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# Scouting America™

Greater Yosemite Council

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## Leader & Parent Guide

# WEBELOS

OUTDOOR ADVENTURE CAMP  
AND THE  
LAST SMORES' CRUSADE



*Camp McConnell*

**JUNE 20-23, 2024**

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Camp Warren McConnell  
11760 Livingston  
Cressey Rd.  
Livingston, CA 95334



GYC Office  
4031 Technology Dr.  
Modesto, CA 95356  
209-545-6320

**YOSEMITESCOUTING.ORG**

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# LETTER FROM YOUR CAMP DIRECTOR

Dear Campers,

It is with great excitement that I welcome you all to this year's summer camp! We are eagerly anticipating your arrival and cannot wait to embark on this adventure with you. Our staff have been working hard to prepare an incredible program filled with fun activities that will make this summer camp experience one to remember.

Throughout your time with us, we encourage you to embrace new challenges, make new friends, and learn new skills. Our staff is here to support and guide you every step of the way. Whether it's trying out a new activity or accomplish a new skill, we are here to help you grow and succeed.

Please remember to come prepared for all the activities we have planned. We also recommend bringing a positive attitude and an open mind ready to explore and have fun.

We hope you are as excited as we are for this year's summer camp. We are confident that this will be an unforgettable experience for all of us. If you have any questions or concerns, please do not hesitate to reach out to us.

See you all soon!

Sincerely,

Marisol Gonzalez

Camp Director



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## WELCOME TO CAMP WARREN MCCONNELL!

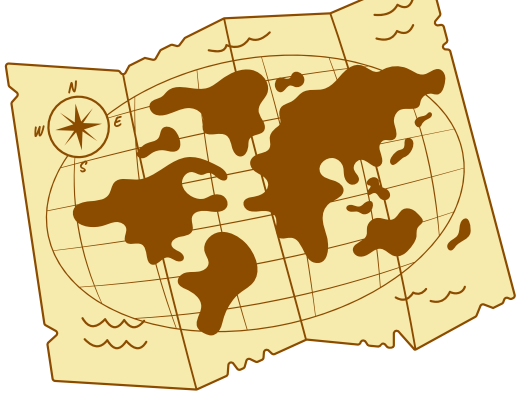
Camp Warren McConnell is the Greater Yosemite Council's Scout Camp. Located on the banks of the beautiful Merced River, Camp Warren McConnell is a perfect location for Council Trainings, Cub Resident Camps, Day Camps and Unit Campouts.

Warmer weather provides the perfect excuse to use the "Beginner" sized pool to cool off. Outside showers and two individual locking restrooms complete the package!

Webelos Outdoor Adventure Camp offers great programs for *Webelos and Arrow of Light Scouts (entering 4th through 5th grades in the fall)*:

- Opportunities for Scouts to work on advancement.
- Enjoy recreational activities.
- Experience camping overnight in the familiarity of your unit.
- Meet new Scouts and build new friendships.
- Scouts are divided into patrols for day activities.
- Try your hand at Shooting Sports Activities, swimming at the pool, and so much more!





# REGISTERING FOR CAMP

## JUNE 20-23, 2024

### GET SIGNED UP!

[yosemitescouting.org/event/3033054](https://yosemitescouting.org/event/3033054)

- Visit the website above to register.
- Your unit can register as a den or families can register individually.
- All Scouts who have completed the 3rd or 4th grade by Spring of 2024 may attend.
- Enter the information for your Scouts and attending adults. **You'll need to know any special diet requests or notes for special needs for both Scouts and Adults.**
- Payments can be done online by credit card online or mail. **There is a 3% processing fee applied to credit cards.**
- To lock in the Regular Rate, register and provide payment by June 1, 2024 at midnight.
- After June 1, 2024 a late fee of \$25 will apply to all participants.

## Other Dates

Leader & Parent Orientation Meeting-Zoom	<b>June 6, 2024</b>
Special Diet Entries Completed	<b>June 9, 2024</b>
Online Registration Closes	<b>June 9, 2024 at midnight</b>

## Contact Us

### Greater Yosemite Council

4031 Technology Dr.  
Modesto, CA 95356  
209-545-6320

### Camp Director

Marisol Gonzalez

[marisol.gonzalezcuevas@scouting.org](mailto:marisol.gonzalezcuevas@scouting.org)

## Camp Fees & Schedule

Webelos/AOL's Regular Rate	<b>\$200</b>
Due by June 1, 2024	
Webelos/AOL's Late Fee	<b>\$225</b>
June 1 - June 9, 2024	
Leader/Parent Regular Rate	<b>\$75</b>
Due by June 1, 2024	
Leader/Parent Late Fee	<b>\$100</b>
June 1 - June 9, 2024	

## Scoutbucks

### Did your scout earn Scoutbucks from popcorn sales?

Scoutbucks earned from Council can be applied to your balance due for this event.

## Refunds

All camp fees are not-refundable but may be either transferred to another registrant or transferred to a future event (to be used within the 12 months following this event).



# HELP START YOUR WEEKEND SMOOTHLY BY HAVING THE RIGHT FORMS



## BSA Annual Health & Medical Record

All youth and adults attending camp **must** have a current BSA Annual Health & Medical Record forms A & B.



The most current form is at the event registration website and this guide.

\* All medical forms must be turned in to the Camp Health Officer during Check-In.

\* This form is valid for 12 months from the date signed.



## Medications

A trained Health Officer will be on duty 24/7. Scouts and adults requiring regular medications must bring them to camp in their **original packaging**. Medications will be checked in by the Health Officer. Medications requiring refrigeration may be left at the First Aid Office, but it is the responsibility of the Leader or Parent to check the medication out as needed or to accompany the Scout to First Aid Office for administration.

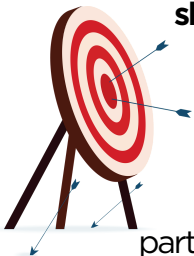


## Range and Target Permission Slip

The State of California has enacted legislation that prohibits any person from furnishing, loaning, or otherwise providing a minor any firearm or live ammunition without the express permission of his or her parent or legal guardian.

**Your scout will not be allowed on any shooting range without a signed permission slip.** It is necessary

for you to give consent for your scout to participate in the range and target activities. The form include consent to participate on BB guns, archery and Slingshots.



## Training



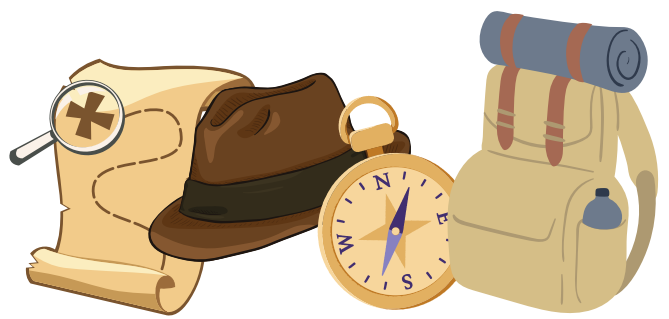
BSA Youth Protection policies and California State Laws are strictly followed at camp. All adults attending camp must have completed Youth Protection Training, available at [my.scouting.org](http://my.scouting.org). All registered adult leaders must have completed AB-506 mandated reporter training and fingerprinting, <https://californiascouting.org/greater-yosemite/>

We will need extra eyes on our scouts during pool time to keep them safe while having fun. All adults attending should complete Safe Swim Defense training, available at [www.my.scouting.org](http://www.my.scouting.org).



# Prepared. For Life.®

# WHAT TO PACK



## Paperwork (signed and dated)

- Annual Health and Medical Record (Parts A and B) - adult and scout
- Range and Target Permission Slip - 2 copies



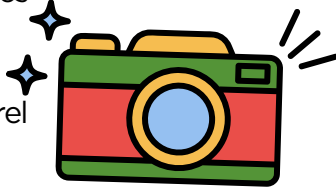
## Clothing

- Uniform, uniform hat
- T-shirts
- Jeans (optional)
- Towel
- Pajamas or sweat pants
- Jacket, sweater, or sweatshirt
- Underwear (at least 1 pair per day)
- Socks (at least 1 pair per day)
- Closed toe-shoes - **NO Crocs or flip-flops allowed**
- Handkerchiefs
- Watch
- Swimming/Shower shoes



## Optional Items

- "Themed related" apparel
- Camera
- Musical instrument
- Sunglasses
- Money for Trading post (\$20 - \$40)



## Camping Gear

- Tent
- Sleeping bag
- Ground cloth
- Foam pad or air mattress
- Pillow (optional)
- Daypack
- Canteen, water bottle, or camelback
- Flashlight with extra batteries
- Compass
- First Aid Kit
- Pocket knife (only Arrow of Light scouts) - preferably a locking blade one



## Bathroom Necessities

- Toothbrush and toothpaste
- Comb or brush
- Soap
- Wash cloth and towel
- Shampoo
- Deodorant
- Sunscreen
- Chapstick
- Non-aerosol insect repellent



## UNAUTHORIZED

### (DO NOT BRING THESE ITEMS TO CAMP)

- Firearms and/or ammunition
- Archery equipment
- Fireworks
- Illicit drugs
- Alcohol

- Electronics (Radios, MP3 players, I-pods, Gameboys, etc)
- No Dogs, only service dogs but not in the swimming pool



# CHECK - IN

## Thursday Check-In

Arrive between 3:00 pm - 5:00 pm.

Please do not arrive earlier. Early check-in is not available. Staff will not be available at earlier time.

### STEP 1

Get parked! Vehicles are parked backwards. Vehicles should be locked and secured. Due to safety concerns for our campers, vehicles are not permitted to drive through camp to unload gear.

### STEP 2

Proceed to Dining Hall where you will be greeted by our awesome staff to help you through the check-in process.

### STEP 3

Present Range and Target Permission Slip. Pick up Camp T-shirts and Camp Information Packet. This includes information about events and activities throughout the weekend.

### STEP 4

Present completed and signed medical forms to the Camp Health Officer at Health Lodge.

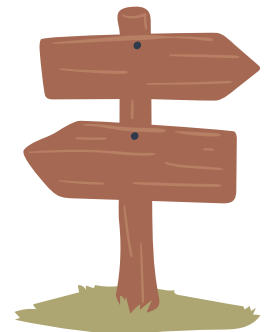
### STEP 5

Once completed with Administration Check-In, you can grab your gear and set up your campsite.

### STEP 6

**HAVE FUN!**

*and so the*  
**ADVENTURE**  
*begins*







# SCHEDULE

(TENTATIVE)



## DAY 1

3:00 PM - 5:00 PM Check-In/Camp Tour  
 4:30 PM Leader/Parent Meeting  
 5:45 PM Welcome/Flag Ceremony  
 6:00 PM - 7:00 PM Dinner  
 7:00 PM - 7:30 PM More Campsite Set up  
 7:45 PM - 8:45 PM Campfire Program (Staff)  
 9:00 PM Quiet time  
 10:00 PM Lights Out

## DAY 2

7:30 AM Reveille  
 8:00 AM Morning Flag Ceremony  
 8:15 AM - 9:00 AM Breakfast  
 9:20 AM - 12:10 PM Morning Program  
 12:30 PM - 2:00 PM Lunch and Rest  
 2:00 PM - 3:50 PM Afternoon Program  
 4:00 PM Leader/Parent Meeting  
 4:00 PM - 5:20 PM Open Activities  
 5:45 PM Evening Flag Ceremony  
 6:00 PM - 7:00 PM Dinner  
 7:30 PM - 8:30 PM Campwide Games  
 9:00 PM Quiet time  
 10:00 PM Lights Out

## DAY 3

6:30 AM Polar Bear (Optional)  
 7:30 AM Reveille  
 8:00 AM Morning Flag Ceremony  
 8:15 AM - 9:00 AM Breakfast  
 9:20 AM - 12:10 PM Morning Program  
 12:30 PM - 2:00 PM Lunch and Rest  
 2:00 PM - 3:30 PM Open Program  
 4:00 PM - 5:00 PM Games  
 5:45 PM Closing Ceremony/Flags  
 6:00 PM - 7:00 PM Dinner  
 7:45 PM - 8:45 PM Closing Campfire  
 9:00 PM Quiet Time  
 10:00 PM Lights Out

## DAY 4

6:30 AM Polar Bear (Optional)  
 7:30 AM Reveille  
 8:00 AM Flag Ceremony  
 8:15 AM - 9:00 AM Breakfast  
 9:15 AM Scouts Own  
 9:45 AM Full Camp Sweep/Breakdown

## TRADING POST HOURS (TENTATIVE)

### Day 2

9:00 AM - 12:00 PM  
 1:15 PM - 5:30 PM



### Day 3

9:00 AM - 12:00 PM  
 1:15 PM - 5:30 PM



### Day 4

10:00 AM - 11:00 AM



# PROGRAM



## Program Rotations

Cub Scouts will go through program rotations that

include swimming, cooking, craftsman projects, archery, BB shooting, and more, immersed in a fun, themed adventure. Scouts will also get to participate in evening programs like patrol games and closing campfire.



## Program Areas

*Aquatics • Handicrafts • Nature  
Range and Target • Cooking • Scout Skills*

Completed achievements will be emailed to the primary leader or the Scout's Akela after camp.

*Scouts Own*

*Firem'n Chit  
(AOL only)*



*BB Guns*

*Campfire*

*Archery*



*Woodwork*

*Patrol Games*



*Leatherwork*

*And Lot of FUN!*

# SUMMER CAMP FAQ'S



## WHAT'S THE STANDARD OF CARE?

During the weekend, a trained Health Officer will be on duty 24/7. All injuries will receive full medical attention in a timely manner. Situations requiring treatment beyond simple first aid will be sent to a hospital and ultimately referred to the family physician. Every effort will be made to contact parents prior to sending an injured or seriously ill patient to a hospital. However, in urgent situations, the Health Officer will decide the appropriate treatment.

## WHERE DO WE PARK?

Camp has a designated parking area. Due to the limited space we recommend that campers carpool. During check in time there will be parking attendants to help supervise parking of vehicles. Vehicles are parked backwards. Vehicles should be locked and secured. Due to safety concerns for our campers, vehicles are not permitted to drive through camp to unload gear. Greater Yosemite Council and Camp McConnell takes no responsibility for items left in a vehicle. Have your vehicles keys with you at all times in case of an emergency. Please plan accordingly.

## DO I HAVE TO GO TO CAMP WITH MY SON?

No. We encourage moms or dads to attend with your scout so he can fully appreciate the experience. However, if for some reason you cannot attend, you must have an adult prepared to take on the responsibility of your scout. This could be a Den Leader or another participant's parent. This person will need to have agreed to take on the responsibility and must be youth protection trained. The youth to adult ratio for Webelos Outdoor Adventure Camp is 4 scouts to 1 adult.

## WHEN DO WE USE THE BUDDY SYSTEM?

The buddy system works for your entire stay at camp. Your Scouts must go with a buddy wherever they go.

## I'VE LOST SOMETHING. WHAT DO I DO?

Lost and Found is located in the Dining Hall Building. Keep in mind that Greater Yosemite Council and Staff is not responsible for any items that may be lost, stolen, or damaged.

## CAN SCOUTS BRING MONEY?

Yes! Scouts can bring money to enjoy ice cream from the Trading Post at the end of a hot day, along with other beverages, snacks, and an array of camp t-shirts, patches, and equipment.



# SUMMER CAMP FAQ'S



## **CAN A SCOUT CARRY A POCKETKNIFE AT CAMP?**

To carry a knife in camp, you must have earned your Knife Safety Adventure for your current rank. Scouts will have the opportunity to earn this adventure at camp. If any adult sees you misusing your knife, they can take it away for the duration of camp. So you might want to review the rules before you get to camp. Under NO circumstances are sheath knives or folding knives with a blade larger than 4 inches necessary for participation in camp programs. Knives of that type should be left home. If they are brought to camp, they must be turned over to the Camp Director and stored until their owner leaves camp at the end of the session.

## **CAN I EARN FIREM'N CHIT??**

Yes, only the Arrow of Light scouts. You will have the opportunity to work on your Firem'n Chit during Camp. Please note, if you earn this certification as an Arrow of Light scout you will be required to earn it again in Scouts BSA before you are permitted to use matches or fire starters in Scouts BSA.

## **ARE THERE FLAG CEREMONIES?**

Yes! Flag raising is each morning at 8:00 am and flag lowering is at 5:45 pm. These are required ceremonies for all campers. All participants should assemble on the Flags Area in Field Uniform (Class A).

## **WHAT IS CAMPFIRE PROGRAM LIKE?**

We will have a campfire program on Day 1 by the Staff, and Day 3 by the scouts. Scouts/patrols are invited to submit a skit, song, or activity to the Camp Director for review. All campers are encouraged to attend the campfire in their Field Uniform (Class A) or "Theme" related apparel.

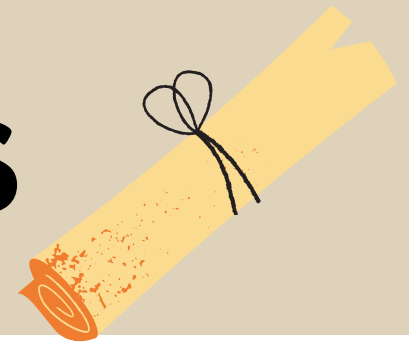
## **CAN A PERSON WITH FOOD ALLERGIES BE ACCOMMODATED?**

The camp can make minor substitutions, but is unable to completely re-work the menu for severe food allergies. In severe food allergy cases it is best to bring supplemental food items. Please make sure the "special needs section" on registration is completed so camp may anticipate your need.

## **WHAT'S THE BATHROOM SITUATION LIKE?**

Bathrooms are located near the dining hall and pool area. Bathrooms will be assigned for youth male, youth females, and adults. More instructions will be given at camp.

# SUMMER CAMP FAQ'S



## DO WE HAVE FIRE DRILLS?

Yes! Sometime during your first 24 hours in camp, we'll conduct a camp fire drill. Instruct your campers: **WHEN YOU HEAR THE FIRE ALARM:** All campers go to the parking area and assemble by patrols. Conduct a head count of your patrol. Once everyone is accounted for, the leader reports to the camp director. Stay on the parking area until directed to do otherwise by the camp director.

## HOW DO WE CHECK OUT?

Following closing ceremony on the morning of check out, pack personal equipment and pick-up trash throughout campsite. Please leave your campsite cleaner than you found it.

1. When the campsite is ready to be inspected, send a representative to notify your Camp Guide, who will inspect your campsite.
2. After the campsite has passed inspection, Scouts will be allowed to leave. Pack Leaders and parents should proceed to the dining hall to pick up your camp patches and forms.
3. Please plan to check out prior to 11:00 a.m. on your check out day.



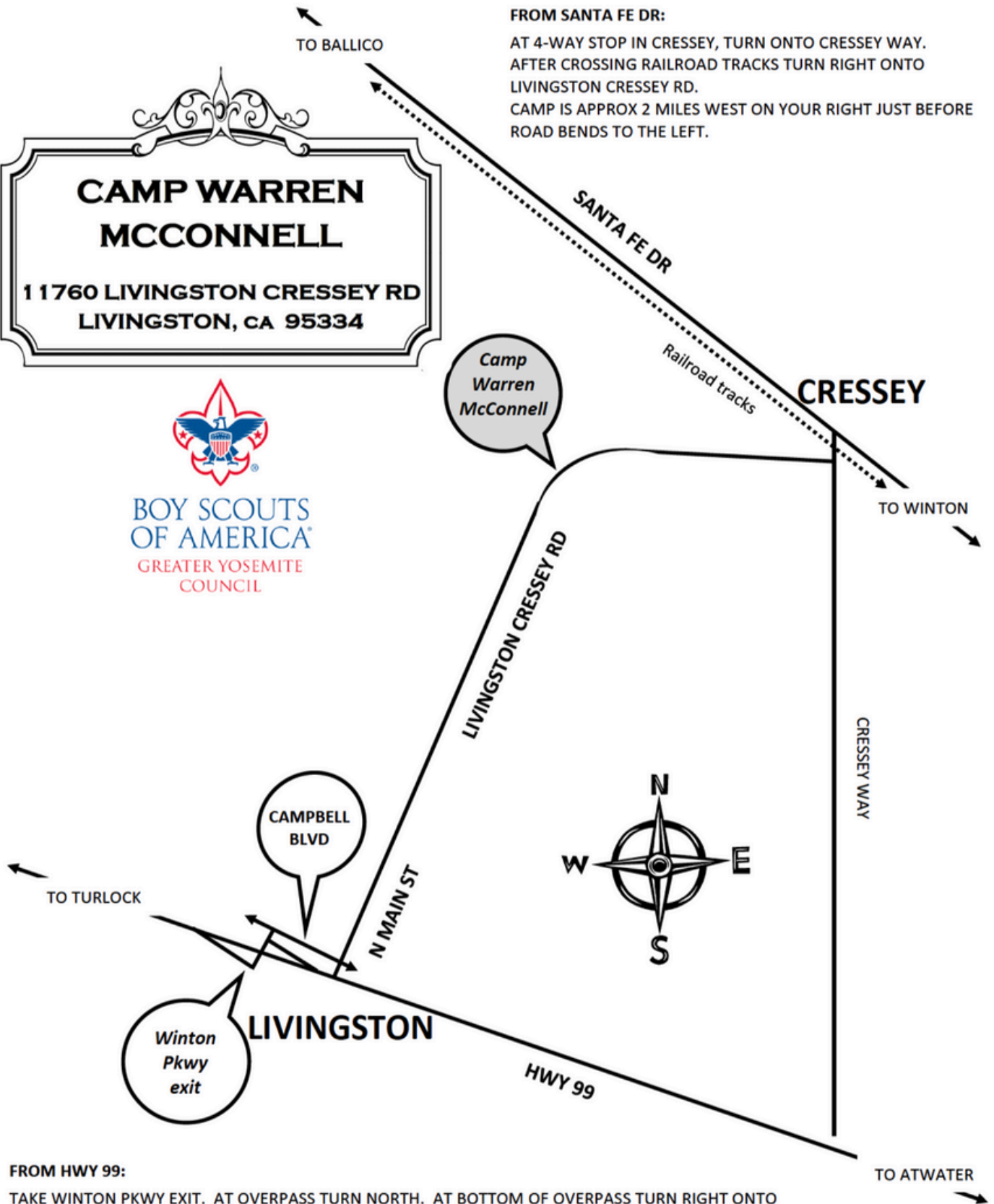
**CAMP WARREN  
MCCONNELL**  
1 1760 LIVINGSTON CRESSEY RD  
LIVINGSTON, CA 95334



**BOY SCOUTS  
OF AMERICA**  
GREATER YOSEMITE  
COUNCIL

**FROM SANTA FE DR:**

AT 4-WAY STOP IN CRESSEY, TURN ONTO CRESSEY WAY.  
AFTER CROSSING RAILROAD TRACKS TURN RIGHT ONTO  
LIVINGSTON CRESSEY RD.  
CAMP IS APPROX 2 MILES WEST ON YOUR RIGHT JUST BEFORE  
ROAD BENDS TO THE LEFT.



**FROM HWY 99:**

TAKE WINTON PKWY EXIT. AT OVERPASS TURN NORTH. AT BOTTOM OF OVERPASS TURN RIGHT ONTO  
CAMPBELL BLVD. AT 4-WAY STOP TURN LEFT ONTO N MAIN STREET. THIS WILL BECOME LIVINGSTON  
CRESSEY RD JUST OUTSIDE OF TOWN.

CAMP IS APPROX. 2.5 MILES FROM 4-WAY INTERSECTION—LOOK FOR WHITE FENCE ON YOUR LEFT AS ROAD  
BENDS TO THE RIGHT.



# CAMPGROUND MAP



## Part A: Informed Consent, Release Agreement, and Authorization

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

### Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

**With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.**

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

*Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.*

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

**Checking this box indicates you DO NOT want your child to use a BB device.**



**NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.**

List participant restrictions, if any:

None

\_\_\_\_\_

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, **I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met.** The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_

(If participant is under the age of 18)

### Complete this section for youth participants only:

#### Adults Authorized to Take Youth to and From Events:

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

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Adults **NOT** Authorized to Take Youth to and From Events:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_



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## Part B1: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**High-adventure base participants:**

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit leader: \_\_\_\_\_ Unit leader's mobile #: \_\_\_\_\_

Council Name/No.: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Health/Accident Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

**In case of emergency, notify the person below:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Alternate contact name: \_\_\_\_\_ Alternate's phone: \_\_\_\_\_

### Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
<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: \_\_\_\_\_







Greater Yosemite Council, BSA  
 Camp Warren McConnell  
**RANGE AND TARGET PERMISSION SLIP**

I give my permission for (name of minor) \_\_\_\_\_ to use an approved air gun, and/or approved archery equipment, and/or slingshots under the supervision of qualified personnel while at Camp Warren McConnell, Boy Scouts of America, in accordance with California Penal Code Section 12552.  
 (This form must be signed by the parent or guardian of a youth participating in air gun/archery activities.)

\_\_\_\_\_  
 Parent/guardian signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/guardian name (please print)

California Penal Code Section 12552:

- (a) 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.
- (b) As used in this section, "furnishes" means any of the following: (1) A loan. (2) A transfer that does not involve a sale.



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