

CAMP KARANKAWA

JUNE 26-28, 2024 CUB SCOUT SUMMER CAMP
LEADER'S GUIDE

CUB SCOUT Summer CAMP!

GET READY FOR A GREAT
ADVENTURE!



CAMP DIRECTOR
ALI MANRIQUE - ALEXANDRA.MANRIQUE@SCOUTING.ORG

PROGRAM DIRECTOR
CHELISE HYATT - CHELISE.HYATT@SCOUTING.ORG



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INTRODUCTION

This Leaders' Guide is designed to assist you in effectively planning your Camp Karankawa Cub Scout Summer Camp adventure, and to be your "guide" during your adventure at camp.

If, after reading this guide, you have any unanswered questions, please feel free to contact the camp leadership:

Ali Manrique - Camp Director
(956) 286-6173

Chelise Hyatt - Program Director
(361) 500 - 3646



GENERAL INFORMATION

VEHICLES IN CAMP

No vehicles are allowed in Campsites or to drive in camp, except to drop-off Troop equipment on Friday, and to pick up equipment on Sunday. No riders are allowed in the backs of pickups or trucks. All riders must have a seat belt. If possible, consolidate bulky items into one vehicle to help in transporting them to campsites.

FOOD ALLERGIES & DIETARY NEEDS

If you have any special dietary needs due to food sensitivities or religious restrictions, please let the Camp Director know at least two weeks in advance so that we can make every effort to accommodate you.

LOST AND FOUND

All lost and found items will be kept at Camp Headquarters. Unclaimed items will be donated.

GUEST MEALS

For those leaders or the occasional guest wishing to visit their troop for the day, all meals will cost \$10. Please pay for meals upon arrival at the camp office.

QUESTIONS

A leaders meeting will be held during the first day of camp. Special announcements and instructions about camp life will be included in this session. Any questions that you may have will be answered at that time. Update announcements will be made at flag ceremonies, so you'll always be in the know!

Located on the shores of scenic Lake Corpus Christi, near Mathis, this 130-acre Scout camp includes 15 campsites. A new 300 person Air Conditioned Dining Hall, 3 new state-of-the-art restroom/shower buildings, and a beautiful chapel overlooking Lake Corpus Christi.

CONTACT INFORMATION

CAMP KARANKAWA ADDRESS

Camp Karankawa
23564 Park Road 25
Mathis, TX 78368

SOUTH TEXAS COUNCIL OFFICE

Phone: (361) 814-4300 Ext. 117
Fax: (361) 814-5798

CAMP DIRECTOR

Ali Manrique: (956) 286-6173

PROGRAM DIRECTOR

Chelise Hyatt: (361) 500-3646

CAMP RANGER

(361) 816-3891

CAMP KARANKAWA SONG

On the hill above the water
Up above the trees,
Flows the flag of Camp Karankawa
Waving in the breeze.
Camp Karankawa, Camp Karankawa
With your boys so true.
Scouts and Scouters all together,
Sing their praise to you.

DIRECTIONS TO CAMP

DIRECTIONS FROM CORPUS CHRISTI

Travel north on Interstate 37 to Mathis, Texas.

Take exit 34 towards Lake Corpus Christi State Recreation Area.

Turn left at State Highway 359. Travel on State Highway 359 south to Mathis.

Turn right on to park road 25 right before the Nueces River Bridge.

Follow park road 25 until you come to the entrance leading to the Lake Corpus Christi State Park.

Turn left into the entrance to the park.

Proceed towards the park until you reach the fork in the road.

Take the right fork right before entering State Park Headquarters to Camp Karankawa. Travel on road until you reach the camp entrance, turn left into the entrance and follow driveway to camp parking lot.

DIRECTIONS FROM VICTORIA

Take US 59 south to Beeville (55 miles). Take US 181 south to Skidmore (12 miles).

Follow TX 359 southwest into Mathis. Travel on State Highway 359 through Mathis.

Turn right on to park road 25 right before the Nueces River Bridge.

Follow park road 25 until you come to the entrance leading to the Lake Corpus Christi State Park.

Turn left into the entrance to the park. Proceed towards the park until you reach the fork in the road.

Take the right fork right before entering State Park Headquarters to Camp Karankawa.

Travel on road until you reach the camp entrance, turn left into the entrance and follow driveway to camp parking lot.

DIRECTIONS FROM LAREDO

Take US 59 north to Freer. Take State Hwy 44 east to Alice. Take TX 359 north to Mathis.

Cross the Nueces River Bridge and then turn left at Park Road 25. Follow this road until you come to the entrance leading to the Lake Corpus Christi State Park. Turn left into the entrance to the park.

Proceed towards the park until you reach the fork in the road. Take the right fork right before entering State Park Headquarters to Camp Karankawa.

Travel on road until you reach the camp entrance, turn left into the entrance and follow driveway to camp parking lot.



23564 Park Road 25

Entrance

GPS Coord. 28.071658N, 97.883772W

1.5 Miles To 1068



Camp Karankawa

South Texas Council

Boy Scouts of America

southtexasbsa.org

(361) 814-4300

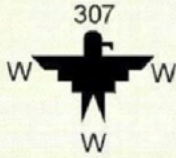
(800) 299-2267



Main Gate



130 Acres
Founded 1947



307

Archery Range

Rifle Range

Shotgun Range

Mesquite Lodge

Staff Cabins

PARKING

Maintenance Barn

Ranger's House

Health Lodge

Vern Herring
Visitor's Center

Dining Hall

Camp
Headquarters

Trading Post
& RESTROOMS

Carter
Campfire
Circle

Staff
Cabins

RESTROOMS
& SHOWERS

C.O.P.E.

Cabin 17

12

Scoutcraft
Area

Council
Ring

Nature
Area

Swimming
Pool

RESTROOMS
& SHOWERS

Waterfront

13

6

4

15

5

3

RESTROOMS
& SHOWERS

PARKING

14

2

Chapel

16

Training
Center

Lake Corpus Christi

Lake Corpus Christi State Park



CAMP AMENITIES

CAMPSITES

All 15 campsites have a fire ring, picnic area, and nearby bathroom & shower facilities.

CAMP TRADING POST

Open throughout the day, the Trading Post offers a variety of Scout items such as socks, hats, shirts, merit badge books, handicraft provisions, toothpaste, candy, juices, ice cream and a wide assortment of souvenirs. Cash and credit cards accepted.

DINING HALL

All meals are provided by professional cooks and served (cafeteria style) by our youth staff. Well-planned meals provide a balanced diet and seconds are usually available.

RANGES

B.B. Gun and Archery facilities have been designed with safety in mind, and are certified by BSA standards.

MESQUITE LODGE/SCOUTMASTER LOUNGE

Adult Leaders can enjoy our Scoutmaster Lounge which offers air-conditioning, WIFI, and couches. This is a great place to relax or get caught up on any work you may need to take care of.

C.O.P.E. - CHALLENGE OUTDOOR PERSONAL EXPERIENCE

The C.O.P.E. course is a Scouting program that includes group initiative games, trust events, and challenges that reach from the ground to the sky. Karankawa's C.O.P.E course will let your scouts climb, swing, balance, jump, rappel, problem-solve, and become stronger both as individuals and as a team.

GENERAL CAMP FACILITIES ALSO INCLUDE:

- Extensive Waterfront
- Health Lodge
- Shower & Bathroom Facilities
- Office
- Heritage Center
- Scoutcraft Area
- Gaga Ball Pit
- OA Ceremonial Amphitheater
- Carter Campfire Circle
- Swimming Pool
- Training Center
- Climbing Wall
- Fishing Areas
- Trails
- Paintball
- Kayaking
- Canoeing
- Paddle Boarding
- Sailing
- Snorkeling
- Tomahawk Throwing



NATIONAL CAMP STANDARDS

Each year, Camp Karankawa undergoes an inspection conducted by a team representing the Boy Scouts of America. The inspectors ensure adherence to all standards & regulations and grant certification through the National Camp Accreditation Program. Additionally, the camp is regularly inspected by the Texas Health Department. The Health Lodge is overseen by a qualified healthcare professional who performs routine health checks and addresses any issues. Camp Karankawa's stringent health and safety protocols are maintained at all times.



CAMP KARANKAWA STAFF AIMS & OBJECTIVES

1. To provide every camper with a wholesome and safe experience.
2. To help campers develop a keen awareness and appreciation for the great outdoors and to motivate them to assume the responsibility for living in harmony with nature.
3. To help fulfill the basic objectives of the Boy Scouts of America – building character, citizenship training, physical and mental fitness – through personal examples, stimulation and educational programs.
4. To demonstrate an enthusiastic Scouting Spirit and good leadership.
5. To exemplify the principles of the Scout Oath and Law.
6. To promote a spirit of genuine friendliness and understanding of others and cooperation.



REFUND POLICY

Refunds of prepaid camp fees will be made by check to the participant's unit or the individual who paid the fee as follows:

- Written refund requests received at the Scout Service Center more than 45 days before the first day of the camp will be refunded in their entirety except for \$65.00.
- Written refund requests received at the Scout Service Center 45 days or less before the first day of the camp and more than 7 days before the participant's scheduled arrival at camp will be refunded in their entirety less 60%.
- No refunds will be granted less than 7 days before the participant's arrival at camp.

Written refund requests will be granted, unquestioned, according to the guidelines outlined above. Prepaid camp fees may be transferred to another Scout within the same Scouting unit without a penalty. This refund policy is being enacted to provide the maximum flexibility to Scouts and their families while protecting the council's pre-paid camp expenses based on the unit's reservation numbers.

CAMP STAFF MISSION STATEMENT

To provide scouts and scouters with a fun, educational, and memorable experience in order to perpetuate the values and tradition of Camp Karankawa through the worldwide movement of Scouting.



INFORMATION FOR GROWN-UPS

This leader's guide will break down the specifics of what your Scouts will accomplish at camp. These are the activity badge requirements and sports activities that make up the program.

Each scout will be organized into camp dens, allowing us to customize the program for each cub, keeping the safety of each scout the top priority and ensuring all activities are age appropriate, engaging, educational, and fun!

Our hope is that everyone has an wonderful time at camp this summer! Summer camp is an amazing part of childhood. Spending time in the outdoors, meeting new friends, having adventures, developing new skills, and making life-long memories.

If you, a Scout, or someone else is having a difficult time, please reach out to the Program Director or Camp Director and we will do everything we can to take care of the matter as fast as possible ensuring everyone gets the most out of their summer camp experience.

FIRST TIME ADULT AT CAMP?

YOUTH PROTECTION:

The Youth Protection Policies of the Boy Scouts of America are practiced at Camp Karankawa. To insure that all Scouts have their privacy respected, National Camp Standards require that all adults and youth shower and sleep separately. More detailed information about Youth Protection will be covered at the camp orientation in May.

SAFE SWIM:

Camp Karankawa complies with Safe Swim Defense. All campers will be given a swimming ability test on the first day of camp if they did not complete it prior to camp. Any person, adult or youth, who wants to participate in water activities must have a swim test.

SECURITY AT CAMP:

Be certain to secure all valuables. Keep spending money in a safe place and work with the Scouts to provide only the amount of money that they need each day. Please report all suspicious activities to camp staff. This is for the safety of all campers.

DISCIPLINE:

The conduct and discipline of the people in your unit are your responsibility. We ask for your cooperation. Camp Staff will not discipline Scouts unless serious bodily injury or property damage may result. Your campsite is your home. Entering another campsite or loitering there can cause problems. Taps is at 10pm. Campers not in their areas after 10 pm will be escorted to their campsite by camp staff.



ALL ADULTS attending any BSA resident camp in the state of Texas are required to complete and submit copies prior to check-in of their current **Youth Protection Training** and **Adult In State Compliance Form**.

YOUTH CAMP SAFETY ACT COMPLIANCE PROCEDURES
ADULT MEMBERS/PARENTS/STAFF (18 YEARS OR OLDER)
Completed form **MUST BE** in council office **AT LEAST 2 WEEKS** prior to arrival at camp. Adults not in compliance with the state law will be asked to leave camp.

EACH PARTICIPANT MUST BRING THEIR PROPERLY COMPLETED MEDICAL FORMS. PARTS A & B.

POLICIES PERTAINING TO ALL SCOUTS, LEADERS, STAFF AND VISITORS

- It is against the policies of the Boy Scouts of America to possess or consume any form of alcoholic beverages, drugs or narcotics (not under the prescription of a physician licensed to practice medicine) on any property owned or operated by the Boy Scouts of America.
- The South Texas Council also prohibits the possession or use of any type of fireworks on camp property.
- Hazing of any form is considered child abuse and will not be tolerated anywhere under the auspices of the Boy Scouts of America.
- Do not cut live trees.
- Absolutely no candles, flames or open fires of any kind may be used in tents. Only battery lanterns are permitted in tents.

CAMP POLICIES

BUDDY TAGS

Blank swimming and waterfront "buddy tags" will be provided for each Scout and unit leader during camp check-in.

INSECT CONTROL

Camp leaders should insist that each camper be prepared for insect control. A good insect repellent will handle the situation.

Both insect repellent and mosquito netting will be available at the Camp Trading Post. **DO NOT** spray insect repellent on tent surfaces (it destroys waterproofing). If ant problems occur, contact the Camp Ranger for assistance.

MEDICATIONS AT CAMP

Medications to be taken at camp may either be turned in at the Health Lodge during medical recheck or kept under lock & key at the campsite. All medications must be in the proper original containers labeled with the name of the medication and written dosage directions. Use the Medication Check In form located in the forms section of the leader's guide.

YOUTH PROTECTION

The Youth Protection Policies of the Boy Scouts of America are practiced at Camp Karankawa. To insure that all Scouts have their privacy respected, National Camp Standards require that adults and youth shower and sleep separately. More detailed information about Youth Protection will be covered at the Pre-Camp Leader's Meeting.

CAMP STAFF AREA

Scouts and Leaders are not allowed in the camp staff personnel area at any time unless permitted by the camp directors.

SHOWER HOUSES AND RESTROOMS

Please supervise your Scouts when they are using the facilities to ensure they are caring for the facilities properly. Please ensure if the Scouts are using the facilities they are out by a reasonable time as some are very close to campsites and we must be "courteous" to our fellow campers.



DISCIPLINE

The conduct and discipline of your cubscout is your responsibility. We ask for your cooperation. Camp Staff will not discipline Scouts unless serious bodily injury or property damage may result. Your campsite is your home. Entering another campsite or loitering there can cause problems.

TAPS AND LATE EVENING PROGRAMS:

Taps is at 11:00 p.m. All campers need to be in their own campsite by that time. Scouts outside their own areas after 11:00 p.m. will be escorted to their campsite by a staff member.

CAMP EMERGENCY PLANS

LIGHTNING

If you are caught in an exposed place, quickly move in a direction away from the direction of the approaching storm, and squat down, keeping your head low. A dense forested area located in a depression provides the best protection. Avoid taking shelter under isolated trees or trees much taller than adjacent trees. Stay away from water, metal objects, and other substances that will conduct electricity long distances.

By squatting with your feet close together, you have minimal contact with the ground, thus reducing danger from ground currents. If the threat of lightning strikes is great, your group should not huddle together but spread out at least 15 feet apart. If one member of your group is jolted, the rest of you can tend to him. Whenever lightning is nearby, take off backpacks with either external or internal metal frames. In tents, stay at least a few inches from metal tent poles.

In the event of lightning or thunder, all aquatics and target activities will be suspended until the storm passes.



CAMP ADVENTURE PROGRAMS - TIGER

TO ENSURE EACH SCOUT GETS THE MOST OUT OF THEIR SUMMER CAMP EXPERIENCE, SCOUTS WILL BE BROKEN UP INTO PATROLS BY AGE. EACH PATROL WILL PARTICIPATE IN A WIDE VARIETY OF EXCITING ACTIVITIES SPECIALLY DESIGNED FOR THEM. BELOW IS THE SCHEDULE FOR TIGER SCOUTS.

WEDNESDAY

- 8:00 AM CHECK-IN & TENT SET-UP
- 9:00 AM DINING HALL PATROL MEETING
- 10:00 AM BB's
- 11:00 AM CONSERVATION PROJECT
- 12:00 PM LUNCH & REST PERIOD
- 1:30PM FISHING
- 2:30 PM CRAFT IN THE DINING HALL
- 3:30 PM FREE SWIM!
- 5:00 PM FLAG LOWERING & DINNER
- 6:00 PM CRAFTS & GAMES IN DINING HALL
- 7:30 PM CAMPFIRE
- 8:30 PM NATURE PARTY & ICY POPS!
- 10:00 PM LIGHTS OUT



THURSDAY

- 8:00 AM FLAG RAISING & BREAKFAST
- 9:00 AM DINING HALL PATROL MEETING
- 10:00 AM SLINGSHOT
- 11:00 AM ARCHERY
- 12:00 PM LUNCH & REST PERIOD
- 1:30PM NATURE
- 2:30 PM CRAFT IN THE DINING HALL
- 3:30 PM FREE SWIM!
- 5:00 PM FLAG LOWERING & DINNER
- 6:00 PM CRAFTS & GAMES IN DINING HALL
- 7:30 PM CAMPFIRE
- 8:30 PM STAR WATCH PARTY & ROOTBEER FLOATS!
- 10:00 PM LIGHTS OUT



FRIDAY

- 8:00 AM FLAG RAISING & BREAKFAST
- 9:00 AM TEAM BUILDING ROPE ACTIVITIES
- 10:00 AM CAMP CARNIVAL!
- 11:00 AM CHECK-OUT

CAMP ADVENTURE PROGRAMS - WOLF

TO ENSURE EACH SCOUT GETS THE MOST OUT OF THEIR SUMMER CAMP EXPERIENCE, SCOUTS WILL BE BROKEN UP INTO PATROLS BY AGE. EACH PATROL WILL PARTICIPATE IN A WIDE VARIETY OF EXCITING ACTIVITIES SPECIALLY DESIGNED FOR THEM. BELOW IS THE SCHEDULE FOR WOLF SCOUTS.

WEDNESDAY

- 8:00 AM CHECK-IN & TENT SET-UP
- 9:00 AM DINING HALL PATROL MEETING
- 10:00 AM ARCHERY
- 11:00 AM BB'S
- 12:00 PM LUNCH & REST PERIOD
- 1:30PM NATURE
- 2:30 PM CANOEING
- 3:30 PM FREE SWIM!
- 5:00 PM FLAG LOWERING & DINNER
- 6:00 PM CRAFTS & GAMES IN DINING HALL
- 7:30 PM CAMPFIRE
- 8:30 PM NATURE PARTY & ICY POPS!
- 10:00 PM LIGHTS OUT



THURSDAY

- 8:00 AM FLAG RAISING & BREAKFAST
- 9:00 AM DINING HALL PATROL MEETING
- 10:00 AM TEAM BUILDING ROPE ACTIVITIES
- 11:00 AM SLINGSHOT
- 12:00 PM LUNCH & REST PERIOD
- 1:30PM FISHING
- 2:30 PM CANOEING
- 3:30 PM FREE SWIM!
- 5:00 PM FLAG LOWERING & DINNER
- 6:00 PM CRAFTS & GAMES IN DINING HALL
- 7:30 PM CAMPFIRE
- 8:30 PM STAR WATCH PARTY & ROOTBEER FLOATS!
- 10:00 PM LIGHTS OUT



FRIDAY

- 8:00 AM FLAG RAISING & BREAKFAST
- 9:00 AM CONSERVATION PROJECT
- 10:00 AM CAMP CARNIVAL!
- 11:00 AM CHECK-OUT

CAMP ADVENTURE PROGRAMS - BEAR

TO ENSURE EACH SCOUT GETS THE MOST OUT OF THEIR SUMMER CAMP EXPERIENCE, SCOUTS WILL BE BROKEN UP INTO PATROLS BY AGE. EACH PATROL WILL PARTICIPATE IN A WIDE VARIETY OF EXCITING ACTIVITIES SPECIALLY DESIGNED FOR THEM. BELOW IS THE SCHEDULE FOR BEAR SCOUTS.

WEDNESDAY

- 8:00 AM CHECK-IN & TENT SET-UP
- 9:00 AM DINING HALL PATROL MEETING
- 10:00 AM SLINGSHOT
- 11:00 AM ARCHERY
- 12:00 PM LUNCH & REST PERIOD
- 1:30PM CANOEING
- 2:30 PM WHITTLING CHIP & CARVING FUN
- 3:30 PM FREE SWIM!
- 5:00 PM FLAG LOWERING & DINNER
- 6:00 PM CRAFTS & GAMES IN DINING HALL
- 7:30 PM CAMPFIRE
- 8:30 PM NATURE PARTY & ICY POPS!
- 10:00 PM LIGHTS OUT



THURSDAY

- 8:00 AM FLAG RAISING & BREAKFAST
- 9:00 AM DINING HALL PATROL MEETING
- 10:00 AM CONSERVATION PROJECT
- 11:00 AM TEAM BUILDING ROPE ACTIVITIES
- 12:00 PM LUNCH & REST PERIOD
- 1:30PM CANOEING
- 2:30 PM WHITTLING CHIP & CARVING FUN
- 3:30 PM FREE SWIM!
- 5:00 PM FLAG LOWERING & DINNER
- 6:00 PM CRAFTS & GAMES IN DINING HALL
- 7:30 PM CAMPFIRE
- 8:30 PM STAR WATCH PARTY & ROOTBEER FLOATS!
- 10:00 PM LIGHTS OUT



FRIDAY

- 8:00 AM FLAG RAISING & BREAKFAST
- 9:00 AM BB'S
- 10:00 AM CAMP CARNIVAL!
- 11:00 AM CHECK-OUT

CAMP ADVENTURE PROGRAMS - WEBELOS

THE WEBELO AND ARROW OF LIGHT AGES ARE TRANSITIONAL TIMES FOR SCOUTS AS THEY ARE GROWING UP AND BECOMING STRONGER, SMARTER, AND FASTER THAN THEY WERE WHEN THEY WERE A NEW LION SCOUT. THEIR INTERESTS ALSO CHANGE, AND THEY WILL SOON BE JOINING SCOUTS BSA. IN AN EFFORT TO HELP GUIDE SCOUTS THROUGH THIS TRANSITION, WE OFFER SPECIAL PROGRAMING FOR WEBELOS AND AOL THAT GIVES THEM MORE FREEDOM, AUTONOMY, AND LEADERSHIP OPPORTUNITIES THAN WHAT IS AVAILABLE FOR YOUNGER SCOUTS.

WEDNESDAY

- 8:00 AM CHECK-IN & TENT SET-UP
- 9:00 AM DINING HALL PATROL MEETING
- 10:00 AM TEAM BUILDING ROPE ACTIVITIES
- 11:00 AM SLINGSHOT
- 12:00 PM LUNCH & REST PERIOD
- 1:30PM CHOOSE YOUR OWN ADVENTURE!
- 2:30 PM CHOOSE YOUR OWN ADVENTURE!
- 3:30 PM FREE SWIM!
- 5:00 PM FLAG LOWERING & DINNER
- 6:00 PM CANOEING
- 7:30 PM CAMPFIRE
- 8:30 PM NATURE PARTY & ICY POPS!
- 10:00 PM LIGHTS OUT



THURSDAY

- 8:00 AM FLAG RAISING & BREAKFAST
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- 10:00 AM BB'S
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- 6:00 PM CANOEING
- 7:30 PM CAMPFIRE
- 8:30 PM STAR WATCH PARTY & ROOTBEER FLOATS!
- 10:00 PM LIGHTS OUT



FRIDAY

- 8:00 AM FLAG RAISING & BREAKFAST
- 9:00 AM ARCHERY
- 10:00 AM CAMP CARNIVAL!
- 11:00 AM CHECK-OUT

CAMP ADVENTURE PROGRAMS - AOL

THE WEBELO AND ARROW OF LIGHT AGES ARE TRANSITIONAL TIMES FOR SCOUTS AS THEY ARE GROWING UP AND BECOMING STRONGER, SMARTER, AND FASTER THAN THEY WERE WHEN THEY WERE A NEW LION SCOUT. THEIR INTERESTS ALSO CHANGE, AND THEY WILL SOON BE JOINING SCOUTS BSA. IN AN EFFORT TO HELP GUIDE SCOUTS THROUGH THIS TRANSITION, WE OFFER SPECIAL PROGRAMING FOR WEBELOS AND AOL THAT GIVES THEM MORE FREEDOM, AUTONOMY, AND LEADERSHIP OPPORTUNITIES THAN WHAT IS AVAILABLE FOR YOUNGER SCOUTS.

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- 7:30 PM CAMPFIRE
- 8:30 PM STAR PARTY & ROOTBEER FLOATS!
- 10:00 PM LIGHTS OUT

FRIDAY

- 8:00 AM FLAG RAISING & BREAKFAST
- 9:00 AM SLINGSHOTS
- 10:00 AM CAMP CARNIVAL!
- 11:00 AM CHECK-OUT

WEBELO AND AOL OPTIONAL ADVENTURES

EVERY DAY THE WEBELO AND AOL PATROLS WILL HAVE THE OPPORTUNITY TO 'CHOOSE THEIR OWN ADVENTURE'!

FOR THESE ADVENTURES THEY WILL NOT STAY WITH THEIR PATROL, BUT EACH SCOUT WILL BE ABLE TO PICK THE CLASSES THAT SOUND THE MOST EXCITING TO THEM.

SOME OPTIONAL ADVENTURE CLASSES ARE LISTED BELOW. THIS LIST MAY CHANGE AS INSTRUCTORS BECOME AVAILABLE.

- **FLAG RAISING CLASS**
(THESE SCOUTS WILL LEAD FLAG RAISING AND LOWERING FOR THE REST OF CUB SCOUT SUMMER CAMP)
- **DUTCH OVEN COOKING**
- **KNIFE SAFETY**
- **ART EXPLOSION**
- **ENGINEER**
- **MODULAR DESIGN**
- **ESTIMATION**
- **GAGA BALL!**

CAMP SCHEDULE

	WEDNESDAY	THURSDAY	FRIDAY
8:00AM	CHECK-IN & TENT SET UP	FLAG RAISING & BREAKFAST	FLAG RAISING & BREAKFAST
9:00AM	ALL MEET IN DINING HALL BREAK INTO PATROLS. WORK ON PATROL FLAG AND NAME.	ALL MEET IN DINING HALL PATROLS WORK ON TEAM BUILDING AND BONFIRE SKIT.	ROUND-ROBIN PATROL ACTIVITIES
10:00AM	ROUND-ROBIN PATROL ACTIVITIES	ROUND-ROBIN PATROL ACTIVITIES	CAMP CARNIVAL!
11:00AM	ROUND-ROBIN PATROL ACTIVITIES	ROUND-ROBIN PATROL ACTIVITIES	CHECK-OUT
12:00PM	LUNCH & REST PERIOD	LUNCH & REST PERIOD	
1:30PM	TIGERS-BEAR: ROUND-ROBIN ACTIVITIES WEBELOS AND AOL: CHOOSE YOUR OWN ADVENTURE	TIGERS-BEAR: ROUND-ROBIN ACTIVITIES WEBELOS AND AOL: CHOOSE YOUR OWN ADVENTURE	
2:30PM	TIGERS-BEAR: ROUND-ROBIN ACTIVITIES WEBELOS AND AOL: CHOOSE YOUR OWN ADVENTURE	TIGERS-BEAR: ROUND-ROBIN ACTIVITIES WEBELOS AND AOL: CHOOSE YOUR OWN ADVENTURE	
3:30PM	FREE SWIM!	FREE SWIM!	
5:00PM	FLAG LOWERING & DINNER	FLAG LOWERING & DINNER	
6:00PM	TIGERS-BEAR: DINING HALL CRAFTS AND GAMES WEBELOS AND AOL: CANOEING	TIGERS-BEAR: DINING HALL CRAFTS AND GAMES WEBELOS AND AOL: CANOEING	
7:30PM	CAMPFIRE!	CAMPFIRE!	
8:30PM	NATURE PARTY & ICY POPS!	STAR WATCH PARTY & ROOTBEER FLOATS!	
10:00PM	LIGHTS OUT	LIGHTS OUT	

CAMP REGISTRATION AND FEES - JUNE 26-28

CAMP FEES

Cub Scout Youth	\$100.00	Early Bird Special until May 31st
	\$130.00	
	\$150.00	Late Fee After June 7th
Cub Scout Parent	\$50.00	
Camp Tent Rental	\$40.00	

FAMILIES CAN BRING THEIR OWN TENT, BUT THERE ARE ALSO A LIMITED NUMBER OF TENTS AVAILABLE TO RENT. RENTAL TENTS CAN COMFORTABLY HOLD 3 PEOPLE, AND WILL BE SET UP AND TAKEN DOWN BY CAMP STAFF, **ALL YOU HAVE TO DO IS SHOW UP!**

SCAN THE QR CODE TO REGISTER NOW!

AT MINIMUM ONE PARENT PER FAMILY NEEDS TO CAMP WITH THEIR SCOUTS



For questions on registration, please contact

CAMP DIRECTOR

ALI MANRIQUE - ALEXANDRA.MANRIQUE@SCOUTING.ORG

PROGRAM DIRECTOR

CHELISE HYATT - CHELISE.HYATT@SCOUTING.ORG

PACKING LIST

IT IS RECOMMENDED THAT YOU BRING THE FOLLOWING TO CAMP

- TENT OR TARP, POLES, AND STAKES
- WATERPROOF GROUND CLOTH OR PLASTIC SHEET
- SLEEPING BAG, PILLOW, AIR MATTRESS OR PAD
- CUP, BOWL, PLATE, KNIFE, FORK, SPOON, MESH BAG
- CLOTHES BAG
- SWIMSUIT
- CUB SCOUT UNIFORM
- PONCHO OR RAINCOAT
- PAJAMAS
- UNDERWEAR
- DURABLE SHOES, SHOE LACES
- HAT
- GLOVES
- EXTRA SOCKS, SHOES, OTHER EXTRA CLOTHING
- TOOTHPASTE, TOOTHBRUSH, COMB
- WASHCLOTH, TOWEL
- SOAP
- EXTRA PLASTIC BAG OR CONTAINER
- FIRST AID KIT
- WATER BOTTLE
- FLASHLIGHT, BATTERIES
- SUNSCREEN
- INSECT REPELLENT
- WHISTLE
- SAFETY PINS



ITEMS TO LEAVE AT HOME

- FIREWORKS
- FIREARMS AND AMMUNITION
- BOWS AND ARROWS
- ELECTRONIC GAMES
- PETS

MEDICATION FORM
(One form per medication, copy as needed)

Unit # _____ District: _____ Council _____

Camper's Name _____

Name of Parent or Guardian: _____

Phone Numbers: (H) _____
(B) _____

Doctor's Name _____ Phone: _____

Medication/Strength: _____

Reason for Medication _____

Expected Schedule: (i.e. 3 times a day, As needed, etc.) _____

When was medication started? _____ Temporary _____ Permanent _____

Side Effects (reactions to food, dehydration, stress, iodine, other meds, decrease balance, motor activity, concentration, drowsiness, lethargy, etc.)

List other important information about this medication since access to medical information or facilities could be delayed due to geographical area.

Special Storage instructions:

Expected action if medicine is not taken as directed

Total quantity needed _____

Waiver: This information is confidential and is provided to _____

Name of Leader

For the express purpose of helping to ensure a healthy, safe camping experience for my child. This form may be shared with medical personnel should the necessity arise. It will be returned to me at the end of the trip.

Signature of Parent/ Guardian _____ Date _____

CAMPERSHIP APPLICATION- Available to South Texas Council's youth- Attending Council Camp(s)

(Please print all information – Return by May 1st)

DISTRICT _____ **TROOP #** _____
BOY SCOUT CAMP KARANKAWA WEEK _____
UNIT LEADER'S NAME (Please print) _____
ADDRESS _____ CITY _____ ZIP _____
LEADER'S PHONE NUMBER(S) Day Time _____ Home _____
E-MAIL ADDRESS _____

The purpose of the Campership Program is to provide opportunities for deserving boys to attend a summer camping program of the South Texas Council, BSA, who would otherwise not be able to meet the attendance fees. Details of need are handled in strictest confidence to avoid any embarrassment to the boy or family. All boys who receive a Campership grant are required to provide part of the total cost, which shall not be less than **\$50.00**. The **\$50 MUST** be included with this application. Please attach also portion of fee to be paid by unit. (Maximum grant is 50% of total discounted fee) **If more than one boy in a family is applying, please complete one application per Scout.** All information requested **MUST** be completed in full by parents or guardians.

Completed applications and deposits should be sent to the South Texas Council, BSA Office by April 1st. Applications will be considered after April 1st as long as funds are available.

Completion of this application does not automatically guarantee a Campership grant. Grants are awarded, first, on the basis of verified need and second, on the basis of funds available. **Return by April 1st^d or earlier!!!**

Applicant's Name _____ **Age** _____ **Rank** _____
Address _____ **City** _____ **Zip** _____
REASON(S) FOR CAMPERSHIP REQUEST: (Check those that apply)
____ Parent(s) currently unemployed \$ _____ Annual Family Income
____ **Number** of people in immediate family (**MUST specify number**) (**MUST BE FILLED OUT**)
____ Extreme illness in immediate family, with accompanying financial burdens
____ Combination of above reasons
____ Other _____
____ Do you receive food stamps and/or aid to Families with Dependent Children? Yes No _____
Parents or guardian: Print name _____ **Sign** _____
Parent or guardian email address and phone no _____ **Phone** _____
Unit Leader approval signature _____
(MUST BE SIGNED BY BOTH---PARENTS OR GUARDIAN AND BY UNIT LEADER)

NOTE: CAMPERSHIP GRANTS DO NOT INCLUDE THE COST OF MEDICAL EXAMINATION, EQUIPMENT OR OTHER NEEDS. FULL FEES IF PAID BY DEADLINES:

Total camp fee if paid on time: (Check with your unit leader to see if you qualify for payment on time discount)
(Maximum grant is 50% of total discounted fee)

Family's share of camp fee.....\$ _____ = \$50
Share of camp fee from unit or other source(s)..... \$ _____ -
Amount requested from Campership fund\$ _____

____ **Yes, Applicant's family participated in council-wide fundraisers, such as popcorn sale, camp cards, etc.**

Name: Council-wide fundraiser activity or event _____

OFFICE USE ONLY

Application approved by _____ Date: _____ Amount approved/& credited to boy & unit:\$ _____ **DATE**

NOTICE WAS MAILED TO SCOUTMASTER: _____ Return to: SOUTH TEXAS COUNCIL, BSA, 700
EVERHART TERRACE-BLDG. A. , CORPUS CHRISTI, TX 78411-1939PHONE: (361) 814-4300 Ext. 113 FAX (361) 814-5798
EMAIL: samula.jackson@scouting.oro

ADULT IN CAMP STATE COMPLIANCE FORM

(A criminal background check is required by the State of Texas within 90 days of camp annually for all adults 18yrs old and older. The South Texas Council will conduct a background check to comply with state requirements.)

Yes, completed form is needed for this event as all other previously submitted forms are shredded after prior events

Please submit form two weeks prior to event. OR if you sign up later than that; submit as soon as you sign up.

**COMPLETED FORM MUST BE SENT TO SAMULA JACKSON AT THE COUNCIL SERVICE CENTER
AT LEAST TWO WEEKS PRIOR TO ARRIVAL AT CAMP. samula.jackson@scouting.org or fax 361-814-5798**

Activity Date(s) From _____ To: _____

List event or activity from list below for which this form will be used: _____

Use this space to write in activity name (if not listed below): _____

Event or Activity

Cub Scout Day Camp

Cub Scout Resident Camp

Cub Scout Family Campouts

Cub Scout Winter Camp

Venture Camporee/Shooting Sports

National Youth Leadership Training

Outdoor Trainings Etc.

District or Council Camporee

Scouts BSA Merit Badge Mania

Scouts BSA Summer Camp:

Unit Type: (Circle one) Pack-----Troop-----Crew-----Post -----(Other)_____

Unit Number: _____ UNIT LEADER NAME: _____

First Name: (Print) _____ Middle Name: (Print) _____

Last Name: (Print) _____ Another Last Name: (Print) _____

Social Security Number _____ (REQUIRED)

Sex (please check): Male Female

Date of Birth: _____ (REQUIRED)

Month / day / year

Street Number (No PO Box): _____ Street Name: _____

City: _____ State: _____ Zip: _____ County: _____

Phone (H) _____ Phone: (Cell) _____

Email Address _____

I agree to this background check to be eligible to attend camp.

Required Signature: _____ Date: _____

If this event includes youth attendance, please print FULL NAME list of youth attending with you.

Please Indicate Gender and Rank.

YOUTH NAME _____ Gender _____ Rank _____

YOUTH NAME _____ Gender _____ Rank _____

YOUTH NAME _____ Gender _____ Rank _____

Note: Confidential personal information will be safeguarded following BSA guidelines and policy. If you have any questions or concerns contact the camp director for the specific camp you are attending or the Council Scout Executive

You may also find a "fillable" Compliance form on our website: www.southtexasbsa.org – Under RESOURCES

ALL ADULTS ATTENDING: YOUTH PROTECTION TRAINING – Date taken: Month _____ Date _____ Year _____ (REQUIRED)

Must be current (within two years)

Swim Classification Record

(Changes and/or corrections to the following chart should be initialed and dated by the test supervisor.)

Unit Number _____

Date of Swim Test _____

	Full Name (Print) (Draw lines through blank spaces)	Medical Recheck Parts A-B	Swim Classification		
			Non-Swimmer	Beginner	Swimmer
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

The swim classification test performed at a unit level should be conducted by one of the following council-approved resource people: Aquatics Instructor, BSA; BSA Lifeguard; BSA Swimming & Water Rescue; or other lifeguard, swimming instructor, etc. Test administrators should utilize chapter 5 of the [BSA Aquatics Supervision Guide](#).

NAME OF PERSON SUPERVISING & FACILITATING THE SWIM TEST:

Print Name

Signature

Type of Authorization/Training
(Attach a copy of certification if required by council procedure)

Expiration Date if applicable

SWIM CLASSIFICATION PROCEDURES

The swim classification of individuals participating in a Boy Scouts of America activity is a key element in Safe Swim Defense and Safety Afloat. These swim classification tests are a foundational unit of the Aquatics Continuum.

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 individual's circumstances in the water.

SWIM TESTS FOR COUNCIL ACTIVITIES

Swim tests for **council activities** are conducted following procedures approved by a council- level committee, preferably the Council Aquatics Committee. The council committee should use the guidance contained in *BSA Aquatics Management Guide*.

SPECIAL NOTE: When swim tests are conducted away from camp, the camp aquatics director retains the right to review or retest any or all participants to ensure that standards have been maintained.

REGARDLESS OF WHERE OR WHEN THE SWIM TEST IS GIVEN THE FOLLOWING PROCEDURES APPLY:

- **The test is given one-on-one.** The test administrator and the swimmer are buddies during the administration of the test.
- **Each component of the test is important.** The test must not be changed either to assist the Scout or to expedite the process.
- **The test must be completed without aid or support.** Aid includes lifejackets, wetsuits, fins, etc. Swim goggles may be used to avoid eye irritation.
- **Swim tests must be renewed annually,** preferably at the beginning of the outdoor season.

TO THE SWIM TEST ADMINISTRATOR

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: side stroke, 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.

Anyone who has not completed the beginner or swimmer tests is classified as a **nonswimmer**.

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: _____



Prepared. For Life.®

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: _____

