



## WEBELOS ACTIVITY BADGE DAY(S)

Parker Scout Reservation

Saturday, October 2<sup>nd</sup>, 2010 and/or Sunday, October 3<sup>rd</sup>, 2010

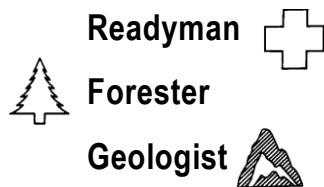
Starts at 9:30 AM and concludes at 4:30 PM each day

**Check-in from 8:00 – 9:00 am each day**



Webelos Activity Badge Day is designed to give your Webelos Scouts a head start on earning outdoor activity badges. Boys will be able to work on activity badges as well as enjoy adventure stations. (Webelos may sign up for both days and earn up to 5 activity badges.) **Please be aware of any pre-requisites**. Boys should be able to complete most requirements for an activity badge on that day. Leaders and Packs will be responsible for certifying the completion of activity badges, turning in advancement reports to the Council Service Center and supplying the advancement awards.

### Activity Badges



Readyman

Forester

Geologist



Naturalist

Engineer

Scientist

**\*Outdoorsman (See back)**

**Adventure Stations offered:** Outdoor Cooking, Whittling Chip, Fire Building, Archery, Air Rifles, Knot Tying /Lashing, Fishing Tips, and Geo caching.

**The camp trading post hours will be posted for buying souvenirs and snacks.**

**NOTE:** Activity badge and adventure station assignments are a first-come, first-served basis. If there is not sufficient interest in an Activity Badge or Adventure Station, that session may be canceled. Dens will receive assignments upon arrival.

**COST:** \$20.00 per boy (per day or \$35 for both days). **Registration closes September 24<sup>th</sup>, 2010.** This fee includes a noon lunch, program supplies, and camp usage. The adult fee is \$10.00 per day, \$15 for both days. Fees are non-refundable, but may be transferred to another Webelos Scout or adult.

**BRING:** Completed Annual Health History form (sections A & C), Webelos Book, water bottle/canteen, note pad and pencil, spending money for trading post, appropriate clothing for the weather (including rain gear) and sunscreen. Optional items you may wish to bring include a camera, day pack, extra shoes and socks. If camping, please bring a tent, ground clothe, sleeping bag or blankets, personal hygiene items, cooking gear **and food for breakfast and evening meals.**

**Event capacity is 250 Webelos per day. Register now! This activity fills up quickly!**

Adults must accompany each Webelos Den on a **ONE ADULT TO FIVE BOY** ratio (minimum of two adults.)

**DENS ARE ENCOURAGED STAY TOGETHER FOR ACTIVITY BADGES AND ADVENTURE STATION**

**This is a rain or shine event, come prepared !**







## **OUTDOORSMAN ACTIVITY BADGE OPTION FOR DENS**

If your Webelos are like most boys, they want to camp overnight and do other outdoor things. Webelos Activity Badge Day is also providing Scouts the opportunity to work on the Outdoorsman Activity Badge.

***By coming to camp Friday night or Saturday night, setting up camp, cooking your own meals, having a campfire, practice fire safety and learn five knots, you and the Scouts can complete parts of their Outdoorsman Badge.***

***It is important to remember that simply staying overnight does not complete the requirements for the Outdoorsman Activity Badge. It is necessary to review the requirements in the Webelos Book, bring the necessary supplies and as a den, conduct the activities in the campsite.***

***Your den will need to provide your own tents, food for supper and breakfast, as well as cooking equipment and personal gear. Please indicate if you will be camping Friday, Saturday or both nights on your registration forms.***

-  **Arrive Friday night** at 5:00 pm, set up camp and attend Webelos Activity Badge Day on Saturday. (check in 5 pm to 7pm)
-  **Arrive Saturday morning**, check in between 8:00 am & 9:00 am, and attend Webelos Activity Badge day and camp Saturday night.
-  **Arrive Saturday night** at 5:00 PM and attend Webelos Activity Badge Day on Sunday. (check in 5 pm to 7 pm)
-  **Arrive Sunday morning**, check in between 8:00 am & 9:00 am, and attend Webelos Activity Badge Day on Sunday.

# SATURDAY REGISTRATION

Pack # \_\_\_\_\_ Den # \_\_\_\_\_

## WEBELOS SCOUTS

## ADULTS

1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

Den Leader Contact Information: (This should be the leader coming to camp)

**Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **E - mail:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

### Activity Badge Preferences

### Adventure Station Preferences

1.	1. BB guns or Archery (circle one)
2.	2.
3. Outdoorsman Activity Badge	3.

**Attending: (1 day) \_\_\_ Saturday**

**Attending: Saturday and Sunday**

# of Scouts \_\_\_ x \$20 = \_\_\_\_\_

# of Scouts \_\_\_ x \$35 = \_\_\_\_\_

# of Adults \_\_\_ x \$10 = \_\_\_\_\_

# of Adults \_\_\_ x \$15 = \_\_\_\_\_

Total \_\_\_\_\_

Total \_\_\_\_\_

\*We will be camping: (please circle one)

Friday night only ---- Saturday night only ---- Friday & Saturday nights

**EVERY PARTICIPANT MUST BRING THEIR ANNUAL HEALTH FORM WITH THEM TO CAMP**  
 (Down load from [www.bsacmc.org](http://www.bsacmc.org) , fill in sections A & C)

**For office use only:**

**Date Received:** \_\_\_\_\_ **Amount of Payment:** \_\_\_\_\_ **Check No.** \_\_\_\_\_

**Received by:** \_\_\_\_\_

Return this form with payment to: **Central Minnesota Council** Phone: **320-251-3930**  
**1191 Scout Drive - Sartell, MN 56377**

# SUNDAY REGISTRATION

Pack # \_\_\_\_\_ Den # \_\_\_\_\_

## WEBELOS SCOUTS

## ADULTS

1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

Den Leader Contact Information: (This should be the leader coming to camp)

**Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **E - mail:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

### Activity Badge Preferences

### Adventure Station Preferences

1.	1. BB guns or Archery (circle one)
2.	2.
3. Outdoorsman Activity Badge	3.

**Attending: (1 day) \_\_\_ Sunday**

# of Scouts \_\_\_ x \$20 = \_\_\_\_\_

# of Adults \_\_\_ x \$10 = \_\_\_\_\_

Total \_\_\_\_\_

\*We will be camping: (please circle one)

Saturday night only ----

**EVERY PARTICIPANT MUST BRING THEIR ANNUAL HEALTH FORM WITH THEM TO CAMP**  
**(Down load from [www.bsacmc.org](http://www.bsacmc.org) , fill in sections A & C)**

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Return this form with payment to: **Central Minnesota Council** **Phone: 320-251-3930**  
**1191 Scout Drive - Sartell, MN 56377**

# Annual Health and Medical Record

(Valid for 12 calendar months)

## Medical Information

The Boy Scouts of America recommends that all youth and adult members have annual medical evaluations by a certified and licensed health-care provider. In an effort to provide better care to those who may become ill or injured and to provide youth members and adult leaders a better understanding of their own physical capabilities, the Boy Scouts of America has established minimum standards for providing medical information prior to participating in various activities. Those standards are offered below in one three-part medical form. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

**Parts A and C** are to be completed annually **by all BSA unit members**. Both parts are required for all events that do not exceed 72 consecutive hours, where the level of activity is similar to that normally expended at home or at school, such as day camp, day hikes, swimming parties, or an overnight camp, and where medical care is readily available. Medical information required includes a current health history and list of medications. Part C also includes the parental informed consent and hold harmless/release agreement (with an area for notarization if required by your state) as well as a talent release statement. Adult unit leaders should review participants' health histories and become knowledgeable about the medical needs of the youth members in their unit. This form is to be filled out by participants and parents or guardians and kept on file for easy reference.

**Part B** is required with parts A and C for any event that exceeds 72 consecutive hours, or when the nature of the activity is strenuous and demanding, such as a high-adventure trek. Service projects or work weekends may also fit this description. It is to be completed and signed by a certified and licensed health-care provider—physician (MD, DO), nurse practitioner, or physician's assistant as appropriate for your state. The level of activity ranges from what is normally expended at home or at school to strenuous activity such as hiking and backpacking. Other examples include tour camping, jamborees, and Wood Badge training courses. It is important to note that the height/weight limits must be strictly adhered to if the event will take the unit beyond a radius wherein emergency evacuation is more than 30 minutes by ground transportation, such as backpacking trips, high-adventure activities, and conservation projects in remote areas.

## Risk Factors

Based on the vast experience of the medical community, the BSA has identified that the following risk factors may define your participation in various outdoor adventures.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Sleep disorders
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit Scouting Safely on [www.scouting.org](http://www.scouting.org).

## Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.

For frequently asked questions about this Annual Health and Medical Record, see Scouting Safely online at <http://www.scouting.org/scoutsource/HealthandSafety.aspx>. Information about the Health Insurance Portability and Accountability Act (HIPAA) may be found at <http://www.hipaa.org>.



BOY SCOUTS OF AMERICA.

# Annual BSA Health and Medical Record

## Part A

### GENERAL INFORMATION

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 (SEE PART C). 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 \_\_\_\_\_

### MEDICAL HISTORY

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

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

### Allergies or Reaction to:

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

### Immunizations:

The following are recommended by the BSA. Tetanus immunization 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"/>	Tetanus _____
<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.

### 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.

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

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
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**NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.**

Emergency contact No.:

Allergies:

DOB:

Last name:

**Part C**

**Informed Consent and Hold Harmless/Release Agreement**

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities 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.

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.

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 to the adult in charge 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, including 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.

- Without restrictions.
- With special considerations or restrictions (list) \_\_\_\_\_

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 the event: (You must designate at least one adult. Please include a telephone number.)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Adults NOT authorized to take youth to and from the event:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**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.**

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

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

Parent/guardian's signature \_\_\_\_\_  
(if under the age of 18)

Date \_\_\_\_\_

**Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.**



BOY SCOUTS OF AMERICA  
1325 West Walnut Hill Lane  
P.O. Box 152079  
Irving, Texas 75015-2079  
<http://www.scouting.org>

SKU 34605



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**Part C**    **Last name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_