10 per Scout. Photos will be distributed to pack leaders during the Friday BBQ and Campfire for distribution to families.

## **How do I buy tickets to the Friday evening BBQ?**

Tickets can be purchased upon arrival for overnight camp on Sunday or during Day Camp arrival on Monday and Tuesday. Tickets can also be purchased at the door at the Friday BBQ.

# Thank You!



Thank you for being part of Cub Scout Summer Camp at Camp Workcoeman. We appreciate the trust you place in our programs and staff and look forward to providing your Scout with a safe, fun, and memorable camp experience.

We can't wait to welcome you to camp and share an incredible summer together.







- Cub Scout Summer Camp Packing List
- Camp Map
- Scouting America Medical Form
- Authorization for the Administration of Medication Form
- Emergency Treatment Plan for Allergic Reactions Form

(Computer fillable versions of these forms are available on the Camp Workcoeman website.)  
[campworkcoeman.org/medform](http://campworkcoeman.org/medform)



## For All Day Campers

### Wear the Following to Camp Each Day:

- Pack T-Shirt (Bring "Class A" Field Uniform on Tuesday for Photo)
- Shorts/Pants
- Socks and Outdoor Shoes (No Crocs or Flip-Flops)
- Hat

### Pack the Following in a Backpack:

- Bathing Suit
- Poncho or Raincoat
- Filled Water Bottle
- Sunscreen
- Towel
- Pump Bug Spray
- Beach Appropriate Footwear

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## For All Overnight Campers

### Pack the Following in a Foot Locker, Tote, or Large Duffel:

- "Class A" Field Uniform (Tan or Blue Scout Shirt)
- Socks
- Underwear
- Pajamas
- Extra Clothing
- Extra Towels
- Insect Repellent
- Flashlight
- Spending Money (\$25 limit)
- Bath Towel
- Toothbrush and Toothpaste
- Soap
- Shampoo

### Bedding:

- Sleeping Bag
- Pillow
- Mosquito Netting and Dowels for Mounting (Available in the Trading Post)



# Camp Workcoeman

Connecticut Rivers Council, BSA

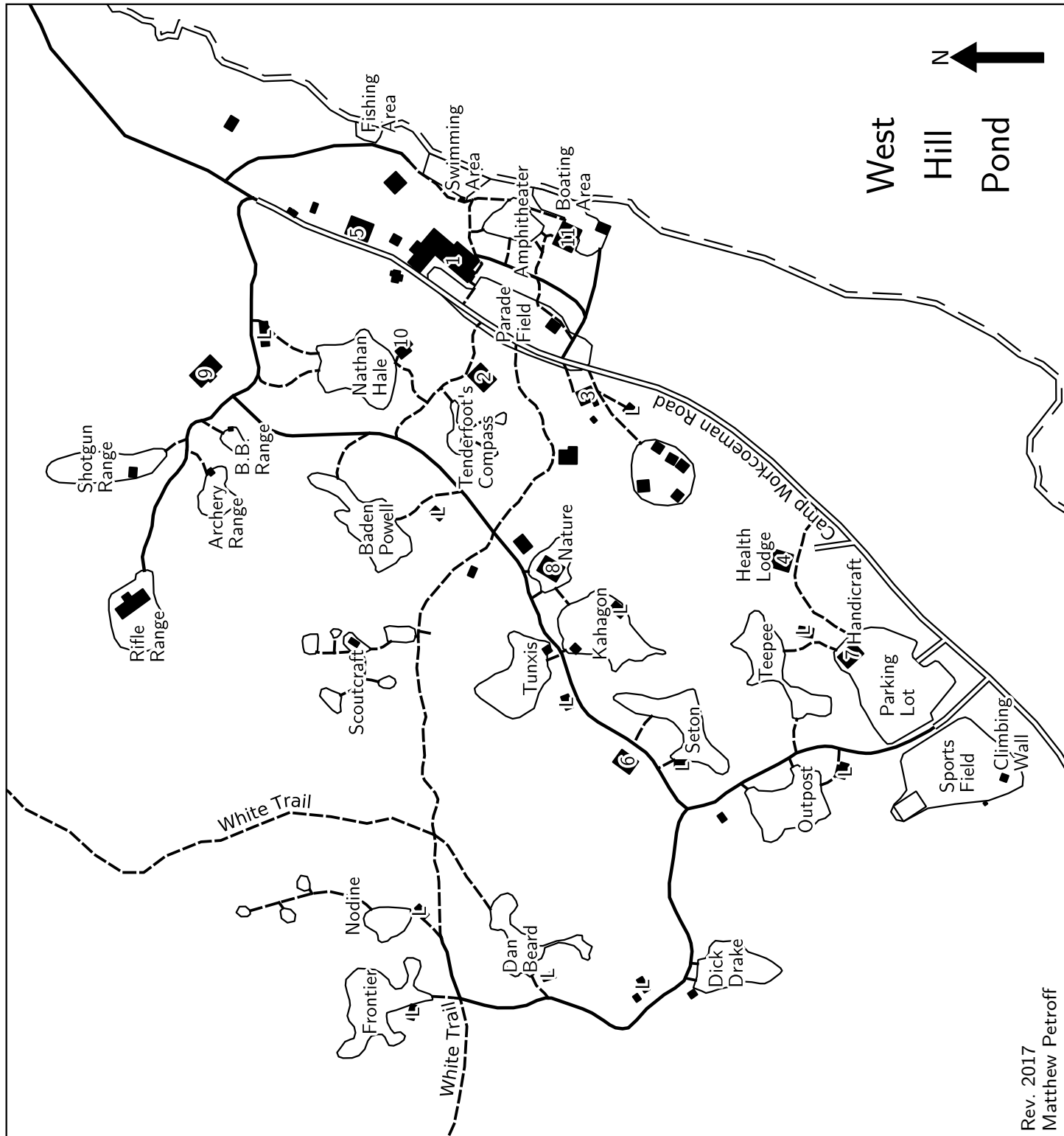
Scale 1:3200

## Buildings

1. Dining Hall
2. Camp Office
3. Trading Post
4. Bailey Building
5. Maintenance Shop
6. Showers
7. Chapel
8. Griffin Lodge
9. Weed Lodge
10. Scoutmasters' Cabin
11. Boathouse



campworkcoeman.org



# Camp Workcoeman

## Part A: Informed Consent, Release Agreement, and Authorization

2019

A

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

☐ Pack ☐ Troop ☐ Crew # \_\_\_\_\_  
Council: ☐ CRC ☐ TRC ☐ Other: \_\_\_\_\_  
☐ Camp Staff

### 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.

*Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a])* My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

☐ Checking this box indicates you DO NOT want your child to use a BB device.



**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 Scout Ranch, Philmont Training Center, Northern Tier, 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)

### Complete this section for youth participants only:

#### Adults Authorized to Take Youth to and From Events:

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

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

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

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Adults NOT Authorized to Take Youth to and From Events:

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

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

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_



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## Part B1: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

☐ Pack ☐ Troop ☐ Crew # \_\_\_\_\_  
 Council: ☐ CRC ☐ TRC ☐ Other: \_\_\_\_\_  
☐ Camp Staff

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit leader: \_\_\_\_\_ Parent's Mobile #: \_\_\_\_\_

Council Name/No.: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Health/Accident Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_



If you do not have medical insurance, enter "none" above. Copies of insurance cards are no longer required.

### 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: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
<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/reactive airway disease	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/TBI	
<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"/>	Neurological/behavioral 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 or epilepsy	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"/>	Skin issues	
<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 B2: General Information/Health History

Full name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_

☐ Pack ☐ Troop ☐ Crew # \_\_\_\_\_  
 Council: ☐ CRC ☐ TRC ☐ Other: \_\_\_\_\_  
☐ Camp Staff

## Allergies/Medications

DO YOU USE AN EPINEPHRINE AUTOINJECTOR? Exp. date (if yes) \_\_\_\_\_ ☐ YES ☐ NO  
 DO YOU USE AN ASTHMA RESCUE INHALER? Exp. date (if yes) \_\_\_\_\_ ☐ YES ☐ NO

If yes (above or below), an Emergency Treatment Plan for Allergic Reactions form is required.

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication	
<input type="checkbox"/>	<input type="checkbox"/>	Food	

Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/stings	

List all medications currently used, including any over-the-counter medications. An Authorization for the Administration of Medication form is required for EACH medication.  
☐ Check here if no medications are routinely taken. ☐ If additional space is needed, please list 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. 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"/>		Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>		Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>		Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>		Measles/mumps/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"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Other (i.e., Hib)	
<input type="checkbox"/>	<input type="checkbox"/>		Exemption to immunizations (form required)	

☐ I certify all immunizations are up to date. (Physician's Signature/Stamp)

**DO NOT WRITE IN THIS BOX.**  
 Review for camp or special activity.  
 Reviewed by: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Further approval required: ☐ Yes ☐ No  
 Reason: \_\_\_\_\_  
 Approved by: \_\_\_\_\_  
 Date: \_\_\_\_\_



## Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

☐ Pack ☐ Troop ☐ Crew # \_\_\_\_\_  
 Council: ☐ CRC ☐ TRC ☐ Other: \_\_\_\_\_  
☐ Camp Staff



You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient. You can also visit [www.scouting.org/health-and-safety/ahmr](http://www.scouting.org/health-and-safety/ahmr) to view this information online.

Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate	<input type="checkbox"/>	<input type="checkbox"/>	

Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication	
<input type="checkbox"/>	<input type="checkbox"/>	Food	

Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/stings	

Height (inches)	Weight (lbs.)	BMI	Blood Pressure	Pulse
			/	

	Normal	Abnormal	Explain Abnormalities
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	
Ears/nose/throat	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
Genitalia/hernia	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	
Skin issues	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

### Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions):

True	False	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Meets height/weight requirements.
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled heart disease, lung disease, or hypertension.
<input type="checkbox"/>	<input type="checkbox"/>	Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled psychiatric disorders.
<input type="checkbox"/>	<input type="checkbox"/>	Has had no seizures in the last year.
<input type="checkbox"/>	<input type="checkbox"/>	Does not have poorly controlled diabetes.
<input type="checkbox"/>	<input type="checkbox"/>	If planning to scuba dive, does not have diabetes, asthma, or seizures.

Examiner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Examiner's printed name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Office phone: \_\_\_\_\_

### Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

#### Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295



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## Part D: Connecticut Rivers Council Addendum

Full Name: _____	Dates Attending: _____
Campsite: _____	Unit: _____
<input type="checkbox"/> Scout <input type="checkbox"/> Scouter <input type="checkbox"/> Staff	

This addendum to the Annual BSA Health and Medical Records is for youths and adults who are participating in a CRC camp program. This is required to meet Connecticut Department of Public Health requirements. Please read and sign the form at the bottom of the page.

**If you disagree with any statements here, please cross out that section and initial it. Explain your wishes in the comment section, attaching an additional sheet if necessary.**

- This medical form is correct so far as I know, and the person named in Part A has permission to **participate in all camp activities** except as noted on the form by me or by the doctor in Part C.
- I hereby request that the camp's Health Officer administer the **prescription and/or over-the-counter medication(s)** ordered by my child's doctor/dentist. I understand that I must supply the camp with the prescribed medication in the original container as dispensed and properly labeled by a doctor or a pharmacist and will provide no more than is appropriate for my child's camp stay. I understand that this medication will be destroyed if not picked up within one week after my child leaves camp.
- I also give permission for my child to **participate in trips** sponsored by the camp and approved by the adult/unit leader in charge. Examples of these trips are whitewater merit badge, orienteering merit badges, or trips for rock climbing or mountain biking.
- I give my permission for the Camp Health Officer to administer over-the-counter medications as directed for conditions as directed by the Camp Physician. Over-the-counter medications may include **WOUNDS:** Hydrogen Peroxide, Neosporin, Bacitracin **POISON IVY:** Tecnu, Benadryl cream **CANKER SORES:** Benzocaine cream **PAIN:** Tylenol, Ibuprofen **DYSMENORRHEA:** Ibuprofen **ABDOMINAL DISCOMFORT:** Tums, Maalox **HEADACHE:** Tylenol, Ibuprofen **HYPOGLYCEMIA:** Glucose Gel, Glucagon **ALLERGIC REACTION:** Benadryl or generic, Epipen **ATHLETE'S FOOT:** Tinactin **INSECT STING/BITE:** Benadryl Cream, Hydrocortisone cream, Caladryl or Calagel, Epipen **TICK BITES:** Alcohol or Hydrogen Peroxide **1<sup>st</sup> DEGREE BURNS:** Burn Jel, Aloe Spray **EMERGENCIES:** Oxygen. Generics may be substituted.

**This section must be signed to indicate acceptance of conditions above.**

Signature: \_\_\_\_\_

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

(Adults over 18 sign here. Parent/Guardian signs for camper.)

Name (print): \_\_\_\_\_

Relationship: \_\_\_\_\_

Comments:

# AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL, CHILD CARE, AND YOUTH CAMP PERSONNEL

**This form is for both prescribed and over-the-counter medications.**

*If camper is only taking emergency medications (epinephrine or rescue inhaler) only the allergy treatment form is required.*

In Connecticut schools, licensed Child Day Care Centers and Group Day Care Homes, licensed Family Day Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

## **Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):**

Name of Child/Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address of Child/Student: \_\_\_\_\_ Town/State: \_\_\_\_\_

Medication Name/Generic Name of Drug: \_\_\_\_\_ Controlled Drug? YES \_\_\_\_ NO \_\_\_\_

Condition for which drug is being administered: \_\_\_\_\_

Specific Instructions for Medication Administration: \_\_\_\_\_

Dosage: \_\_\_\_\_ Method/Route: \_\_\_\_\_

Time of Administration: \_\_\_\_\_ If PRN, frequency: \_\_\_\_\_

Medication shall be administered: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Relevant Side Effects of Medication: \_\_\_\_\_ None Expected: \_\_\_\_\_

Explain any allergies, reaction to/negative interaction with food or drugs: \_\_\_\_\_

Plan of Management for Side Effects: \_\_\_\_\_

Prescriber's Name/Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Prescriber's Address: \_\_\_\_\_ Town/State: \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Authorization:** I request that medication be administered to my child as described and directed above. I hereby request that the above ordered medication be administered by youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse/camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the camp with no more than a supply of medication to cover all doses while in attendance plus one dose. I have administered at least one dose of the medication with the exception of emergency medications to my child without adverse effects.

Parent/Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Address: \_\_\_\_\_ Town/State: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**SELF ADMINISTRATION OF MEDICATION:** With the exception of Emergency Medicines such as Epi-Pens and Rescue Inhalers, *no medications*, prescribed or over the counter, may be self-administered by *any person under 18 years of age*.

..... **FOR OFFICE USE ONLY** .....

Printed Name of Individual Receiving Written Authorization and Medication: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: This form follows Section 10-212a, Section 19a-79-9a, 19a-87b-17 and 19-13-B27a(v.)**

# EMERGENCY TREATMENT PLAN FOR ALLERGIC REACTIONS AND ACUTE RESPIRATORY DISTRESS AND THE PERMISSION TO ADMINISTER MEDICATIONS BY CAMP PERSONNEL

\_\_\_\_\_ Food Allergy      \_\_\_\_\_ Asthma      \_\_\_\_\_ Bee/Wasp Stings      \_\_\_\_\_ Other

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Specific Allergy: \_\_\_\_\_

If the patient thinks he/she has been exposed to the above named allergen:

\_\_\_\_\_ Observe patient for symptoms of anaphylaxis X 2 hours

\_\_\_\_\_ Administer Epinephrine before symptoms occur, IM: \_\_\_\_\_ EPIPEN Adult      \_\_\_\_\_ EPIPEN JR

\_\_\_\_\_ Administer Epinephrine if symptoms occur, IM: \_\_\_\_\_ EPIPEN Adult      \_\_\_\_\_ EPIPEN JR

\_\_\_\_\_ Administer Benadryl per appropriate age/weight dose

\_\_\_\_\_ Call 911, transport to ER

If the patient is experiencing respiratory distress (shortness of breath, wheezing, coughing):

\_\_\_\_\_ Administer \_\_\_\_\_ PUFFS of \_\_\_\_\_ INHALER, REPEAT \_\_\_\_\_

\_\_\_\_\_ Call 911, transport to ER

Side effects, if any, to be observed: \_\_\_\_\_

**CAMPER IS TO CARRY & MAY SELF-ADMINISTER EPIPEN / INHALER WHILE AT CAMP:**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Physician's Stamp:

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I REQUEST THAT MEDICATION BE ADMINISTERED TO MY CHILD AS DIRECTED AND DESCRIBED ABOVE BY CAMP PERSONNEL AND GIVE PERMISSION FOR THE EXCHANGE OF INFORMATION BETWEEN THE PRESCRIBER AND CAMP NURSE AS NECESSARY TO ENSURE THE SAFE ADMINISTRATION OF THIS MEDICATION. I UNDERSTAND I MUST SUPPLY THE CAMP WITH THE NECESSARY MEDICATION.
- IF APPROVED BY THE PHYSICIAN ABOVE, I REQUEST AND GIVE MY PERMISSION FOR MY CHILD TO CARRY AND SELF ADMINISTER THE MEDICATION.

Parent/Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Address: \_\_\_\_\_ Town/State: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_