

# "WILD WILD WEST" Summer Cub Day Camp



## Council Wide- Camp Dates:

**Holmen -Thursday, June 10th**  
**Sparta -Tuesday, June 15th**  
**La Crosse -Thursday, June 17th**  
**Hillsboro -Friday, June 18th**

## Lunch:

**Lunches will not be provided. Each participant must bring their own lunch. Also please be aware to have your scouts bring enough water and fluids for the day.**

**Don't forget to bring sunscreen and bug spray!**

## Action Items:

- **Please select a Day Camp Coordinator to oversee the youth during the program *and* a volunteer to help in running the stations and activities. *There should be a ratio of 2 adult volunteers to 10 Cub Scout participants, and 1 to 1 with Tiger Cub participants.***
- **Collect sign ups, registration/health forms and a Pack check to cover fees. All registration items must be turned in as a pack!**

## Medication and Health History:

**Each youth and adult must have a health history form filled out and on file with the Day Camp medical person. This is not a physical, merely a health history. Completed forms should be sent in with your Pack Reservation. The health history form can be found on the back of this flyer for your convenience.**

**Medication can only be given with permission of a parent or guardian. Cub Scouts that require medication given to them during camp must complete the "Orders for Medication" for that can be found on the Gateway Area Council and Camp Decorah Websites as well as the Scout Service Center.**

**HEALTH HISTORY INFORMATION FOR CUB SCOUTS  
BOY SCOUTS OF AMERICA**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Pack Number \_\_\_\_\_  
Address \_\_\_\_\_  
City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**T-SHIRT SIZE: YOUTH: MEDIUM (10-12) \_\_\_\_\_ LARGE (14-16) \_\_\_\_\_**  
**ADULT: SMALL \_\_\_\_\_ MEDUIM \_\_\_\_\_ OTHER \_\_\_\_\_**  
**FEES PAID: \$ \_\_\_\_\_**

**IN CASE OF EMERGENCY NOTIFY:**

Name \_\_\_\_\_ Relationship: Parent \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_  
Address \_\_\_\_\_  
Daytime Phone (     ) \_\_\_\_\_ Other Instructions \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Personal Insurance Policy \_\_\_\_\_

**HEALTH HISTORY**

Have or subject to: (check if yes)

Asthma  Fainting Spells  Convulsions  Diabetes  Heart Trouble  
 Insect bites  Swimming or sport restrictions  
 Allergies or reaction to any medication, food, or other  Describe \_\_\_\_\_  
 Check if none of the above applies

Have difficulty with: (check if yes)

Eyes  Ears  Nose  Throat  Lungs  Digestion  
 Any condition now requiring medication? \_\_\_\_\_ Name of medication \_\_\_\_\_  
 Is his medication with him? If not, who has it? \_\_\_\_\_  
 Any restriction of activity for medical reasons?

Explain: \_\_\_\_\_  
\_\_\_\_\_

**PARENT AUTHORIZATION:**

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by the physician or myself. 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, or to order injection or surgery for my son.

I give the Gateway Area Council permission to allow the applicant to use a BB Gun and a Bow & Arrow under proper adult supervision.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian