

**DAY CAMP – CAMPER INFORMATION/TRANSPORTATION/PHOTO RELEASE FORM**

Please complete this form, along with Parts A & B of the BSA Annual Health and Medical Record Form and bring to your day camp’s scheduled registration day.

Only bring copies of the medical record form(s), not the original documents. The medical form copies will be returned at the end of the camp season.

Participant’s Name: \_\_\_\_\_ Den \_\_\_\_\_

**PART I: Medical Information**

Does this camper have any medical issues of which we should be aware? Circle: Yes No If yes, please provide information about the issue, this will allow us to better prepare our staff and volunteers.

Allergies – Food (circle): Yes No If yes, list:

\_\_\_\_\_

Allergies – Bees (circle): Yes No

Diabetic (circle): Yes, Type 1 Yes, Type 2 No

Disability (circle): Yes No If yes, explain: \_\_\_\_\_

Behavioral disorder (circle): Yes No If yes, explain: \_\_\_\_\_

**PART II: Contact Information**

Main Parent/Guardian Name and Phone Number:

NAME: \_\_\_\_\_ MOBILE: \_\_\_\_\_ ALT PHONE: \_\_\_\_\_

Emergency Contact (if Parent/Guardian listed above cannot be contacted):

\_\_\_\_\_

Name	Relationship	Mobile	Alt Phone
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**PART III: Transportation Release**

My child (name)\_\_\_\_\_ may be transported to/from camp by the following person(s), other than myself:

NAME	MOBILE	ALT PHONE

By signing below, I hereby authorize camp personnel (camp director, program director, den leaders, program specialists, professional staff advisor, etc.) to release my child to the care of any of the above people. If someone other than the above named is to transport this camper, I understand that I must provide written notice to the camp leadership in advance.

Is there anyone to whom we should *NEVER* release your child? If so, provide their full name, nickname, relation to camper, and any known aliases in the space below.

\_\_\_\_\_

**PART IV: Talent Release**

Photos will be taken in camp during the week of activities and general camp scenes. We would like to share these photos on the camp and council Facebook pages and utilize them in promotional literature for Cub Scout camping programs.

\_\_\_\_\_ I give my permission for use of my child’s likeness under the conditions stated above

\_\_\_\_\_ I DO NOT give my permission for use of my child’s likeness under the conditions stated above

In the event that you do not grant permission for use of photographs online and in print materials, reasonable effort will be made to avoid including your child in such images. Please understand that the nature of group activities in camp means that this may not be practical in all instances.

Signature:

Date:

Print Name:

I have read and understood the above document, and completed the necessary information to the best of my ability.