

# 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 Cub Summer 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 campers 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: Buzz Wheeler, Council Program Director  
Email: [buzz.wheeler@scouting.org](mailto:buzz.wheeler@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: \_\_\_\_\_