

**2020**

**TANAH KEETA SCOUT RESERVATION  
Summer Resident Camp COVID-19 Plan**



Revision date:

May 28, 2020

## **INTRODUCTION**

The leadership of the Gulf Stream Council has the health and safety of all Scouts, their families, staff, and general public as its highest priority and concern. This document was created to guide and inform interested parties about the preparations and procedures that the Gulf Stream Council will follow while operating our camp.

To help mitigate the risks associated with COVID-19 and other diseases, the Gulf Stream Council plans to implement practices and precautions which are included in the following pages. We will be monitoring circumstances and adhering to guidance from the CDC, our departments of health, the office of the Governor, and other experts to determine whether programs need to be postponed or adjusted. The following was prepared from that guidance.

### **Living Document**

Information about COVID-19 is continually evolving. This is intended to be a living document which will be adjusted as necessary to accommodate current information. Because of the speed at which new information is developed, it may be necessary to adapt procedures before adjustments to this document can be made.

### **Assumptions**

- COVID-19 or other illnesses may surface at camp.
- None of the procedures described here can eliminate completely the risk of illness at camp.
- Every staff member, volunteer, family and participant must evaluate their unique circumstances and make an informed decision before attending camp.

### **Vulnerable Populations**

COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information and clinical expertise, **older adults and people of any age who have serious underlying medical conditions like heart or lung disease, diabetes, obesity, or a weakened immune system** might be at higher risk for severe illness from COVID-19. Persons considered high risk are encouraged to remain home.

Persons having a cough, fever (100.4° or higher) or other symptoms of illness within 14 days of attending camp, or persons in who have been in contact with anyone with such symptoms within 14 days of coming to camp should remain at home.

## **PRE-OPENING PROCEDURES AND UPDATES**

What follows are the COVID-19 preparations undertaken by Tanah Keeta Scout Reservation to provide a safe, clean and healthy outdoor experience for its participants. We are monitoring COVID-19 developments at all relevant government levels.

Cub Scout resident camp and Scouts BSA resident camp (commonly referred to as summer camp) may have participant numbers reduced according to official guidelines to ensure that all staff and participants have a safe and fun camping experience. Other changes may be necessary to our 2020 summer camping program and we will communicate those changes as they occur.

A Pre-Event Medical Screening Checklist will be provided to each participant to complete before camp and turn in upon arrival. The checklist is a tool to assist participants and camp medical staff determine whether participants are well enough to attend camp.

The processes and safety measures outlined in this document will be enforced and monitored throughout the summer camping season and will be adapted as needed to meet all state and local requirements. If at any point it is unsafe or inappropriate to host Scout camp, we will modify our planning and notify scheduled groups and participants as soon as possible.

## **CAMP READINESS**

Tanah Keeta Scout Reservation will go through typical preparations for the summer season. Unlike previous years, there will be additional action items to complete before and during camp operations. Below are the additional items we will be doing in 2020 to prepare. This list is not all-inclusive and is dynamic depending on changes in state and local guidelines.

### **Enhanced Cleaning**

All camping facilities will receive an extensive cleaning from our camp staff before and after each camp session.

### **Cleaning Procedures**

Tanah Keeta Scout Reservation has always followed a cleaning regimen compliant with all applicable health codes and procedures. Below are additional steps that will be taken to enhance camp cleanliness and minimize the potential for disease spread.

- Pool – Clean and sanitize shower areas/changing rooms after each rotation or class.
- Dining Hall – Mop floors and clean and sanitize table surfaces, serving surfaces, doors and restrooms after each meal rotation.
- Program Areas – Clean and sanitize shared program equipment (tools, firearms, etc.) after each rotation or class.
- Shelters/Picnic Areas in Program areas – Clean and sanitize daily.
- Shelters/Picnic Areas in Campsites - Camp staff will inspect daily to ensure that groups clean shelter/picnic areas in their campsites at least once daily. Cleaning supplies and personal protective equipment will be provided. Shelters/Picnic Areas in campsites will be thoroughly cleaned and sanitized by staff in between camp sessions.
- Restrooms - Camp staff will perform daily inspections to ensure that restrooms located in group sites are cleaned daily. Cleaning supplies and personal protective equipment will be provided. Restrooms in campsites will be thoroughly cleaned by staff in between camp sessions.
- Staff Quarters - Staff members will be expected to clean their assigned living areas at least daily. Cleaning supplies and personal protective equipment will be provided. Camp management will inspect to ensure that all staff specific quarters, housing and restrooms are cleaned at least daily. All staff quarters, housing and restrooms will be thoroughly cleaned by staff between camping sessions.
- Shower Facilities - Groups assigned to a shower facility will be responsible to clean on a scheduled basis with staff supervision to ensure facility is cleaned properly. Shower facilities will be cleaned and sanitized at least once a day. Cleaning supplies and personal protective equipment will be provided.
- Kitchen - Kitchen staff will thoroughly clean all kitchen surfaces throughout the day.
- Other High-Contact Areas – Staff will sanitize tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks and other high-contact areas throughout the day.

- Tents – Interior tent surfaces will be sprayed with a disinfectant solution appropriate for fabrics and will be allowed to air out between sessions. Cots used in a previous session will be replaced with unused cots for the next session.

### **Tanah Keeta Dining Procedures**

Dining is an important part of any camp. Dining hall procedures will be modified for lower capacities and social distancing compliance based on official guidance current at the time of camp. This may result in staggered serving times and/or availability of outdoor seating. Meals may also be served in campsites.

All staff serving food will meet Florida SafeServ food handler requirements.

### **Additional Supplies**

In addition to supplies normally maintained at camp will have the following items on hand.

- Non-contact thermometers to facilitate on-site medical screening.
- Personal protective equipment to ensure that staff will be able to safely perform specific job-related functions at camp to help prevent the spread of germs.
- Personal protective equipment for campers doing select program-specific tasks where PPE is needed (example – gloves for First Aid merit badge). PPE will also be available for campers when social distancing cannot be maintained (example – taking shelter indoors during thunderstorms).
- Additional Handwashing/Sanitization Stations - Currently, each campsite and some program areas have handwashing stations. Areas without handwashing stations will have a hand sanitizer available to ensure that all participants can sanitize their hands prior to and post-rotation at program areas.

### **CAMP OPERATION MODIFICATIONS**

The following modifications are made to all camp operations. These changes are dynamic and will be implemented in compliance with state and local agencies guidelines.

- Social Distancing – Participants will be instructed to maintain at least 6 feet of separation as much as possible (or whatever the official guidance is at the start of camp session). Class and activity size will be limited to utilize available space efficiently to allow for social distancing.
- Tenting – Participants will be housed in single occupancy A-frame tents. Up to two members of the same family may occupy a tent. Campers are welcome to bring and use their own tents if they choose.
- Camp Chairs – Participants are encouraged to bring their own camp chairs as social distancing will limit available seating in some program areas.
- Camp Mugs – We provide all participants with a standard camp mug and we will require all participants only use their own mug at camp. We will require all participants to mark their mug with their name and unit number.
- Check-in Screening – All participants are required to submit a copy of the their BSA Annual Health and Medical Record Parts A, B & C (**see Appendix**). Parts A & B must be completed within two weeks of attending camp. For

2020 only, a Part C completed on or after February 1, 2019 will be acceptable for summer camp. If a participant does not have a Part C completed, they may substitute a school or sports team physical that was completed on or after February 1, 2019. Additionally, all staff and participants will be screened upon arrival by submitting a Pre-Event Medical Screening Questionnaire (**see Appendix**) and their temperature will be taken. Completed questionnaires should be readily available in the car upon your arrival. Anyone meeting any of the criteria below will be refused entry and sent home.

- Anyone presenting symptoms of illness.
- Anyone with a temperature of 100.4° or higher.
- Anyone who has been ill within 14 days prior to arrival at camp.
- Anyone who has been in contact with someone who has been ill within 14 days prior to arrival at camp.

Please review the COVID-19 “At Risk” Camp Participant Statement and sign and bring to camp with your camp medical form (**see Appendix**).

- Sick or Injured Camper - Anyone entering the health lodge for medical treatment, regardless of the situation, shall be screened for symptoms of illness and have temperature checked prior to leaving the medical lodge. Participants presenting with symptoms of illness during camp will be temporarily quarantined and sent home immediately.
- Visitors – There will be no non-emergency family visitors during the camp sessions. If a unit is changing adults during the week, each new adult will need to check in at the office and complete pre-screening procedures.
- Leaving Camp - Persons checked in to camp should not plan to leave the property before the end of camp. Readmittance to camp will be on a very limited basis and units should plan accordingly. Anyone re-entering camp will be subject to a medical screening and temperature check prior to admittance.
- Hand-washing – As a Scout is Clean, we will direct participants to thoroughly wash their hands often. Hand washing and sanitizing stations will be available.
- Personal protection equipment (PPE) – Participants are encouraged to bring their own supply of hand sanitizer, face masks, gloves or other PPE as they deem necessary.
- Camp Equipment – We will properly sanitize all community and reusable program equipment after each use. This includes teaching and visual aids (posters, sample items), tools, terrariums, aquariums, tables, benches.
- Computer lab – Sanitize each desk, chair, keyboard, mouse, and monitor with disinfectant between uses.
- Shooting sports -
  - Rifle Range – Scout on the firing line will be given a disinfectant wipe to wipe down each rifle, ammo block, safety glasses, hearing protection, and shooting stand
  - Shotgun Range - Scout that participates will be given a disinfectant wipe to wipe down each shotgun, ammo block, safety glasses, hearing protection, and shooting stand after use.
  - Archery range - Scout on the firing line will be given a disinfectant wipe to wipe down each bow, arrow, safety glasses, and target stand
- Waterfront – After each use, every boat (canoe, rowboat, stand-up paddleboard, sailboat, motorboat) should be drained of any water and then set face up to dry in the sun. As it is drying each boat should be sprayed with disinfectant and left untouched per the label instructions. Oars and paddles should be also stored blade down

and all shafts and handles should be wiped with disinfectant wipes. Participants are encouraged (not required) to bring their own US Coast Guard type III approved lifejacket to participate in aquatic activities.

- Adjusting of Weeks of Operations – Due to uncertainty of local, state, and federal agencies Gulf Stream Council may need to move its traditional starting sessions of the summer camp to ensure adequate preparation time for a safe camping experience. If this happens, those units/families affected will be given the opportunity to move to a different session, transfer monies paid to a summer camp in 2021, or receive a 100% refund.
- Adjusting of Camp Operation Hours - Camping schedules will be adjusted to reduce and/or eliminate non-emergency visitors (i.e. family nights). Sessions may be shortened to allow enough time in between sessions to ensure that an enhanced cleaning of all of camp takes place.
- Modification of Program Areas - Where possible the Gulf Stream Council has made classes smaller, added additional staff, and has ensured that program areas meet local, state, or federal guidelines for social distancing.
- Adjusting Camp Capacities - Camp capacities have been adjusted to meet local, state, and federal guidelines as it relates to dining in. The guidelines will be monitored and, should they change, the camp will change accordingly. In response to this Gulf Stream Council has adjusted total camping capacities to ensure that campers and staff have a quality experience given the new limitation on dining.
- Additional Staff Training - It is important that all Gulf Stream Council camp staff know about the general signs of COVID-19 and preventing the spread of COVID-19. Training about COVID-19 will be conducted for all staff. All staff will attend a general session in which identifying the signs of COVID-19 and preventing the spread of COVID-19 are discussed. That will include a general session that outlines all 2020 policies towards COVID-19 prevention (i.e. cleaning, social distancing, etc.).
- Enhanced Cleaning in Between Each Session of Camp - Camping schedules will be adjusted to allow camp staff to thoroughly clean in between camp sessions.
- Review and Updating of Procedures - After each session of camp there will be a review by on-site staff on all newly added 2020 procedures with updates made to those procedures based on feedback from staff and implemented by camp management.

## APPENDIX

### **Suggested Camper Supplies Additions for COVID-19**

- One-week supply of personal hand sanitizer
- One-week supply of hand cleaning wipes
- Personal reusable face mask
- Disposable gloves (if desired)
- Personal tent
- Camp chair

### **Suggested Unit Camp Equipment Additions for COVID-19**

- Spray bottles for bleach solution
- Bleach
- Rags and/or disinfectant wipes to sanitize frequently touched surfaces
- 1 gallon hand sanitizer for campsite
- Hand cleaning wipes
- Mop
- Broom
- Paper towels
- Antibacterial hand soap
- Non-aerosol disinfectant spray
- Extra camp chairs

## Gulf Stream Council COVID-19 “At-Risk” Camp Participant Statement

### To Be Turned in With Health and Medical Record

Your safety and the safety of all our members, volunteers, and employees is the Gulf Stream Council’s top priority. While there is still much uncertainty regarding COVID 19, we are monitoring the information provided by health experts and government agencies to help keep safe those who choose to come to camp this summer.

First, our council staff, is coordinating the Florida Department of Health to ensure we are informed of and comply with their guidance to mitigate the risks COVID-19 being contracted at camp.

Our mitigation plan includes:

- Pre-attendance education.
- Health screening conducted by your unit prior to travel to our camp.
- Health screening upon your arrival at camp conducted by our camp health officers, which will include a temperature check.
  - Anyone presenting with symptoms of illness at the arrival screening will not be allowed to enter camp.
- Limitations on visitors in camp.
  - All visitors will be screen upon arrival before entry to camp.
  - No non-emergency family visitors will be permitted.
- Hygiene reminders while at camp.
- Extra handwashing /sanitizer stations throughout camp.
- Dedicated staff to clean and disinfect high-touch surfaces and shared program equipment.
- An emergency response plan that includes an isolation and quarantine protocol should a person at camp develop symptoms of COVID-19 or other communicable disease.

These precautions are important, but these efforts cannot eliminate the potential for exposure to COVID-19 or any other illness while at camp. Experts have said that people with COVID-19 may show no signs or symptoms of illness, but can still spread the virus, and people may be contagious before their symptoms occur. The fact is that someone with COVID-19 may pass the required health screenings and be allowed into camp.

We also know the very nature of camp makes social distancing difficult in many situations and impossible in others.

Information from the Centers for Disease Control and Prevention (CDC) states that older adults and people of any age who have serious underlying medical conditions are at higher risk for severe illness from COVID-19. *If you are in this group, please ensure you have approval from your health care provider prior to attending camp.*

Every staff member, volunteer, and Scouting family must evaluate their unique circumstances and make an informed decision before attending camp. We hope this information will be helpful as you make that choice.

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Signature of parent/guardian/adult participant

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Date

# Model Pre-Event Medical Screening Checklist

Use this checklist to assist in identifying potentially communicable diseases before event participation.

The intent of this checklist is to review with each youth and adult participant their current health status, both before departure and upon arrival at the event. Anyone entering a camp or event — including visitors, vendors, etc. — should be screened using this checklist.

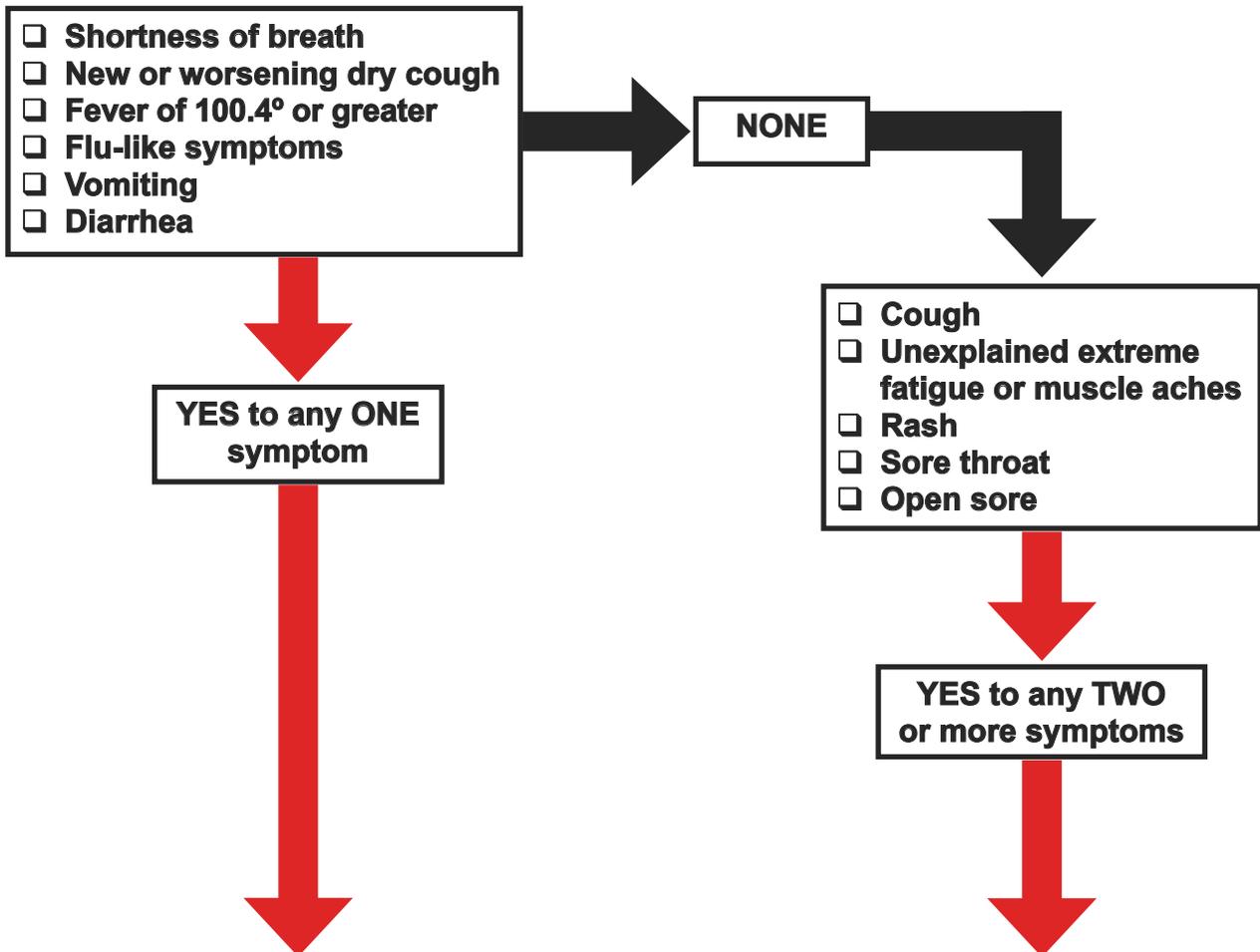
*Councils should customize with input from their council health supervisor and local health department.*

- Yes  No Have you been in contact with anyone who has COVID-19 or is otherwise sick?
- Yes  No Have you or anyone you have been in close contact with traveled on a cruise ship, internationally, or to an area with a known communicable disease outbreak in the last 14 days?

***If the answer is “yes” to either of these questions, the participant must stay home.***

- Yes  No Are you in a higher-risk category as defined by the CDC guidelines?  
If the answer is “yes” to this question, we recommend that you stay home. Should you choose to participate, you must have approval from your healthcare provider and then proceed to the symptom decision tree below.

***If the above answers are “no,” proceed to this symptom decision tree.***



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



## 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
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension (high blood pressure)	
<input type="checkbox"/>	<input type="checkbox"/>	Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
<input type="checkbox"/>	<input type="checkbox"/>	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/TIA	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma/reactive airway disease	Last attack date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Lung/respiratory disease	
<input type="checkbox"/>	<input type="checkbox"/>	COPD	
<input type="checkbox"/>	<input type="checkbox"/>	Ear/eyes/nose/sinus problems	
<input type="checkbox"/>	<input type="checkbox"/>	Muscular/skeletal condition/muscle or bone issues	
<input type="checkbox"/>	<input type="checkbox"/>	Head injury/concussion/TBI	
<input type="checkbox"/>	<input type="checkbox"/>	Altitude sickness	
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric/psychological or emotional difficulties	
<input type="checkbox"/>	<input type="checkbox"/>	Neurological/behavioral disorders	
<input type="checkbox"/>	<input type="checkbox"/>	Blood disorders/sickle cell disease	
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells and dizziness	
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	
<input type="checkbox"/>	<input type="checkbox"/>	Seizures or epilepsy	Last seizure date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Abdominal/stomach/digestive problems	
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	
<input type="checkbox"/>	<input type="checkbox"/>	Skin issues	
<input type="checkbox"/>	<input type="checkbox"/>	Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	List all surgeries and hospitalizations	Last surgery date: _____
<input type="checkbox"/>	<input type="checkbox"/>	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	Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<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"/>		Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>		Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>		Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>		Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>		Polio	
<input type="checkbox"/>	<input type="checkbox"/>		Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Other (i.e., Hib)	
<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: \_\_\_\_\_

