



### **NEW Cub Scout Packet**

Scout Name:

Scout Grade/Den:

Please use the list below as a reference for materials that should be turned in to the committee chair. If you have any questions, please email [cc@pack214.com](mailto:cc@pack214.com)

☐ Complete Application (Submit Online or request a paper copy).



☐ Payment for Application and Dues

☐ Parent Information/Volunteer Form

☐ Completed Medical Form (Part A-B2, no doctors signature required)

☐ Youth Protection Training Completion Certificate (All Participating Adults)

☐ You will receive a Pack T-shirt when all information is turned in



## Parent/Guardian Information & Volunteer Form

Name	
Email	
Phone	
Scout Name	

Name	
Email	
Phone	
Scout Den	

Cub Scouting relies entirely on the dedication of volunteers. To ensure our success, we ask each family to take on a role to support our activities. Please select more than one option so we can match you with a role that best fits your talents and our needs.

- ☐ Social Media Assistant
- ☐ Medical Form Coordinator
- ☐ Sign Up Genius Coordinator
- ☐ Kick Off Event Team
- ☐ Troop 39 Liaison
- ☐ Cub O'Ree Grubmaster
- ☐ Scouting For Food Assistant
- ☐ Popcorn Show and Sell Help
- ☐ Pinewood Derby Workshop Helper
- ☐ Pinewood Derby Set-Up Volunteer
- ☐ Pinewood Derby Check-In Volunteer
- ☐ Pack Meeting Special Speaker

- ☐ Den Leader : Lion Den (Kindergarten)
- ☐ Den Leader : Bear Ben (Third Grade)
- ☐ Assist Den Leader in leading an adventure)
- ☐ Treasurer
- ☐ Assistant Committee Chair
- ☐ Camp Card Coordinator
- ☐ End of Year Cook Out Grubmaster
- ☐ End of Year Campout Grubmaster
- ☐ Charlotte FC Ticket Coordinator
- ☐ Charlotte Hornets Ticket Coordinator
- ☐ Other:
- ☐ Other:

(Each family is asked to complete a minmum 2 hours of volunteer service to the pack. By signing up and completing one of these activities, you will meet this requirement. If you are unable to give of your time, we will accept a \$150.00 Volunteer Opt Out.)



## 2025-2026

**Cubmaster:**

Chris Hildreth  
(561) 716-0561  
cubmaster@pack214.com

**Lion Den Leaders:**

den5@pack214.com  
**Room: 103**  
TBD

**Asst. Cubmaster:**

Heath Bixel  
(520) 343-5727  
asstcubmaster@pack214.com

**Tiger Den Leaders: den6@pack214.com**

**Room: 104**  
Bryce McAvoy & Julius Richardson

**Committee Chair:**

Stephanie Bixel  
(580)-956-9312  
cc@pack214.com

**Wolf Den Leaders: den1@pack214.com**

**Room: 158 & 110**  
Ben Holbrook & Ross Larson

**Treasurer:**

Rasna Defeis  
treasurer@pack214.com

**Bear Den Leaders: den8@pack214.com**

**Room: 210/212**  
Jennifer McCollum

**Pack Trainer:**

Mr. Dale  
heymrdaledale@gmail.com

**Webelo Den Leaders:**

den7@pack214.com  
**Room: 213/215**  
Chad Lloyd & Amy Craig

**AOL Den Leaders: den9@pack214.com**

**Room: 217/219**  
Reese Sumrall & Steven Parodi



# Pack 214 Calendar

## August 2025

- 8/23 | **Pack 214 Kickoff and Information Session** | 2:00 - 4:00 pm

## September 2025

- 9/2 | **Meet Your Den** | 6:30 - 7:30 pm | MUMC Commons
- 9/8 | **Committee Meeting** | 6:30- 7:30 pm | MUMC RM 158
- 9/9 | **Pack Meeting** | 6:30 - 8:00 pm | Eagle's Nest
- 9/16 | **Den Meetings** | 6:30 - 7:30 pm | MUMC Commons
- 9/22 **AOL meet with Troop 39** | Eagle's Nest
- 9/23 **Den Meetings** | 6:30 - 7:30 pm | MUMC Commons
- 9/30 **Den Meetings** | 6:30 - 7:30 pm | MUMC Commons

## October 2025

- 10/6 | **Committee Meeting** | 6:30 - 7:30 pm | MUMC RM 158
- 10/7 | **Den Meetings** | 6:30 - 7:30 pm | MUMC Commons
- 10/14 | **Pack Meeting** | 6:30 - 8:00 pm | Eagle's Nest
- 10/17-10/19 | **Cub O'Ree** | Belk Scout Camp, Midland
- 10/21 | **Den Meetings** | 6:30 - 7:30 pm | MUMC Commons
- 10/28 | **Den Meetings** | 6:30 - 7:30 pm | MUMC Commons

## November 2025

- 11/3 | **Committee Meeting** | 6:30 - 7:30 pm | MUMC RM 158
- 11/4 | **No Meeting - Election Day**
- 11/11 | **Den Meeting** | 6:30 - 7:30 pm | MUMC Commons
- 11/18 | **Pack Meeting** | 6:30 - 8:00 pm | Eagle's Nest
- 11/25 | **No Meeting - Thanksgiving Break**

## December 2025

- 12/1 | **Committee Meeting** | 6:30 - 7:30 pm | MUMC RM 158
- 12/2 | **Den Meetings** | 6:30 - 7:30 pm | MUMC Commons
- 12/9 | **Pack Meeting** | 6:30 - 8:00 pm | Eagle's Nest
- 12/16 | **Den Meetings** | 6:30 - 7:30 pm | MUMC Commons
- 12/24 | **No Meeting - Winter Break**
- 12/31 | **No Meeting - Winter Break**

## January 2026

- 1/5 | **Committee Meeting** | 6:30 - 7:30 pm | MUMC RM 158
- 1/6 | **Den Meetings** | 6:30 - 7:30 pm | MUMC Commons
- 1/13 | **Pack Meeting** | 6:30 - 8:00 pm | Eagle's Nest
- 1/20 | **Den Meetings** | 6:30 - 7:30 pm | MUMC Commons
- 1/24 | **Scouting for Food** | 9 - 10:30 am
- 1/27 | **Den Meetings** | 6:30 - 7:30 pm | MUMC Commons
- 1/31 | **Scouting for Food** | 9 - 11 am
- 1/31 | **Derby Workshop** | 11 - 1 pm

## February 2026

- 2/2 | **Committee Meeting** | 6:30 - 7:30 pm | MUMC RM 158
- 2/3 | **Den Meetings** | 6:30 - 7:30 pm | MUMC Commons
- 2/01 | **Pack Meeting** | 6:30 - 8:00 pm | Eagle's Nest
- 2/17 | **Den Meetings** | 6:30 - 7:30 pm | MUMC Commons
- 2/24 | **Den Meetings** | 6:30 - 7:30 pm | MUMC Commons
- 2/27 | **Pinewood Derby Set-Up** | 6:30 - 7:30 pm | Eagle's Nest
- 2/28 | **Pinewood Derby Race-Day** | 8 - 4:30 pm | Eagle's Nest

## March 2026

- 3/2 | **Committee Meeting** | 6:30 - 7:30 pm | MUMC RM 158
- 3/3 | **No Meeting (CMS Teacher Work**
- 3/10 | **Den Meeting** | 6:30 - 7:30 pm | MUMC Commons
- 3/14 | **Super Trip** | Ripley's Myrtle Beach
- 3/17 | **Pack Meeting AOL Crossover** | **6:30 - 8:00 pm** | **Eagle's Nest**
- 3/24 | **Den Meetings** | 6:30 - 7:30 pm | MUMC Commons
- 3/31 | **Den Meetings** | 6:30 - 7:30 pm | MUMC Commons

## April 2026

- 4/7 | **No Meet CMS Spring Break**
- 4/13 | **Committee Meeting** | 6:30 - 7:30 pm | MUMC RM 158
- 4/14 | **Pack Meeting** | 6:30 - 8:00 pm | Eagle's Nest
- 4/21 | **Den Meetings** | 6:30 - 7:30 pm | MUMC Commons
- 4/28 | **Den Meetings** | 6:30 - 7:30 pm | MUMC Commons

## May 2026

- 5/4 | **Committee Meeting** | 6:30 - 7:30 pm | MUMC RM 158
- 5/5 | **Pack Meeting - Rank Up!** | 6:30 - 8:00 pm | Eagle's Nest
- 5/12 | **End-of-Year Cookout** | 6:15 - 7:30 pm | Squirrel Lake Park
- 5/18 | **26/27 Planning Meeting** | TBD

## June 2026

- 6/6 | **End-of-Year Campout** | TBD



### 2025-26 Registration and Program Fees

Here is a list of expected pack expenses for the 2025-26 scout year and the deadlines for payment. Payments may be made via **Zelle** (cc@pack214.com), **Check** (Made out to Meck Co Council - Pack 214) or **Cash**

#### 2025-26 Total Registration and Dues:

Scouting America Membership: \$154.50

**\*\*This registration fee goes directly to Scouting America and Mecklenburg County Council. Each scout's membership is good for one calendar year. You will receive an email to renew your membership 30 days prior to your expiration date. AOL scouts due for renewal in the spring should not renew online.**

Scout Life Magazine Subscription Add-on: \$15.00 (Yearly Subscription, added during your renewal)

Pack 214 Dues: \$50.00

**\*\*This is the only money our pack collects, outside of fundraising, to run our Cub Scout program. This fee offsets the cost of den meeting supplies and scout awards.**

#### Fundraising Requirements:

Popcorn Sales Requirement: \$375 in popcorn sales or \$125 Opt-out fee paid by October 31<sup>st</sup>.

**\*\*This is our primary fundraiser for the year and the primary revenue to Pack receives to cover program costs, unit registration fees, and subsidize activity costs. All scouts except Lions are required to sell popcorn or pay the opt out fee. 1/3 of all sales go to the Pack, and 1/3 goes to Mecklenburg County Council. Scouts will be given credit for 33% of their total sales over \$375 in their scout book account that can be used for registration renewal fees, pack dues, or activity fees. "Show and sells" are scheduled each weekend in September to help meet to sales requirements. Opt-out fee is reduced to \$100 for each additional scout per family.**

#### Optional Camp Card Sales:

**\*\*The pack also participates in the Council's Camp Card Sales Fundraiser each spring. Each "Camp Card" is filled with coupons and deals to be redeemed. Each card costs \$10. \$4 of each card sold will be credited in each child's scout book account to be used for scouting activities. (\$5 goes to council and \$1 goes to the pack).**

#### Overnight Activity Fees:

**\*\*All families are encouraged to participate in our overnight camping and activity. Fees are directly tied to the cost of the event.**

Cub O'Ree (Family Camping Weekend):

October 17-19, 2025 / Sign-up deadline: Oct 7th

Fee: \$ 10-15 per person

Super Trip (Family Overnight): Ripley's Aquarium Myrtle Beach

March 14, 2025 / Sign up deadline: TBD

Fee: \$100-115 per person

**Financial Aid:** No child should miss out on Cub Scouting due to a lack of funds. Parents may request scholarships for Pack fees, uniform expenses etc. by contacting the Pack Committee Chairman or Cubmaster. All inquiries and awards are kept confidential.



## Uniform Requirements

Pack 214 asks all scouts to wear the official Scouting America Cub Scout uniform from the waist up, with appropriate shorts, pants, or jeans and closed toed shoes. You will have access to our Scout Closet with gently used shirts, pants, neckerchiefs and hats.

### Class A Uniform:

Lion: Navy Lion Rank Hat, Lions Rank T-Shirt. *Optional: Yellow Lion Rank Neckerchief and Slide, Blue uniform pants or shorts, Navy-blue web belt with buckle*



Tiger: Orange Tiger Rank Hat, Neckerchief and Slide, Official Blue Uniform shirt, *Optional: Blue uniform pants or shorts, Navy-blue web belt with buckle*



Wolf: Red Wolf Rank Hat, Neckerchief and Slide, Official Blue Uniform shirt, *Optional: Blue uniform pants or shorts, Navy-blue web belt with buckle*

Bear: Blue Bear Rank Hat, Neckerchief and Slide, Official Blue Uniform shirt, *Optional: Blue uniform pants or shorts, Navy-blue web belt with buckle*

Webelos: Webelos Plaid Rank Hat, Neckerchief and Slide, Official Blue Uniform shirt, *Optional: Blue uniform pants or shorts, Navy-blue web belt with buckle, Adventure Colors Pin, Webelos may also wear the tan AOL/Scouting America shirt when its time to go up a size.*



Arrow of Light: Official Tan Scouting America Uniform shirt. The AOL patrol will decide on a neckerchief, slide, and hat as part of forming their patrol during their first couple meetings. *Optional: Green uniform pants or shorts, green web belt with buckle, green uniform socks. Scouts are encouraged to wear the full uniform, which will be required for scouts after transitioning to a Scouting America troop in March.*

**Class B Uniform:** All scouts will receive a pack t-shirt to be worn for non-formal activities and designated events. The pack provides the first shirt, additional or family shirts can be purchased for \$10.



The Scouting America places the greatest importance on creating the most secure environment possible for our youth members. To maintain such an environment, Scouting America has developed numerous procedural and leadership selection policies and provides parents and leaders with resources for the Cub Scout program.

It is the mission of **Youth Protection** volunteers and professionals to work within Scouting America to maintain a culture of Youth Protection awareness and safety at the national, regional, area, council, district and unit levels.

**ALL Adults participating in any capacity** are required to take this online course and have a certificate of completion on file with the pack. After completion of the course, your certification will be good for 1 year, with a shorter renewal course due each year.

Please visit the link below, complete the course, **print the certificate of completion, and return it with your registration and paperwork.**

**[scouting.org/training/youth-protection/](https://scouting.org/training/youth-protection/)**







# Pack 214 Cell Phone Policy

At Pack 214, we recognize that cell phones are both powerful tools and potential distractions for our Scouts. We encourage all Cub Scouts to leave electronics at home. Parents may bring cell phones, but we request that they use them away from the scouts to maintain the focus on Scouting activities. It is crucial that cell phones do not interfere with our Leaders' ability to deliver an effective Scouting Program.

***As such, the pack has adopted the following policy related to cell phones:***

Pack 214 and its leadership are not responsible for cell phones and smart watches that are lost, stolen, or damaged during Scout activities. Cell phones are considered personal property, and it is the Scout's responsibility to keep track of their device. If a cell phone is lost during a scout activity, the pack will not allocate significant time to search for it. Additionally, Scouts should not use or handle others' cell phones without permission.

Cub Scouts are discouraged from using electronic devices at meetings and events unless required for specific activities, such as using a GPS app for geocaching. Recognizing that Cub Scouts are influenced by adult behavior, we discourage adults from using electronics during meetings and events unless necessary for the activity or to take pictures. If an adult needs to use their device for work or other essential purposes, we ask that they step away from the Scouts' view. Leaders with younger children attending meetings may allow them to use electronics to stay occupied.

***Technology can be appropriate in the right situation, but we aim to help our Scouts learn that they can have fun without it.***



# Pack 214 Behavior Policy

*Along with our efforts to live according to the values of the Scout oath and law, Matthews United Methodist Church, our gracious sponsor, generously allows us to use their facilities for our meetings and events. In return for their kindness, we must uphold the highest standards of respectful behavior while at scouting events and meetings.*

*Our primary goal is to create a positive and nurturing environment for all our scouts. To ensure this, in accordance with the Guide to Safe Scouting we have established policies that will be implemented immediately to address any behavioral issues that may arise during our gatherings.*

## **Demonstrating Respectful Behavior:**

- All scouts are expected to ALWAYS demonstrate respectful behavior.
- Treat fellow scouts, leaders, and volunteers with courtesy and kindness.
- Respect personal space, belongings, and the property of Matthews United Methodist Church.
- All scouts are expected to learn and play in a safe manner keep their hands to themselves, and should listen to the direction of their leaders.

## **Zero Tolerance for Physical Aggression:**

- Any physical aggression, including pushing, hitting, punching, bullying, or any other form of physical violence, will not be tolerated, will be documented in an incident report, and can include disciplinary action, up to and including dismissal from Scouting America .
- In the event of physical aggression, the scout will be asked to leave the meeting or event immediately.
- They may return to the following meeting, but a parent or guardian must accompany them and remain with them for the duration of the event.
- Any further issues with physical aggression toward scouts or adults will be addressed and will be forwarded to the committee for additional action taken up to/including dismissal from the Pack and Scouting America.

## **Behavioral Infractions:**

### ***First Offense: Verbal Warning***

- When a scout exhibits inappropriate behavior, they will receive a verbal warning from a leader or volunteer.
- The scout will be reminded of the expected standards of conduct and given a chance to correct their behavior.

### ***Second Offense: Removal from Activity***

- If a scout's inappropriate behavior persists, they will be removed from the activity taking place and will be asked to reflect on their actions.
- The removal from the activity will be at the discretion of the adult leaders.
- Parents may be asked to remain on campus during future meetings.

### ***Third Offense: Parent or Guardian Required***

- If a scout's inappropriate behavior continues, after Pack Leadership has taken the first two disciplinary steps, they will be required to have a parent or caring adult stay with them during all meetings and events. In the event of a third offense, the Cubmaster will set a meeting with the scout's caring adults before any action is taken.
- The parent or caring adult will be responsible for supervising and guiding the scout to maintain proper behavior until such time it is determined that the scout can control themselves.
- If a parent or caring adult is unable to attend, we will ask that the scout remain at home until they can be accompanied.

Any further issues with behavior will be addressed with parents/guardians and the Cubmaster.

### ***Reporting and Assistance:***

- All parents are encouraged to help the volunteer scout leaders in maintaining a safe and respectful environment.
- If you witness any inappropriate behavior, please do not hesitate to speak up and report it to the scout leaders.
- We value the partnership between parents and leaders in ensuring the well-being and development of all our scouts.

### ***Prompt Departure after Meetings:***

- Please be on time for pickup. Our meetings end promptly at 7:30 p.m.
- We kindly request following Tuesday meetings, that you promptly gather your children and conclude your time in the meeting area.
- The playful post-meeting activities, such as hide-and-seek and tag, have become disruptive, and we aim to maintain a professional and organized atmosphere during the transition out of our meetings.

### ***Scout Spirit Song Reminder:***

- During our meetings, we will emphasize the importance of singing the announcement song in a more measured and harmonious way, rather than screaming it.
- We kindly ask parents to reinforce this message with the scouts, ensuring the tradition is celebrated while maintaining a respectful atmosphere.
- The church commons are a shared space with other community groups. We need to be mindful of sound level, so as to not disturb other groups.

*By adhering to this behavior policy, we aim to create an inclusive, positive, and respectful atmosphere where all our scouts can learn and grow together. We appreciate your commitment to upholding these standards and making our Cub Scout Pack 214 a great experience for all involved.*

## 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: \_\_\_\_\_



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## 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
<input type="checkbox"/>	<input type="checkbox"/>	Medication	
<input type="checkbox"/>	<input type="checkbox"/>	Food	

Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polio	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influenza	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., Hib)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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: \_\_\_\_\_

