

Health Advisory and Accommodation Form for Campers with Special Medical Issues/Needs

This form is to be used for youth participants that plan on attending a Three Fires Council Day Camp Program that have major health concerns that could limit their full participation or present safety issues. Please complete and submit this form at least one month prior to camp to alert of the exact concern. A member of our staff will contact the parent or guardian prior to camp to discuss any requested special accommodations. While we will make every effort to make reasonable accommodations for the camper’s safety and participation, in cases of significant issues we may need to recommend that the child not attend camp. In such cases a full refund will be made. This form does not replace the BSA Annual Health and Medical Record (#680-001) which is required from all participants.

Name of Youth Participant: _____ Camper Age: _____

Pack #: _____ Troop #: _____ Crew#: _____ District: _____

Camp (s) that participant plans to attend: _____

Location: _____ Dates of Camp: _____

Health issue:

Severe Allergy: ___ Nuts/Peanut ___ Latex ___ Insect stings ___ Other: _____

How severe is the allergy: _____

Will participant bring Epi-pen? _____ Can they self administer Epi-pen: _____

Mobility Limitations: ___ Wheel Chair ___ Crutches or leg cast ___ Other: _____

Other Health Concerns: _____

Requested special accommodations: _____

Will a parent or adult designee be attending camp with the child? _____

Contact Person to discuss special accommodations:

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Best time to contact: _____

Parental 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 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 Three Fires Council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims associated 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 to safely conduct scouting activities.

I understand that the special needs of my child might require that my designee or I attend with my child to facilitate his/her safe participation. Upon discussion with a representative of the Three Fires Council it will be decided whether reasonable accommodations can be made to facilitate my child's participation/safety.

Parent or Guardian Name (please type or print): _____

Signature: _____ Date: _____

I want my child to wear a special armband to notify staff/leaders of this medical condition. yes no

Please submit this form to:

Three Fires Council, Boy Scouts of America
415 North Second Street
ST. Charles, Illinois 60174-1254 or fax: (630) 584-8598
Attention: Alex Klausing, Program Director
Email: Alex.Klausing@scouting.org

For Office Use Only:

Date Received: _____ Assigned to: _____

Date parent contacted: _____ By whom: _____

Can reasonable accommodations be made: _____?

Notes: _____

Participation recommended: yes or No Date refund processed: _____