



CAMP EMERSON
CALIFORNIA INLAND EMPIRE COUNCIL

**2024 CUB SCOUT
FAMILY CAMP
LEADER'S GUIDE**

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INTRODUCTION

Bond as family during various group activities and campfire gatherings. Don't miss this opportunity to create lasting memories. We are proud to be part of your Cub Scout Adventure and can't wait to see you this summer at our Cub Scout Family Adventure Camp!

All adult leaders and parents are invited to a virtual pre-camp leader meeting on June 27th at 7:00pm to answer questions and discuss more about what will be offered at camp this year. A link to a Zoom meeting will be emailed.

Yours in Scouting,

Brian Paquette
Camp Director

Kyle Gonerig
Program Director

SECTION I

BEFORE CAMP



REGISTRATION

<https://iescouts.org/cubscoutcamp/>

COST

Cub Scout \$290, Siblings \$100 discount

First Adult or Leader \$175, Additional Parent or Guardian \$75 discount

\$25 per person due at the time of registration balance due May 31, 2024

REFUND POLICY

No refunds will be issued for Camp Emerson. Payment is based on the number of campers, not named individuals. If a youth or adult who is fully paid cannot come to camp, we urge your Pack to find a replacement for this person. Payments for canceled spots are not credited to the Pack balance if Pack numbers are reduced.

FOOD ALLERGIES & DIETARY NEEDS

Contact camp at campemerson@scouting.org at least two weeks prior to your session if you have any campers with food allergies or dietary restrictions. We will do our best to meet your needs.

PREPARING FOR CAMP

The following forms are required by all participants attending Camp Emerson. Please ensure your Pack has each form ready for submission at check in upon your arrival.

Medical Forms

At check-in, each member of your Pack must turn in a valid, up to date copy of the BSA Informed Consent, Release Agreement, and Authorization form PARTS A and B, to the Camp Medic. A copy of the BSA Informed Consent, Release Agreement, and Authorization form is included in the appendix.

Pack Roster

At check-in, each Pack will provide a copy of their roster of participants for the week, including any adults or leaders arriving during the camp. A printed copy of the Pack's online registration may be used.

Shooting Release

All youth must have ONE copy of the Shooting Release form to be turned in upon arrival. Please see the Appendix for the Council Shooting Sports Form.

Tents

Packs must provide their own tents for each campsite.

CHECK-IN & CHECK-OUT

Check-In

Check-in will begin on Sunday afternoon at 1 p.m. You will enter the Lower Parking lot entrance and one of our friendly staff will greet you and direct you where to park. Please back into your parking spot. Drivers should always keep their keys on them in case we have to quickly leave camp. Please send one leader to check in at the headquarters with your paperwork. Vehicles are not allowed in the camp! There are a limited number of wagons available to help transport heavier items to campsites. Please return the wagons when finished with them.

At check in please provide or show copies of:

- **Pack Roster** - including any leaders arriving later during the camp
- **Informed Consent, Release Agreement, and Authorization** - Parts A and B
- **Council Shooting Sports Waiver**

Check-Out

Check-out begins on Wednesday morning. Your Pack must be checked out by the staff to help ensure each camping area is clean and in good condition for the next session. Early check-out appointments can be made with the Camp Commissioner.



SMILE!

Upon check-in troops will be photographed against the iconic symbol of camp! We'll post on Facebook, too!

WHAT YOU CANNOT BRING

What you cannot bring to Camp

Possession of these or any other illegal, un-Scout like, or unsafe items as determined by the Camp Administration is grounds for immediate dismissal from camp. ***Fires are not allowed in the campsite.***

DO NOT BRING:

- Alcoholic Beverages
- Illegal Drugs
- Marijuana
- Fireworks/Air Horns
- Ammunition
- Hot Sparks/Flint & Steel
- Personal Firearms
- Personal Archery Equipment
- Pets
- Air-Soft Guns
- Cap Guns
- Lighters/matches

WHAT TO BRING

- Tent and camping gear (sleeping bags, pillows, etc.)
- Comfortable clothing suitable for outdoor activities & changing weather conditions
- Swimsuits and towels for swimming
- Closed-toe shoes for safety (no open-toed shoes or Crocs in camp)
- Sunscreen, hats, and other sun protection
- Insect repellent to keep the bugs at bay
- Water bottles to stay hydrated
- Flashlights or headlamps for nighttime activities
- Personal toiletries and any medications you may need

WHAT TO EXPECT

Here's a breakdown of what you can expect during your time at camp.

Swimming:

Enjoy splashing around in our supervised swimming area. Lifeguards will be on duty to ensure everyone's safety.

Archery:

Learn the basics of archery and practice your aim at our archery range. Our skilled instructors will guide you through the techniques and ensure a safe experience.

BB Gun Shooting:

Test your marksmanship skills with our BB gun shooting range. Safety will be our top priority, and proper supervision and equipment will be provided.

Adventure Loops:

Participate in various adventurous activities and earn New Cub Scout Adventure Loops to showcase your skills and accomplishments.

Meals:

Don't worry about cooking during the camp! We'll provide delicious and nutritious meals to keep you energized throughout the day. Please let us know if you have any dietary restrictions or allergies in advance.

Accommodations:

You'll need to bring your own tent. Make sure it's suitable for your family size and comfort-able enough for a good night's sleep.

SECTION II

AT CAMP



HEALTH & SAFETY POLICIES

Youth Protection and Unit Leadership

The safety of our youth members is our top priority at Camp Emerson. Our camp strictly adheres to the Scouter's Code of Conduct, as well as all Youth Protection standards and guidelines. These include, but are not limited to:

- 2-deep leadership
- No one-on-one contact
- Respect of privacy
- Separate accommodations for youth and adults
- Constructive discipline
- Appropriate attire
- No hazing
- No secret organizations
- No bullying

BSA policy requires two adult leaders, one of whom must be at least 21 years of age, to be in camp for the entire time. Likewise, there must be a registered female adult leader 21 years of age or over in every pack with female Cub Scouts. Leaders must be in camp on a 24-hour basis.

Please report any leader changes to the Camp Commissioner. If changing leader's mid-camp, all individuals are expected to sign in and out at the Camp Office. ***All adults must either be parents or guardians of Cub Scouts, or be registered with the Pack they are with and have current Youth Protection Training. The Pack must advise the office of any pending court orders regarding custody.***

Illness and First Aid

First aid treatment is available 24 hours a day at the camp health office in the Main Lodge.

It is the responsibility of a Pack adult leaders to quickly report all illnesses or injuries to the Camp Medic. Minor first aid treatment can be given in your campsite. If not, present parents will be notified as soon as possible if medical treatment is necessary.

HEALTH & SAFETY POLICIES

Medications

Packs are responsible for storing and dispensing their own prescription medications. Medications may be kept in the camp health office by the Camp Medic at the request of the Pack. If a medication is stored in the health office, it is the parents' responsibility to coordinate with the Camp Medic to take prescribed doses.

Prescription medication must be listed on the Informed Consent, Release Agreement, and Authorization, and kept in the original container/packaging with all labels and dispensing directions attached.

Cell Phones and Privacy

Packs may decide their own policy on cell phones and electronic devices in camp. Cell phones are prohibited in all restrooms and shower facilities.

NOTE: Camp Emerson is not responsible for any lost, damaged or stolen items, including electronic devices.

Camper Identification

Each participant will receive a camp emblem to be worn during their stay at Camp Emerson. In addition to its role in the Bear Teeth program, this emblem identifies those who are supposed to be in camp during the session and distinguishes campers and staff from unwanted visitors.

Wildlife

During your stay with us you are bound to see plenty of birds and squirrels. **Do not disturb the wildlife in any way, no feeding, chasing, teasing, or trapping.** Camp was their home before you arrived and will continue to be long after you leave! Please respect their home!

Camp Cleanliness

Packs are responsible for keeping their campsites clean. Adult leaders must be proactive and coordinate cleaning and campsite maintenance.

HEALTH & SAFETY POLICIES

Aquatics Safety

All youth and adults are required to take the BSA Swimmer's Test before participating in any aquatic activity. The swim check is administered as part of check-in on Sundays. Swim checks can also be done by the Pack prior to arrival in camp.

Shooting Sports Safety

Permission from a parent or guardian is required for youth to shoot at any of our ranges. This permission is part of the California Inland Empire Council's Shooting Sports Authorization form (see appendix).

Scout Oath and Law

Youth and adults are expected to abide by the Scout Oath and Law with each leader responsible for their Scouts. Please respect those camping with you.

Personal Vehicle Policy

Vehicles are to remain in the parking lot at all times. We can't be responsible for loss or damage to your vehicle or its contents. ***Please back in when parking for ease of departure in case of an emergency.*** Those needing to use a vehicle for medical reasons should notify the camp office at check in. Please make every effort to reduce the amount of vehicles by carpooling to camp.

TRADING POST

Camp Emerson provides a Trading Post to serve campers and staff with items to support the summer camp program. Among the items we stock include:

- Assorted sundries that campers tend to forget or not bring in sufficient quantity to last the week.
- Camp swag! T-shirts, patches, and hats to wear throughout the year are some of the ways to help remember your time at Camp Emerson.
- Safe and affordable knives.
- Snacks and sweets. We offer a large selection of ice-cold soft drinks, snack items (including healthy options), candy bars and ice cream!

The Trading Post accepts cash and most major credit cards.

It is common for Scouts to spend up to \$60-\$80 on various items including camp shirts, program materials (merit badge kits etc.) and crafts, snacks and other essentials.



SECTION III

CAMP PROGRAM



ADVENTURE IS CALLING

New Cub Scout Adventure Loops at Camp Emerson Cub Family Camp



TIGER

Champions for Nature Tiger
Let's Camp Tiger
Tigers in the Water
Tiger Archery Adventure
Tiger BB Guns Adventure



WOLF

Champions for Nature Wolf
Let's Camp Wolf
Paws for Water
Wolf Archery Adventure
Wolf BB Guns Adventure



BEAR

Champions for Nature Bear
Lets Camp Bear
Salmon Run
Bear Archery Adventure
Bear BB Guns Adventure



WEBELOS

Champions for Nature Webelos
Lets Camp Webelos
Aquanaut
Webelos Archery Adventure
Webelos BB Guns Adventure



ARROW OF LIGHT

Champions for Nature Arrow of Light
High Tech Camping
Swimming
Arrow of Light Archery Adventure
Arrow of Light BB Guns Adventure

FAMILY CAMP AT A GLANCE

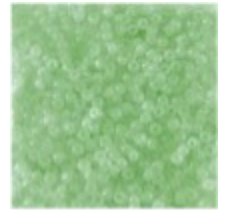
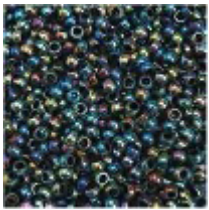
Day 1 Sunday	Day 2 Monday	Day 3 Tuesday	Day 4 Wednesday
	7:00 Breakfast	7:00 Breakfast	7:00 Breakfast
	8:30 Morning Flags	8:30 Morning Flags	8:30 Morning Flags
	9:00 Program Session 1	9:00 Program Session 1	9:00 Campsite cleanup and inspections
	10:30 Program Session 2	10:30 Program Session 2	
	12:00 Lunch	12:00 Lunch	
1:00 Check in begins	1:30 Program Session 3	1:30 Program Session 3	
	3:00 Program Session 4	3:00 Program Session 4	
4:30 leaders meeting	4:30 Program Areas Close	4:30 Program Areas Close	
5:00 Evening Flags	5:00 Evening Flags	5:00 Evening Flags	
5:30 Dinner	5:30 Dinner	5:30 Dinner	
7:30 Emergency Drill	7:00 Free Time	7:00 Free Time	
8:00 Opening Campfire	8:00 CE Dance Party	8:00 Closing Campfire	
9:00 Cracker Barrel	9:00 Cracker Barrel	9:00 Cracker Barrel	
10:00 Lights Out	10:00 Lights Out	10:00 Lights Out	

* This schedule is subject to change.

EMERSON BEAR TEETH

Campers at Camp Emerson collect Bear Teeth! Bear Teeth are earned from Camp Staff by doing your Good Turn Daily, Being Prepared, exemplifying the Scout Oath and Law, and being excellent Scouts.

Bear Teeth will be worn on your Camp Emblem that you need to wear when at camp. Each area will have its own type of Bear Teeth to award, so be sure to get them all to finish your Camp Emblem!



Why Collect Bear Teeth?

The Pack that best exemplifies Scout Spirit, the Scout Oath, Law, Slogan and Motto will receive the ultimate prize. Recognition at our closing campfire, eternal glory and...

...Ralph Waldo, the Emerson Bear. For you to take back to your Pack to have, admire and take with you on outings, including future trips up to his home at Camp Emerson!



THE FUN DOESN'T STOP

ALOHA!

On Aloha Tuesday you can wear your best Hawaiian shirt and other items that make you ohana. Packs can decorate their campsite with a tropical flair!



WAIT! THERE'S MORE!

GAGA PIT

If there was a badge for this, every Cub Scout would earn it. We're proud of this exceptionally large pit, located at Gilwell Field near the bridge.

POLAR BEAR SWIM

All the brave souls in camp will meet early in the morning at the pool to swim in bone-chilling water. You will warm up with the thought of earning a cool patch for all that!

CLIMBING TOWER

Check out our man-made outdoor climbing tower. Climb to the top to earn a Climbing School patch!

CANOES

Paddle across the lake with your Cub Scouts

FOR OUR ADULT LEADERS

We haven't forgotten about the people who make it possible for youths to experience summer camp. We got you covered.



Scoutmaster's Lounge

Power up with free coffee! The Scoutmaster Lounge is reserved for adult leaders. Relax, meet some other leaders, and find new ways to make your Pack a success!

SECTION IV

APPENDIX



FREQUENTLY ASKED QUESTIONS

To help alleviate the number of questions we receive prior to camp, we have included some frequently asked questions and answers in this Leader's Guide.

Can family members visit during the week of camp?

Sorry we are not able to accommodate visitors at camp.

Do we need to bring a tent to camp?

Yes, Camp Emerson does not provide tents for our campsites

I have a CPAP machine. Am I able to get power for it?

Sorry power is not available in our campsites. You will need to bring a portable battery pack to power your CPAP machine.

My Pack has an individual with a food allergy, intolerance, or dietary restriction. What should I do?

Contact camp at campemerson@scouting.org at least two weeks prior to your session if you have any campers with food allergies or dietary restrictions. We will do our best to meet your needs. Also make sure to advise the medical team of this dietary restriction during check in.

Is there a place to refrigerate medication that we bring to camp?

If your medication requires refrigeration, please be sure the medication is in its original packaging and in a clear plastic bag labeled with the camper's name and Pack number. This medication must be submitted to the Camp Health Officer at check-in to be stored at the Health Lodge. Make sure that you meet the Health Officer at the time you are expected to take your medication at the Health Lodge

Does the medication I bring to camp need to be in its original bottle?

Yes, all medications must be in their original bottle and/or packaging, as well as in a clear plastic bag labeled with the patient's name and Pack number.

Do I need Part C of my medical form?

No, Camp Emerson Family Camp is less than 72 hours.

FREQUENTLY ASKED QUESTIONS

Do I need to attach a copy of my Scout's health insurance card to their BSA Annual Health Form?

Yes, a health insurance card must be attached to the Scout's BSA Annual Health and Medical Record.

Do I have to register as a leader to attend family camp?

Parents or legal guardians of Cub Scouts who participate in overnight programs with their children are not required to register as leaders, with some exceptions. However, all adults must review the "How to Protect your Children from Child Abuse: A Parent's Guide" in the front of the Cub Scout Handbook. Parents or guardians must be accompanied by a registered leader at any time they are with youth members other than their own child.

If I am an adult leader not from California, do I need to be in compliance with California AB-506?

Registered adult leaders from Packs that are registered out-of-state do not need to be in compliance with CA AB-506. Only registered adult leaders from Packs registered within the State of California need to complete the mandatory LifeScan Fingerprinting background checks and the California Mandated Reporter Training.

MAP



DIRECTIONS

Street Address

**53155 Idyllbrook Drive
Idyllwild, CA 92549**

From the Riverside Area thru Hemet: Take Route 60 Riverside, towards Beaumont. Turn right on route 79 and continue 8.3 miles to Ramona Expressway. Turn left on Ramona Expressway, and travel 8 miles to Florida Ave/Route 74. Turn left onto Florida/Route 74 about fifteen miles up the mountain to Highway 243 and Mountain Center. Merge to the left at the junction of Routes 74/243 and turn left onto Route 243. Drive on Route 243 four miles to Idyllwild. Turn left on Tollgate Road (there will be a sign for Camp Emerson and the Idyllwild Arts Campus) and look for the signs for Camp Emerson about one-mile down Tollgate Road on the right.

From the Los Angeles Area thru Banning: Take Route 10 or 60 East to Banning. Take the 8th Street exit to Route 243, which leads up the mountain 25 miles to Idyllwild. Continue one mile through the village. Turn right on Tollgate Road and look for the signs for Camp Emerson about one-mile down Tollgate Road on the right.

From Southwestern Riverside County: Take Highway 15 South to Winchester Road in Temecula. Turn left (East) onto Winchester Road to Domenginoni Parkway. Turn right on Domenginoni Parkway to State Street. Turn left on State Street and travel to Florida Avenue/Highway 74. Turn right onto Florida Avenue/Route 74 to Mtn. Center. Merge to the left at the junction of Highway 74/Route 243 and turn left. Travel about four miles to Tollgate Road. Turn left on Tollgate Road (there will be a sign for Camp Emerson and the Idyllwild Arts Campus) and look for the signs for Camp Emerson about one-mile down Tollgate Road on the right.

From the San Diego Area: Take Highway 15 north to Temecula. Exit on Highway 79 south toward Indio/Palm Desert. Highway 79 turns into Highway 371 (Continue towards Indio/Palm Desert). Turn left on Highway 74 and continue about 10 miles to Highway 243. Turn right and go about four miles to Idyllwild. Turn left on Tollgate Road (there will be a sign for Camp Emerson and the Idyllwild Arts Campus) and look for the signs for Camp Emerson about one-mile down Tollgate road on the right.

Troop # _____

City _____

Leader in Charge at Camp _____

Cell Phone # _____

	Position	Name	Notes	
Adult <input type="checkbox"/>				Med Form <input type="checkbox"/>
Yourh <input type="checkbox"/>				Shooting Sports Waiver <input type="checkbox"/>
Adult <input type="checkbox"/>				Med Form <input type="checkbox"/>
Yourh <input type="checkbox"/>				Shooting Sports Waiver <input type="checkbox"/>
Adult <input type="checkbox"/>				Med Form <input type="checkbox"/>
Yourh <input type="checkbox"/>				Shooting Sports Waiver <input type="checkbox"/>
Adult <input type="checkbox"/>				Med Form <input type="checkbox"/>
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Yourh <input type="checkbox"/>				Shooting Sports Waiver <input type="checkbox"/>
Adult <input type="checkbox"/>				Med Form <input type="checkbox"/>
Yourh <input type="checkbox"/>				Shooting Sports Waiver <input type="checkbox"/>
Adult <input type="checkbox"/>				Med Form <input type="checkbox"/>
Yourh <input type="checkbox"/>				Shooting Sports Waiver <input type="checkbox"/>

Total Adults/Leaders _____

Total Youth _____

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____

Date of birth: _____

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.

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: _____



Part B1: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Phone: _____

Unit leader: _____ Unit leader's mobile #: _____

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
		Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (anginal)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma/reactive airway disease	Last attack date: _____
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion/TBI	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Neurological/behavioral disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures or epilepsy	Last seizure date: _____
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Skin issues	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date: _____
		List any other medical conditions not covered above	



Part B2: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

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

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
		Medication				Plants	
		Food				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 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)
			Tetanus	
			Pertussis	
			Diphtheria	
			Measles/mumps/rubella	
			Polio	
			Chicken Pox	
			Hepatitis A	
			Hepatitis B	
			Meningitis	
			Influenza	
			Other (i.e., HIB)	
			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: _____



SHOOTING SPORTS AUTHORIZATION

Supplements BSA Annual Health and Medical Record "Part A: Informed Consent, Release Agreement, and Authorization" (BSA Doc # 680-001*) and Activity Consent Form (BSA Doc # 680-673**)

The California Inland Empire Council adheres to Scouts BSA’s longstanding policy of teaching its youth and adult members the safe, responsible, intelligent handling, care, and use of firearms, air rifles, BB guns, and archery equipment in planned, carefully managed, and supervised programs. Planned shooting sports activities are conducted under the supervision of currently certified BSA National Shooting Sports Directors or National Rifle Association Firearms Instructors, or USAA Archery Instructors. California law requires express parental permission for participation by minors in certain shooting sports activities and programs.

Minor Participant’s Name: _____ Age: _____

As the parent or guardian of the minor participant listed above, I hereby give my express consent and permission to the California Inland Empire Council BSA and its Shooting Sports Staff for the participant to engage in the following lawful, recreational shooting sports, including instruction in the safe handling of the devices listed below and related activities. In the case of activities involving firearms, I hereby additionally consent to the participant being furnished and possessing live ammunition for use during such activities. These permissions are intended to comply with any applicable provisions for parental consent found in California Penal Code §§ 19915, 27505, 29615, and 29655, or similar provisions.

(Please mark each applicable category of permission granted, and Initial each entry)

Cub Scouts/Webelos

- Air Rifles (pellet gun) (Webelos, AOL Scouts) Initial _____
- Archery, bow and arrow Initial _____
- BB Devices (BB gun) Initial _____
- Wrist Rockets Initial _____

Scouts BSA/Venturing/Explorer/Sea Scout:

- Air Rifles (pellet gun) Initial _____
- Archery, bow and arrow Initial _____
- BB Devices (BB gun) Initial _____
- BSA Airsoft Initial _____
- Paint Ball Initial _____
- Knife throwing Initial _____
- Long Guns (Rifle, Shotgun) Initial _____
- Muzzle Loading Rifle (Black Powder) Initial _____
- Tomahawk Throwing Initial _____
- Wrist Rockets Initial _____

* 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. 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.

** I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. 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.

Parent or Guardian Name (print): _____

Signature: _____

Date: _____

Swim Classification Record

(Changes and/or corrections to the following chart should be initialed and dated by the test supervisor.)

Unit Number _____

Date of Swim Test _____

	Full Name (Print) <small>(Draw lines through blank spaces)</small>	Medical Recheck Parts A-B	Swim Classification		
			Non-Swimmer	Beginner	Swimmer
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

The swim classification test performed at a unit level should be conducted by one of the following council-approved resource people: Aquatics Instructor, BSA; BSA Lifeguard; BSA Swimming & Water Rescue; or other lifeguard, swimming instructor, etc. Test administrators should utilize chapter 5 of the [BSA Aquatics Supervision Guide](#).

NAME OF PERSON SUPERVISING & FACILITATING THE SWIM TEST:

Print Name

Signature

Type of Authorization/Training
(Attach a copy of certification if required by council procedure)

Expiration Date if applicable

SWIM CLASSIFICATION PROCEDURES

The swim classification of individuals participating in a Boy Scouts of America activity is a key element in Safe Swim Defense and Safety Afloat. These swim classification tests are a foundational unit of the Aquatics Continuum.

All persons participating in BSA aquatics are classified according to swimming ability. The classification tests and test procedures have been developed and structured to demonstrate a skill level consistent with the individual's circumstances in the water.

SWIM TESTS FOR COUNCIL ACTIVITIES

Swim tests for **council activities** are conducted following procedures approved by a council-level committee, preferably the Council Aquatics Committee. The council committee should use the guidance contained in *BSA Aquatics Management Guide*. SPECIAL NOTE: When swim tests are conducted away from camp, the camp aquatics director retains the right to review or retest any or all participants to ensure that standards have been maintained.

REGARDLESS OF WHERE OR WHEN THE SWIM TEST IS GIVEN THE FOLLOWING PROCEDURES APPLY:

- **The test is given one-on-one.** The test administrator and the swimmer are buddies during the administration of the test.
- **Each component of the test is important.** The test must not be changed either to assist the Scout or to expedite the process.
- **The test must be completed without aid or support.** Aid includes lifejackets, wetsuits, fins, etc. Swim goggles may be used to avoid eye irritation.
- **Swim tests must be renewed annually,** preferably at the beginning of the outdoor season.

TO THE SWIM TEST ADMINISTRATOR

SWIMMER'S TEST:

Jump feet first into water over the head in depth, level off, and begin swimming. Swim 75 yards in a strong manner using one or more of the following strokes: side stroke, breaststroke, trudgen, or crawl; then swim 25 yards using an easy resting back stroke. The 100 yards must be swum continuously and include at least one sharp turn. After completing the swim, rest by floating.

BEGINNER'S TEST:

Jump feet first into water over the head in depth, level off, swim 25 feet on the surface, stop, turn sharply, resumeswimming as before, and return to starting place.

Anyone who has not completed the beginner or swimmer tests is classified as a **nonswimmer**.

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