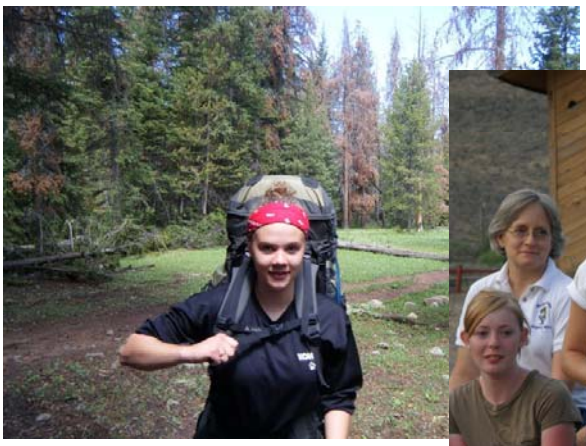


WELCOME TO CAMP SUNRISE

Located at the Hinckley Scout Ranch in the Uinta Mountains, Camp Sunrise is nestled in a pine forest among small lakes and rivers. It is a secluded and safe place for groups to experience camp. In addition to the perfect location, Sunrise offers outdoor programs not found in other youth camps. These experiences help groups grow mentally, emotionally and spiritually.

Safety is our highest priority at Camp Sunrise. Our experienced staff provides quality, safe outdoor programs that will enhance your camp experience. We look forward to your visit and offer our support and resources as you prepare for this wonderful adventure.

CAMP FEES

FEE PLAN

	REGULAR FEE
YOUTH FEE + PROVIDE YOUR OWN FOOD	$65.00
YOUTH FEE + DINING HALL OPTION	$125.00
ADULT FEE + PROVIDE YOUR OWN FOOD	$15.00
ADULT FEE + DINING HALL OPTION	$75.00

DESCRIPTION OF FEES

AN INITIAL DEPOSIT OF $100 RESERVES YOUR CAMPSITE.
A PAYMENT OF 50% PER PERSON IS DUE NO LATER THAN MARCH 1, 2013.
FULL PAYMENT IS DUE BY MAY 1, 2013.

FOOD OPTIONS

CAMP SUNRISE OFFERS TWO FOOD OPTIONS:

Dining Hall: For those who purchase the dining hall option, meals are provided and prepared beginning Tuesday lunch and ending with a continental breakfast on Saturday morning.

Provide Your Own: Groups may choose to supply their own food. Be aware that the fire policy is subject to change depending on conditions. Plan meals which can be prepared without using a fire or charcoal briquettes. Propane stoves usually work best.

REFUND POLICY

THE GREAT SALT LAKE COUNCIL MUST COMMIT FINANCIAL RESOURCES TO EMPLOY STAFF, PURCHASE FOOD, SUPPLIES, AND TO PREPARE FOR CAMP OPERATIONS. PARTICIPANTS, THEREFORE, ARE REQUIRED TO MAKE A FINANCIAL COMMITMENT TO ATTEND.

A UNIT DEPOSIT FEE ($100 PER SITE) IS NOT REFUNDABLE OR TRANSFERABLE. THE DEPOSIT IS APPLIED TO THE TOTAL CAMP FEE.

CAMP FEES ARE TRANSFERABLE TO ANOTHER CAMP WITHIN THE SAME YEAR UP TO THE TIME OF CAMP. NO FEES ARE TRANSFERABLE TO ANOTHER YEAR. THE UNIT DEPOSIT IS NOT REFUNDABLE UNDER ANY CIRCUMSTANCES. CANCELLATIONS OR REFUNDS REQUESTED PRIOR TO MAY 31ST WILL BE REFUNDED AT 100% LESS ANY APPLICABLE DEPOSIT.

CANCELLATIONS OR REFUNDS REQUESTED AFTER MAY 31ST WILL BE REFUNDED AT 50% LESS THE DEPOSIT UNTIL THE FRIDAY PRIOR TO YOUR FIRST DAY OF CAMP.

NO SHOWS (UNITS OR INDIVIDUALS) ARE NOT ELIGIBLE FOR A REFUND EXCEPT FOR CASES OF INJURY AND/OR ILLNESS, DEATH IN THE FAMILY OR A PERSONAL EMERGENCY.

ONE WEEK PRIOR TO CAMP, FOOD FEES AND ACTIVITY FEES ARE NON REFUNDABLE.

REFUND REQUESTS FOR GROUPS PRIOR TO CAMP WILL BE HANDLED IN THE GREAT SALT LAKE COUNCIL SERVICE CENTER BY THE DIRECTOR OF CAMPING AND/OR CAMP DESK PERSONNEL UNTIL THE FRIDAY PRIOR TO YOUR FIRST DAY OF CAMP. REFUND REQUESTS AT OR DURING CAMP MUST BE DONE AT CAMP AND SUBMITTED TO THE CAMP DIRECTOR BEFORE LEAVING CAMP. **THERE WILL BE NO REFUND REQUESTS ACCEPTED AFTER THE GROUP CHECKS OUT OF CAMP.**

THE COUNCIL DIRECTOR OF CAMPING AND VOLUNTEER CAMP COMMITTEE WILL MAKE THE FINAL DECISION ON ALL REFUNDS WITH THE APPROVAL OF THE COUNCIL COMPTROLLER.

THE GREAT SALT LAKE COUNCIL WILL NOT AUTOMATICALLY REFUND MONEY WITHOUT WRITTEN APPROVAL. THE PROCESSES OUTLINED ABOVE MUST BE FOLLOWED IN ORDER TO RECEIVE A REFUND.

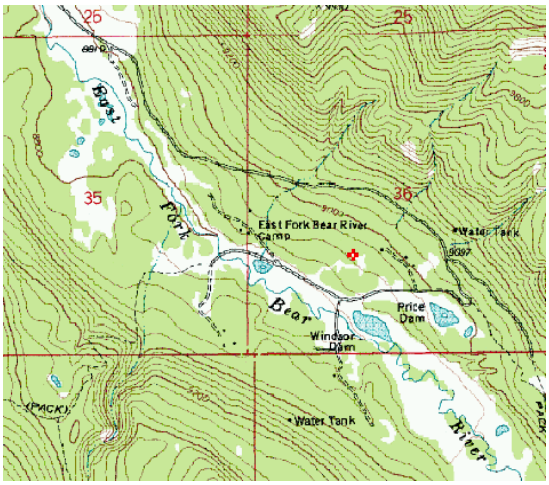
PLEASE NOTE:

All camps are prepared to operate in adverse weather conditions. The group leader is responsible for providing adequate planning and insures that the youth come prepared. We do not issues refunds for adverse weather conditions.

To avoid forfeiting camp fees, we strongly encourage units to obtain firm commitments from adult leaders, youth, and their families prior to paying camp fees.

Upon arrival, the camp director reserves the right to reassign campsites (if necessary) to accommodate disparate unit sizes.

Contact Information & Directions to Camp



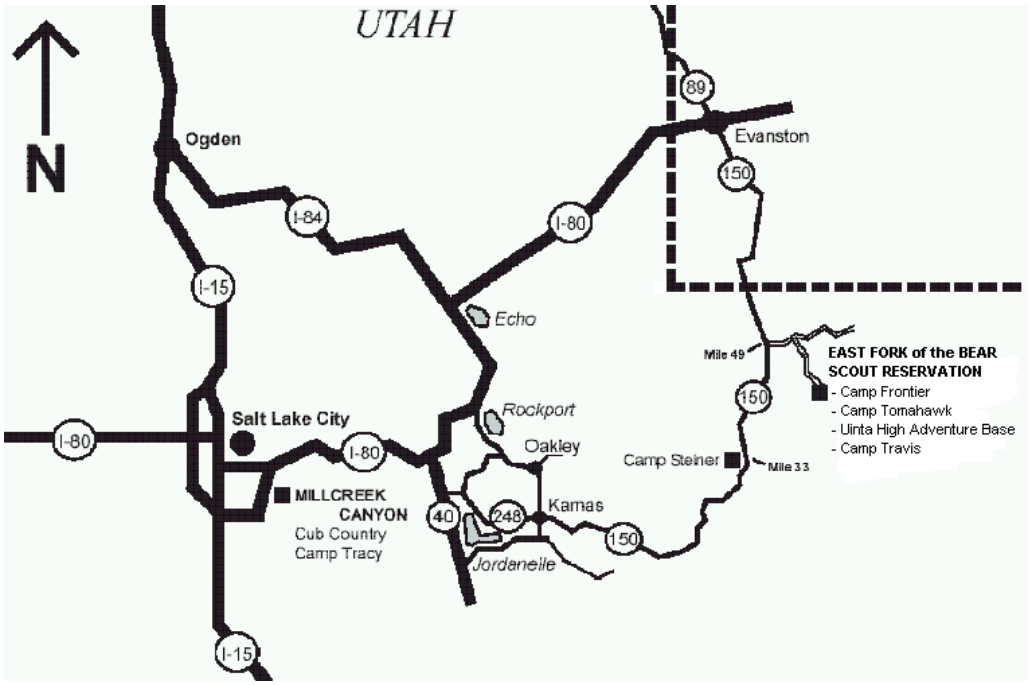
CONTACT INFORMATION

Great Salt lake Council Office	(801) 582-3663
Hinckley Scout Ranch	(435) 642-6628
Camp Fax	(435) 642-6630

DIRECTIONS FROM SALT LAKE VALLEY

Follow Interstate 80 East to Evanston, Wyoming. Take Exit #5. Turn right onto Highway 150. Drive south on Highway 150 about 30 miles. Go 1/4 mile past Bear River Lodge. Look for the Hinckley/ East Fork Scout Camp sign. Turn left onto the dirt road. Travel east about 2 miles along this road (FR 058) until you see a sign and the first maintained dirt road on your right. Turn right onto this road and travel about 4 miles until you reach the entrance for Hinckley Scout Ranch.
Travel time is approximately 2 ½ hours.

As an alternate route, you can travel via Kamas along the Mirror Lake Highway (150) over Bald Mountain Pass.



Necessary Forms to Attend Camp

As mentioned previously, you will need to submit several forms upon arrival in camp. Below is a brief description of these forms. Copies can also be found in the back of this Guide.

MEDICAL FORM: Each youth and adult attending camp must have a completed medical form signed by a doctor. There is a new medical form available on the Council website. Read it carefully as requirements have changed. All persons who will be in camp 72 hours or more must bring the completed medical form, parts A, B and C. See the form for more details

Climbing: Each youth must have a signed *Parental/Guardian Informed Consent Agreement*. This form must be signed by BOTH parents. The form may be signed by one parent if the other parent is deceased, they've had all custodial rights terminated, or if the whereabouts of the other parent are unknown to the family. A youth who fails to provide a signed parental agreement for this activity will not be able to participate.

SWIM CHECK: This can be done prior to camp. If completed prior to camp, please come prepared with the form filled out and signed by the appropriate individuals. (Printable forms are available on the Council web site, WWW.SALTLAKESCOUTS.COM.)

Things to Know about Camp

FIRST AID	Basic first aid should be provided by your youth group. Additional first aid is available at the camp office. During some weeks at camp, an EMT is available. An injury at camp may require an adult from your group to transport the injured person to the Evanston WY regional hospital .
CAMPFIRES	The fire policy of the Great Salt Lake Council, BSA is subject to change without notice, based on fire hazard conditions, and may vary from property to property. Please check with the camping desk at the council service center for the latest conditions and policy by calling 801-582-3663. Conditions will also be posted on the council website at WWW.SALTLAKESCOUTS.COM. If you plan to cook in your campsite, please use propane stoves.
PROPANE & LIQUID FUELS	We strongly recommend the use of propane stoves and lanterns instead of those fueled by white gas or liquid fuels.
FIREWORKS	Fireworks are absolutely prohibited at camp.
FIREARMS	Please do not bring any ammunition or firearms from home. Personal firearms may not be used as part of the camp program or on camp ranges. All state and federal firearms laws apply.
PETS	No pets are permitted in camp. Service animals, however, are permitted.
WILDLIFE PRECAUTIONS	Several varieties of wildlife live in the area including deer, moose, rabbits, small to medium sized rodents (e.g., squirrels, chipmunks, marmots, etc.) as well as badgers. If you plan to provide your own meals while at camp, we recommended that you bring an enclosed trailer.
ELECTRONICS & OTHER VALUABLES	We discourage groups from bringing to camp any electronic devices such as MP3 players, iPods, cell phones, personal organizers, laptops, Game Boys, etc.
PARKING	*All vehicles are to be parked in the parking lot(s) by 3:00 p.m. Tuesday* unless a special permit to park in camp has been issued. The parking lot is located near the main road in lower camp. Please back into your spot for easy exit in the event of an emergency evacuation.

WHAT WILL I FIND AT CAMP?

THE FOLLOWING IS A BRIEF DESCRIPTION OF THE BASIC FACILITIES AND SERVICES AVAILABLE AT CAMP SUNRISE. YOU MAY ALSO REFER TO THE CAMP MAP ON THE FOLLOWING PAGE.

CAMPSITES	EACH CAMPSITE HAS A PICNIC TABLE(S). YOU WILL WANT TO BRING A DINING FLY OR CANOPY FOR INCLEMENT WEATHER.
RESTROOMS	LATRINES ARE SPREAD THROUGHOUT CAMP. LATRINES ARE CLEANED BY THE STAFF EVERY SATURDAY AND ARE PUMPED WEEKLY. **IT IS THE RESPONSIBILITY OF THE GROUP TO CLEAN THE LATRINE WHILE THEY ARE AT CAMP**. OUR COMMISSIONERS WILL WORK WITH YOUR YOUTH GROUP TO COORDINATE A CLEANING SCHEDULE FOR THOSE CAMPSITES WHO SHARE A LATRINE. LATRINES ARE NOT TRASH RECEPTACLES. LATRINES WITH TRASH, BOTTLES OR OTHER ITEMS CANNOT BE PUMPED.
SHOWERS	CAMP HAS ONE CENTRALLY LOCATED SHOWER HOUSE FOR BOTH YOUTH AND ADULTS. IN OBSERVANCE OF YOUTH PROTECTION POLICIES, SEPARATE SHOWER TIMES HAVE BEEN CLEARLY POSTED ON THE EXTERIOR OF THE BUILDING. PLEASE BE CERTAIN TO OBSERVE THE AGE APPROPRIATE SHOWER TIMES.
TRADING POST	Stocked with souvenirs, candy and soft drinks, the trading post is a fun stop on your way to your next camp adventure.
LOST & FOUND	All lost and found items will be collected at the camp office and held until the end of the camping season.
TRASH DISPOSAL	Please observe No Trace Camping guidelines as much as possible. If you see trash anywhere in camp, please pick it up and dispose of it properly. The camp has a limited capacity to accommodate unit refuse. Also, please be certain all trash in the campsite is stored properly so as not to attract wild animals.

Camp Dining Pavilion

CAMP KITCHEN & DINING PAVILION	For those who choose the dining hall food plan, meals will be prepared and served in the camp kitchen. We provide plates and utensils. You only need to bring yourself and your singing voice– each meal begins with song and prayer. Groups who select the dining hall plan will be assigned a simple clean up assignment after each meal. Look for the schedule posted near the entrance to the kitchen.
VISITOR MEALS	If you have visitors in camp or overlapping leadership, individual meals may be purchased through the camp office manager. Please give us some advanced warning!

The following are samples menus and is likely to change. They are presented only to give you an idea of what has been served in the past.

SAMPLE MENU, SCHEDULE A

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	Lunch: Philly cheese steak, chips, veggies, cookie, drink **Dinner:** fajitas, salad, fruit, drink, dessert	**Breakfast:** break-fast casserole, fruit, cereal, juice, milk **Lunch:** corn dog, tater tots, veggies, cookie, drink **Dinner:** chicken alfredo, bread stick, salad, fruit, drink, dessert	**Breakfast:** french toast sticks, fruit, sausage, cereal, juice, milk **Lunch:** chicken nuggets, french fries, veggies, cookie, drink **Dinner:** meatloaf, potatoes, salad, drink, dessert	**Breakfast:** break-fast burrito, hash browns, fruit, cereal, juice, milk **Lunch:** chili, corn-bread, veggies, cookie, drink **Dinner:** steak, baked potato, roll, salad, drink, dessert	**Breakfast:** sweet rolls, fruit, milk **Lunch:** N/A **Dinner:** N/A

SAMPLE MENU, SCHEDULE B

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	Lunch: sloppy joes, veggies, chips, cookie, drink **Dinner:** pasta & meatballs, bread stick, salad, fruit, drink, dessert	**Breakfast:** break-fast casserole, fruit, cereal, juice, milk **Lunch:** corn dog, tater tots, veggies, cookie, drink **Dinner:** cheese burger, veggies, apple sauce, drink, dessert	**Breakfast:** french toast sticks, fruit, sausage, cereal, juice, milk **Lunch:** meatball sub, chips, veggies, fruit, cookie, drink **Dinner:** taco salad, veggies, drink, dessert	**Breakfast:** break-fast burrito, hash browns, fruit, cereal, juice, milk **Lunch:** beef stew, roll, veggies, cookie, drink **Dinner:** steak, baked potato, roll, salad, drink, dessert	**Breakfast:** sweet rolls, fruit, milk **Lunch:** N/A **Dinner:** N/A

Arrival in Camp

CHECK-IN

We suggest you plan to arrive at camp between 8:30 and 10:30 Tuesday morning.

When you arrive in camp, you will be greeted by our commissioner staff. The commissioners will then assign another staff member to guide you to your campsite.

Once you have arrived at your campsite, complete the "Check-in/Check-out: Campsite Inspection Sheet" before having the group begin to unpack and set-up your camp. The camp staff guide will then escort your leader to the camp office for check-in. **Please be prompt in checking in–units should check in no later than Noon.** To help make the check-in process as painless as possible, leaders should bring the following materials with them:

- Copies of *all* medical forms, including adults.
- Copies of climbing permission slips.
- Any outstanding camp and activity fees.
- Swim check form.

VEHICLES IN CAMP

After your equipment has been unloaded at the campsite, all vehicles must then be moved to the camp parking lot.

Groups bringing their own food *may* be allowed to keep an enclosed trailer in camp for food storage.

All vehicles are to be parked in the parking lot(s) by 3:00 p.m. Tuesday afternoon.

CAMP TOUR

After your campsite is set up, your camp staff guide will take you on a tour of camp.

SWIM CHECK

Every person who will swim, canoe, or row at camp must complete a swim check.

The swim classification test done prior to camp should be conducted by a lifeguard. A record of those youth who have completed the swim check (and their corresponding ability level) should be recorded at that time on the form provided in this packet. The record should then be submitted to the camp aquatics director.

> Swim Check
>
> *Jump feet first into water over your head in depth, swim 75 yards in a strong manner using one or more of the following strokes: sidestroke, breaststroke, trudgen, or crawl; then swim 25 yards using an easy resting backstroke. The 100 yards must be swum continuously and include at least one sharp turn. After completing the swim, rest by floating.*

Swimmer Rating:	Completes the entire test.
Beginner Rating:	Completes at least 25 feet.
Non-swimmer:	Does not complete at least 25 feet.

GREAT SALT LAKE COUNCIL

BOY SCOUTS OF AMERICA

UNIT SWIM CLASSIFICATION RECORD

Unit #: **Date of Swim Test:**

	Scout's Full Name	Swimmer Classification		
		Swimmer	Beginner	Non-
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Name of Person Conducting Swim Test

_____

Signature

_____

Print Name

_____

Expires

_____

Unit Leader's Name

_____

Unit Leader's Signature

PLEASE READ:

Swim Classification Procedures

The swim classification of individuals participating in a BSA aquatics activity is a key element in both Safe Swim Defense and Safety Afloat. The swim classification tests should be renewed annually, preferably at the beginning of each outdoor season. Traditionally, the swim classification test has only been conducted at a long-term summer camp. However, there is no restriction that this be the only place the test is conducted. It may be more useful to conduct the swim classification prior to a unit going to summer camp. All persons participating in BSA aquatics are classified according to swimming ability. The classification tests and test procedures have been developed and structured to demonstrate a skill level consistent with the circumstances in which the individual will be in the water. The Swimmer's Test demonstrates the minimum level of swimming ability required for safe deep-water swimming. The Beginner's Test demonstrates the minimum level of swimming ability for recreational and instructional activity in a confined body of water with a maximum 6-foot depth, and with shallow water footing or a pool or pier edge always within 25 feet of the swimmer.

The various components of each test evaluate the several skills essential to the minimum level of swimming ability. Each step of the test is important and should be followed as listed below:

Swimmer's Test. Jump feet first into water over the head in depth, level off, and begin swimming. Swim 75 yards in a strong manner using one or more of the following strokes: sidestroke, breaststroke, trudgen, or crawl; then swim 25 yards using an easy resting back stroke. The 100 yards must be swum continuously and include at least one sharp turn. After completing the swim, rest by floating.

Beginner's Test. Jump feet first into water over the head in depth, level off, swim 25 feet on the surface, stop, turn sharply, resume swimming as before, and return to starting place.

Administration of Test. The swim classification test should be conducted by a person experienced in swimming instruction. Resource people for conducting the test include: BSA Aquatics Instructor, BSA Lifeguard, certified lifeguard, swimming instructor, or swim coach. When the unit goes to summer camp each individual will be issued a buddy tag under the direction of the Aquatics Director for use at the camp.

Parent Information Sheet

Dear Parents,

Our troop will be attending summer camp at Sunrise, part of the Hinckley Scout Ranch located in the Uinta Mountains. Here is some important information to help your son prepare for camp *and* emergency contact information for your records.

Our group will depart: _____ at: _____ from: _____

Date *Time* *Meeting Place*

Our group sponsor is: _____

We will be at Sunrise in campsite: _____

The leader in charge of our trip is: _____

The local contact who has information about our trip is:
_____

He/she can be contacted at: _____

NOTE: Mail service to camp is very slow, so you will need to send letters *no later* than Tuesday afternoon

Emergency Contact Information

If you need to contact your son or the leader in an emergency, please use the following number(s):

Hinckley Scout Ranch (435) 642-6628
(435) 642-6631
Camp Fax (435) 642-6630

NOTE: Please use the camp numbers in an emergency only. The camp has limited access to phone lines and they cannot be tied up for non-emergency matters.

Great Salt Lake Council Service Center (801) 582-3663

Equipment Lists

Here is a suggested list of gear to bring to camp. Be sure to mark all personal items with your name and ward.

PERSONAL ITEMS TO BRING:

- ❏ Medical Exam Form
- ❏ Pack or duffel bag
- ❏ Sleeping bag
- ❏ Air mattress or pad
- ❏ Raincoat or poncho
- ❏ Coat (layers)
- ❏ Light jacket or sweatshirt
- ❏ Additional clothing (shirt, pants, socks, etc.)
- ❏ Towel
- ❏ YW Camp Manual
- ❏ Water bottle
- ❏ Toothbrush & toothpaste
- ❏ Soap
- ❏ Comb
- ❏ Sun screen
- ❏ Personal First Aid kit
- ❏ Spending Money
- ❏ Pillow
- ❏ Insect repellent
- ❏ Pen & notebook for classes
- ❏ Sewing kit
- ❏ Camera
- ❏ Chair

Youth do not bring cell phones IPods or other electronics.

Ward EQUIPMENT TO BRING:

- ❏ Flag
- ❏ Tents (camp does not provide tents)
- ❏ Lanterns
- ❏ First Aid kits
- ❏ Camp Manual
- ❏ Ice chest
- ❏ Scoutmaster's lounge chair
- ❏ Dining fly and stakes
- ❏ Cooking equipment (for Own Food option)

DO NOT bring the following items to camp:

- ✘ Open-toed Shoes
- ✘ Cell phones, iPods other electronics
- ✘ Pets
- ✘ Large knives
- ✘ Fireworks
- ✘ Firearms (guns)
- ✘ Archery equipment
- ✘ Ammunition

NOTES:

1. Most camp programs operate in all types of weather conditions. Come prepared for cold wet weather.

2. Refunds are NOT issued for adverse weather conditions.

3. Groups on the dining hall plan do NOT need any utensils, plates, cups, etc. Troops who will bring their own food should plan to bring a camp stove, utensils, dishwashing soap, and other necessary cooking items.

Miscellaneous Information & Other Documents

Other necessary camp documents may be found online by visiting www.saltlakescouts.com/council/publications or www.saltlakescouts.com/campshttp://www.saltlakescouts.com/council/publications.

Annual Health and Medical Record

Climbing Consent Form

Current GSLC Fire Policy

Camp Map

Annual Health and Medical Record
Registro Médico y de Salud Anual
Part A/Parte A

High-adventure base participants:
Participantes en la base de aventura extrema:
Expedition/crew No.
Expedición/grupo no.: _____
or staff position
o puesto fijo: _____

GENERAL INFORMATION/INFORMACIÓN GENERAL

Name (Nombre) _____ Date of birth (Fecha de nacimiento) _____ (MM/DD/Year) - (MM/DD/Año) Age (Edad) _____ ◯ Male (Masculino) ◯ Female (Femenino)

Address (Domicilio) _____ Grade completed (youth only) (Grado escolar completado (sólo niños)) _____

City (Ciudad) _____ State (Estado) _____ Zip (Código postal) _____ Phone No. (No. telefónico) _____

Unit leader (Líder de la unidad) _____ Council name/No. (Nombre y no. del concilio) _____ Unit No. (No. de unidad) _____

Social Security No. (optional; may be required by medical facilities for treatment) (No. de Seguro Social (opcional; puede ser solicitado por las instalaciones médicas para brindar tratamiento)) _____ Religious preference (Preferencia religiosa) _____

Health/accident insurance company (Compañía de seguro médico/accidental) _____ Policy No. (No. de póliza) _____

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF YOU DO NOT HAVE MEDICAL INSURANCE, ENTER "NONE" ABOVE.
ANEXAR UNA FOTOCOPIA DE AMBOS LADOS DE LA TARJETA DEL SEGURO. SI USTED NO TIENE SEGURO MÉDICO, ESCRIBA "NINGUNO."

In case of emergency, notify/En caso de emergencia, notificar a:

Name (Nombre) _____ Relationship (Parentesco) _____

Address (Domicilio) _____

Home phone (Teléfono de casa) _____ Business phone (Teléfono de oficina) _____ Mobile phone (Teléfono móvil) _____

Alternate contact name (Nombre de contacto alterno) _____ Alternate's phone (Teléfono del contacto alterno) _____

HEALTH HISTORY/HISTORIAL MÉDICO

Do you currently have, or have you ever been treated for any of the following?
¿Tiene actualmente, o ha tenido alguna vez los siguientes?

Please fill in the bubbles as indicated below:
Por favor rellene los círculos tal como se indica a continuación:
Incorrect (Incorrecto): ✔ ✘ ◒ Correct (Correcto): ●

Yes/Sí	No/No	Condition/Padecimiento	Explain/Explique
◯	◯	**Asthma** (Asma) **Last attack:** (MM/YY) (Último ataque: (MM/AA)) ☐☐/☐☐	
◯	◯	**Diabetes** (Diabetes) **Last HbA1c:** (Percentage) (Última HbA1c: (Porcentaje)) ☐☐.☐%	
◯	◯	**Hypertension (high blood pressure)** Hipertensión (presión alta)	
◯	◯	**Heart disease/heart attack/chest pain/heart murmur** Enfermedad del corazón/infarto/dolores de pecho/soplo cardíaco	
◯	◯	**Stroke/TIA** Apoplejía/Accidente isquémico transitorio	
◯	◯	**Lung/respiratory disease** Enfermedades pulmonares/respiratorias	
◯	◯	**Ear/sinus problems** Problemas del oído/senos paranasales	
◯	◯	**Muscular/skeletal condition** Condiciones musculares/óseas	
◯	◯	**Menstrual problems (women only)** Problemas menstruales (sólo mujeres)	
◯	◯	**Psychiatric/psychological and emotional difficulties** Dificultades psiquiátricas/psicológicas y emocionales	
◯	◯	**Behavioral/neurological disorders** Trastornos de conducta/neurológicos	
◯	◯	**Bleeding disorders** Enfermedades hemorrágicas	
◯	◯	**Fainting spells** Desmayos	
◯	◯	**Thyroid disease** Enfermedades de la tiroides	
◯	◯	**Kidney disease** Enfermedades del riñón	
◯	◯	**Sickle cell disease** Anemia falciforme	
◯	◯	**Seizures** (Convulsiones) **Last seizure:** (MM/YY) (Última convulsión: (MM/AA)) ☐☐/☐☐	
◯	◯	**Sleep disorders (e.g., sleep apnea)** Trastornos del sueño (por ejemplo, síndrome de apnea-hipopnea durante el sueño)	Use CPAP (Usa CPAP): ◯ Yes (Sí) ◯ No (No)
◯	◯	**Abdominal/digestive problems** Problemas abdominales/digestivos	
◯	◯	**Surgery** (Cirugía) **Last surgery:** (MM/YY) (Última cirugía: (MM/AA)) ☐☐/☐☐	
◯	◯	**Serious injury** Lesión grave	
◯	◯	**Excessive fatigue or shortness of breath with exercise** Fatiga en exceso o dificultad para respirar al hacer ejercicio	
◯	◯	**Other** Otro	

Emergency contact No.: Teléfono en caso de emergencia _____
Allergies: Alergias _____
DOB: Fecha de nacimiento _____
Full name: Nombre completo _____
Part A Parte A

PART A (*continued on next page*)

HEALTH HISTORY/HISTORIAL MÉDICO

Are you allergic to or do you have any adverse reaction to any of the following?
¿Es alérgico a, o le causa alguna reacción adversa cualquiera de los siguientes?

Please fill in the bubbles as indicated:
Por favor rellene los círculos tal como se indica:

Incorrect: ✓ ✗ ◒
Incorrecto

Correct: ●
Correcto

Yes/Sí	No/No	Allergies or Reaction to Alergias o Reacciones a	Explain Explique
○	○	**Medication** Medicamentos	
○	○	**Food, plants, or insect bites** Alimentos, plantas o picaduras de insectos	

The following immunizations are recommended by the BSA. **Tetanus immunization is required and must have been received within the last 10 years.** For each item, indicate if you have been immunized, the date of the immunization (MM/YY), if you have had the disease, and the date (MM/YY).

BSA recomienda las siguientes vacunas. **La vacuna contra el Tétanos es obligatoria y debe haberla recibido en los últimos 10 años.** Por cada punto, indique si ha sido vacunado, la fecha en que la recibió (MM/AA), si ha padecido la enfermedad, y la fecha (MM/AA).

Immunized? ¿Vacunado?		Immunizations Vacunas	Date (MM/YY) Fecha (MM/AA)	Had Disease? ¿La ha padecido?		Date (MM/YY) Fecha (MM/AA)
Yes/Sí	No/No			Yes/Sí	No/No	
○	○	**Tetanus** Tétano	☐☐/☐☐	○	○	
○	○	**Pertussis** Tos ferina		○	○	
○	○	**Diphtheria** Difteria		○	○	
○	○	**Measles** Sarampión		○	○	
○	○	**Mumps** Paperas		○	○	
○	○	**Rubella** Rubéola		○	○	
○	○	**Polio** Polio		○	○	
○	○	**Chicken pox** Varicela		○	○	
○	○	**Hepatitis A** Hepatitis A		○	○	
○	○	**Hepatitis B** Hepatitis B		○	○	
○	○	**Meningitis** Meningitis		○	○	
○	○	**Influenza** Influenza		○	○	
○	○	**Other (i.e., HIB)** Otra (por ejemplo, HIB)		○	○	
○	**Exemption to immunizations claimed (form required).** Exención de vacunas solicitada (formulario obligatorio).					

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.

MEDICAMENTOS Enumere todos los medicamentos que usa en la actualidad. (Si requiere espacio adicional, favor de sacar una fotocopia de esta parte del formulario.) Se debe incluir información sobre inhaladores y EpiPen, incluso si son sólo para uso ocasional o en caso de emergencia.

○ No medications
Sin medicamentos

○ Additional medications (sheet attached)
Medicamentos adicionales (hoja anexa)

Medication Medicamento _____ Strength Dosis _____ Frequency Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____	Medication Medicamento _____ Strength Dosis _____ Frequency Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____	Medication Medicamento _____ Strength Dosis _____ Frequency Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____
Medication Medicamento _____ Strength Dosis _____ Frequency Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____	Medication Medicamento _____ Strength Dosis _____ Frequency Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____	Medication Medicamento _____ Strength Dosis _____ Frequency Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____

Administration of the above medications is approved by (if required by your state): _____ / _____
La administración de los medicamentos arriba mencionados está aprobada por (si lo requiere su estado)

Parent/guardian signature
Firma del padre o tutor

and/or
y/o

MD/DO, NP, or PA signature
Firma del Dr., Enfermera profesional, Asistente médico

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.

Asegurarse de traer los medicamentos en cantidades suficientes y en los envases originales. Asegurarse de que NO ESTÉN CADUCADOS, incluyendo inhaladores y EpiPens. NO DEBE DEJAR DE tomar cualquier medicamento de mantenimiento a menos que se lo indique su médico.

Part A Parte A

Full name: Nombre completo _____

DOB: Fecha de nacimiento _____

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High-adventure base participants:
Participantes en la base de aventura extrema:
Expedition/crew No./Expedición/grupo no.: _____
or staff position/o puesto fijo: _____

Part B/Parte B

INFORMED CONSENT AND RELEASE AGREEMENT

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

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 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.

I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. 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.

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.

NOTIFICACIÓN DE CONSENTIMIENTO Y EXONERACIÓN DE RESPONSABILIDAD

Entiendo que la participación en actividades Scouting implica un cierto grado de riesgo y que pueden ser física, mental y emocionalmente agotadoras. Asimismo, entiendo que la participación en dichas actividades es completamente voluntaria y requiere que los participantes se acaten a las reglas y estándares de conducta pertinentes.

En caso de que yo, o mi hijo, nos veamos involucrados en un caso de emergencia, entiendo que se hará todo lo posible para contactar al individuo mencionado como persona a contactar en caso de emergencia. En caso de que dicha persona no pueda ser localizada, por este medio otorgo permiso al proveedor de servicios médicos seleccionado por el líder adulto a cargo para asegurar que se proporcione el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamentos para mí o mi hijo. Los proveedores médicos están autorizados a compartir información médica protegida con el adulto a cargo, el personal médico del campamento, la administración del campamento, o cualquier médico o proveedor de servicios médicos involucrado en la administración de atención médica al participante. La Información médica protegida/Información médica confidencial (PHI/CHI, por sus siglas en inglés) bajo los Estándares de privacidad de información médica individualmente identificable, 45 C.F.R. §§160.103, 164.501, etc., y siguientes como se enmiendan de vez en cuando, incluye resultados de reconocimientos médicos, resultados de pruebas y tratamiento proporcionado para propósitos de evaluación médica del participante, seguimiento y comunicación con los padres o tutor del participante, y determinación de la habilidad del participante de continuar con las actividades del programa.

He considerado cuidadosamente el riesgo implicado y he dado el consentimiento para mí mismo o mi hijo de participar en dichas actividades. Apruebo que se comparta la información contenida en este formulario con los voluntarios y profesionales de BSA que necesiten tener conocimiento de condiciones médicas que puedan requerir consideración especial para la realización de actividades Scouting de manera segura.

Eximo a Boy Scouts of America, al concilio local, a los coordinadores de la actividad y a todos los empleados, voluntarios, grupos involucrados u otras organizaciones asociadas con la actividad, de cualquier y toda reclamación o responsabilidad que surja a raíz de esta participación.

◯ Without restrictions./Sin restricciones.

◯ With special considerations or restrictions (list)/Con condiciones especiales o restricciones (lista):

_____

_____

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/Sí

◯ No/No

Por este conducto asigno y otorgo al concilio local y a Boy Scouts of America el derecho y permiso para usar y publicar las fotografías/películas/videocintas/representaciones electrónicas y grabaciones de sonido de mí o mi hijo realizadas en todas las actividades Scouting, y por este medio exonero a Boy Scouts of America, al concilio local, a los coordinadores de la actividad y a todos los empleados, voluntarios, grupos involucrados u otras organizaciones asociadas con la actividad, de cualquier y toda responsabilidad por dicho uso y publicación.

Por este conducto autorizo la reproducción, venta, derechos reservados, exhibición, transmisión, almacenamiento electrónico y distribución de dichas fotografías/películas/ videocintas/representaciones electrónicas y grabaciones de sonido sin limitación a discreción de Boy Scouts of America, y específicamente renuncio a cualquier derecho de compensación alguna que pueda tener por cualquiera de lo anterior.

DOB: _____ Fecha de nacimiento

Full name: _____ Nombre completo

Part B Parte B

PART B (*continued on next page*)

ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS:

You must designate at least one adult. Please include a telephone number.

ADULTOS AUTORIZADOS PARA TRANSPORTAR AL NIÑO HACIA Y DESDE LOS EVENTOS:

Debe designar por lo menos a un adulto. Por favor incluya un número telefónico.

1. Name/Nombre _____ Telephone/Teléfono _____

2. Name/Nombre _____ Telephone/Teléfono _____

3. Name/Nombre _____ Telephone/Teléfono _____

Adults NOT authorized to take youth to and from events/Adultos NO autorizados para transportar al niño hacia y desde los eventos:

1. Name/Nombre _____ Telephone/Teléfono _____

2. Name/Nombre _____ Telephone/Teléfono _____

3. Name/Nombre _____ Telephone/Teléfono _____

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, Philmont Training Center, Northern Tier, Florida Sea Base, or the Summit Bechtel Reserve: I have also read and understand the risk advisories explained in Part D, *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.

Entiendo que, si cualquier información que he/hemos proporcionado es errónea, puede limitar o eliminar la oportunidad de participación en cualquier evento o actividad.

Si participo en Philmont, el Centro de Capacitación Philmont, Northern Tier, la Base Marina de la Florida o Summit Bechtel Reserve: También he leído y entiendo las advertencias de riesgo explicadas en la Parte D, *incluyendo los requisitos y restricciones de estatura y peso*, y entiendo que al participante no se le permitirá intervenir en programas de aventura extrema si dichos requisitos no se cumplen. El participante tiene permiso de intervenir en todas las actividades de aventura extrema descritas, excepto aquellas específicamente señaladas por mí o el proveedor de servicios médicos. Si el participante es menor de 18 años, se requiere la firma de el padre/madre o tutor.

Participant's name/Nombre del participante _____

Participant's signature/Firma del participante _____ Date/Fecha _____

Parent/guardian's signature/Firma del padre o tutor _____ Date/Fecha _____
(if participant is under the age of 18/si el participante es menor de 18 años)

Second parent/guardian signature/Firma del otro padre o tutor _____ Date/Fecha _____
(if required; for example, CA/si se requiere; por ejemplo en CA)

This Annual Health and Medical Record is valid for 12 calendar months.
Este Registro Médico y de Salud Anual tiene vigencia por 12 meses calendario.

Part B / Parte B **Full name: / Nombre completo** _____ **DOB: / Fecha de nacimiento** _____

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Part C/Parte C
Pre-participation Physical
Examen físico previo a la participación

High-adventure base participants:
Participantes en la base de aventura extrema:
Expedition/crew No.
Expedición/grupo no.: _____
or staff position
o puesto fijo: _____

TO THE EXAMINING HEALTH CARE PROVIDER

(Certified and licensed physicians [MD, DO], nurse practitioners, and physician assistants)

You are being asked to certify that this individual has no contraindication for participation in a Scouting experience as described in Part D. For individuals who will be attending a high-adventure program, either unit-based or at one of the national high-adventure bases, please refer to Part D for additional information.

PARA EL PROVEEDOR DE SERVICIOS DE SALUD QUE REALICE EL RECONOCIMIENTO (Médicos certificados y licenciados, enfermeras profesionales y asistentes médicos)

Se les está solicitando que certifiquen que este individuo no tiene contraindicación para participar en una experiencia Scouting tal como se describe en la Parte D. Para individuos que estarán participando en un programa de aventura extrema, ya sea en la unidad o en una de las bases nacionales de aventura extrema, por favor consulte la Parte D para información adicional.

Height (inches) / Estatura (pulgadas) ☐☐.☐ Weight (pounds) / Peso (libras) ☐☐☐.☐ Maximum weight for height / Máximo peso para la estatura ☐☐☐ Meets height/weight limits / Cumple con los límites de estatura/peso ◯ Yes/Sí ◯ No/No

Blood pressure / Presión arterial ☐☐☐/☐☐☐ Pulse / Pulso ☐☐☐ Percent body fat (optional) / Porcentaje de grasa corporal (opcional) ☐☐☐.☐

If you exceed the maximum weight for height as explained on the next page and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you **will not** be allowed to participate. At the discretion of the medical advisers of the event and/or camp, participation of an individual exceeding the maximum weight for height may be allowed if the body fat percentage measured by the health care provider is determined to be 20 percent or less for a female or 15 percent or less for a male. (Philmont requires a hydrostatic weighing or DXA test to be used for this determination.) Please call the event leader and/or camp if you have any questions. Enforcing the height/weight guidelines is strongly encouraged for all other events.

Si usted excede el peso máximo para su estatura tal como se explica en la siguiente página y su actividad de aventura extrema planeada le llevará a más de 30 minutos de distancia de una vía con acceso para un vehículo de emergencia, usted **no podrá** participar. A juicio de los consejeros médicos del evento o campamento, la participación de un individuo que exceda el peso máximo para su estatura puede permitirse si el porcentaje de grasa corporal medida por el proveedor de servicios de salud determina que es 20 por ciento o menos para una mujer o 15 por ciento o menos para un hombre. (Philmont requiere que se use una prueba de peso hidrostático o de densitometría ósea para determinarlo). Por favor llame al líder del evento o del campamento si tiene preguntas. El cumplimiento de los lineamientos de estatura y peso se recomienda encarecidamente para todos los demás eventos.

Examiner: Please fill in the information.
Examinador: Favor de completar la información.

Please fill in the bubbles as indicated: / Por favor rellene los círculos tal como se indica: Incorrect: / Incorrecto ✓ ✗ ◒ Correct: / Correcto ●

	Normal / Normal	Abnormal / Anormal	Explain Any Abnormalities / Explique cualquier anomalía
Eyes / Ojos	◯	◯	
Ears / Oídos	◯	◯	
Nose / Nariz	◯	◯	
Throat / Garganta	◯	◯	
Lungs / Pulmones	◯	◯	
Neurological / Neurológico	◯	◯	
Heart / Corazón	◯	◯	
Abdomen / Abdomen	◯	◯	
Genitalia/hernia / Genitales/hernia	◯	◯	
Skin / Piel	◯	◯	
Emotional adjustment / Ajuste emocional	◯	◯	

Range of Mobility / Rango de movilidad	Normal / Normal	Abnormal / Anormal	Explain Any Abnormalities / Explique cualquier anomalía
Knees (both) / Rodillas (ambas)	◯	◯	
Ankles (both) / Tobillos (ambos)	◯	◯	
Spine / Espina	◯	◯	

Other / Otro	Yes / Sí	No / No	Explain / Explique
Personal or family history of heart disease / Historial personal o familiar de enfermedad cardíaca	◯	◯	
Medical equipment (i.e., CPAP, oxygen) / Equipo médico (por ejemplo, CPAP, oxígeno)	◯	◯	
Contacts / Lentes de contacto	◯	◯	
Dentures / Dentaduras	◯	◯	
Braces / Tratamientos de ortodoncia	◯	◯	

Tuberculosis (TB) skin test (if required by your state for BSA camp staff): ◯ Negative/Negativo ◯ Positive/Positivo
Prueba de Tuberculosis (TB) (si lo requiere su estado para personal del campamento BSA)

Allergies/Alergias: ◯ No/No ◯ Yes/Sí (explain to what agent, type of reaction, treatment/explique a qué agente, tipo de reacción, tratamiento):

Medical restrictions to participate/Restricciones médicas para participar: ◯ No/No ◯ Yes/Sí (explain/explique):

Part C / Parte C — Full name: / Nombre completo: _____ DOB: / Fecha de nacimiento: _____

PART C (*continued on next page*)

Part C Parte C

Full name: Nombre completo _____

DOB: Fecha de nacimiento _____

EXAMINER'S CERTIFICATION
CERTIFICACIÓN DEL EXAMINADOR

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions above):

Certifico que he revisado el historial médico, examinado a esta persona y no encuentro contradicciones para su participación en una experiencia Scouting. Este participante (con las restricciones descritas anteriormente):

Please fill in the bubbles as indicated:
Por favor rellene los círculos tal como se indica:

Incorrect: Incorrecto ✔ ⊗ ◒ Correct: Correcto ●

True Cierto	False Falso	
○	○	**Meets height/weight requirements** Cumple con los requisitos de estatura/peso
○	○	**Does not have uncontrolled heart disease, asthma, or hypertension** No tiene cardiopatía, asma o hipertensión incontrolados
○	○	**Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician** No ha tenido una lesión ortopédica, problemas musculoesqueléticos o cirugía ortopédica en los últimos seis meses o posee una carta de autorización por parte de su cirujano ortopédico o médico
○	○	**Has no uncontrolled psychiatric disorders** No tiene trastornos psiquiátricos incontrolados
○	○	**Has had no seizures in the last year** No ha tenido convulsiones en el último año
○	○	**Does not have poorly controlled diabetes** No tiene diabetes mal controlada
○	○	**If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures** Si tiene menos de 18 años de edad y piensa realizar buceo, no tiene diabetes, asma o convulsiones
○	○	**I have reviewed Part D for high-adventure activities.** He revisado la Parte D para actividades de aventura extrema.

Provider printed name
Nombre del proveedor _____

Address
Domicilio _____

City, state, zip
Ciudad, estado, código postal _____

Office phone
Teléfono del consultorio _____

Date
Fecha _____

Examiner signature in the box below.
Firma del examinador en el recuadro de abajo.

Height (inches) Estatura (pulgadas)	Recommended Weight (lbs) Peso recomendado (libras)	Allowable Exception Excepción permitida	Maximum Acceptance Aceptación máxima
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

Esta tabla está basada en los Lineamientos dietéticos para estadounidenses del Departamento de Agricultura de los EE.UU. y del Departamento de Salud y Servicios Humanos.

DO NOT WRITE IN THIS BOX
NO ESCRIBA EN ESTE RECUADRO

REVIEW FOR CAMP OR SPECIAL ACTIVITY/REVISIÓN PARA CAMPAMENTO O ACTIVIDAD ESPECIAL

Reviewed by
Revisado por _____

Date
Fecha _____

Further approval required
Se requiere aprobación adicional ○ Yes Sí ○ No No

Reason
Razón _____

Approved by
Aprobado por _____

Date
Fecha _____

Click here for more information regarding high-adventure outings or go to www.scouting.org/filestore/HealthSafety/pdf/part_d.pdf.
Haga clic aquí para obtener más información sobre las excursiones de aventura extrema o visite www.scouting.org/filestore/HealthSafety/pdf/part_d.pdf.

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