

JUNIOR CAMPER APPLICATION/MEDICAL FORM

Calapooia district Day Camp July 25th – 28th, 2005

The Junior Camp (Tot Lot) is a camp program offered as a service to the leaders who attend our camp. It is a program designed for boys and girls **at least three (3) years of age or older** (must be potty-trained). The junior camper's Parent or Legal Guardian must be available at camp. **Because space is limited, you must pre-register your Junior Camper.**

Please indicate which days child will be attending camp: M T W TH

Last Name _____ First Name _____

Address _____ City _____

Pack # _____ Date of Birth _____ Parent/Guardian _____

Local Emergency Contact #1 _____ Telephone _____

Emergency Contact #2 _____ Telephone _____

MEDICAL INFORMATION

Allergy to any **MEDICATION, FOOD**, plant, animal, or insect toxin? If so, what? _____

Has difficulty with or subject to (*check if yes*):

- Asthma Convulsions/Seizures Heart trouble Lungs
 Diabetes Eyes, nose, ears throat Bleeding disorders Fainting spells

Explain: _____

Any physical or behavioral conditions that may affect or limit full participation in any activities: _____

Immunizations: (Please check if current)

Are all immunizations current according to the Public School requirements? Yes No

List any prescription medications currently taking (must be checked in with First Aid Staff) _____

INSURANCE INFORMATION - NO EXCEPTIONS

(Participant **MUST** Be Covered)

Name of Physician _____ Telephone _____

Family Medical Insurance Company _____ Policy No. _____

Pack Accident Insurance Company _____ Policy No. _____

Special Activity Insurance (*If you have no other medical coverage, contact your den or pack leader to apply. When applying use form P-CC-4*)

PARENT AUTHORIZATION

I give permission for the above named to attend the Calapooia District Cub Scout Day Camp as a Junior Camper and for any photos taken during the activity to be used by this district and council. The above health history is correct so far as I know and the person herein described has permission to participate in all camping activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, give treatment, or to order injections for the person herein described.

Signature _____ Date _____

Parent/Guardian