

Webelos Woods

Please complete both sides of the form!
Each camper attending must use a separate form!
Including Parents

BSA Health & Medical Record Part A for the person named on the other side of this form. To be filled out by parent or guardian annually for all participants. Check all items that apply, past or present, to your health history, Explain any "Yes" Answers.

Health/Accident Ins. Carrier _____
Policy # _____

HEALTH HISTORY: Are you now, or have ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma Last Attack:	
		Diabetes Last HbA1c: _____	
		Hypertension (High Blood Pressure)	
		Heart Disease (i.e. CHF, CAD, MI)	
		Stroke/TIA	
		Lung/respiratory disease	
		Ear/sinus problems	
		Muscular / skeletal conditions	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Behavioral disorders (i.e. ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e. sleep apnea)	Use CPAP: Yes ___ No ___
		Abdominal/digestive problems	
		Surgery	
		Serious Injury	
		Other	

IMMUNIZATIONS:

The following are recommended by the BSA. **Tetanus immunization is required and must have been received within the last 10 years.** If had disease, put "D" and the year. If immunized, check the box and the year received.

- Yes No Date**
- Tetanus _____
 - Pertussis _____
 - Diphtheria _____
 - Measles _____
 - Mumps _____
 - Rubella _____
 - Polio _____
 - Chicken pox _____
 - Hepatitis A _____
 - Hepatitis B _____
 - Influenza _____
 - Other (i.e., H1B) _____

Exemption to immunizations claimed

Be sure to bring medications in sufficient quantities and the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Medical Permission To Treat Minor I give my permission for full participation in BSA programs, subject to limitations noted herein. IN CASE OF EMERGENCY, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I can not be reached, I hereby give my permission for the licensed health care practitioner selected by the adult leader in charge to secure proper treatment including hospitalization, anesthesia, surgery, or injections of medication for my child (or me if an adult).

Initial: _____

MEDICATIONS:

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only

Medication _____
Strength _____ Frequency _____
Approximate date started _____
Reason for medication _____

Medication _____
Strength _____ Frequency _____
Approximate date started _____
Reason for medication _____

ALLERGIES or REACTIONS TO:

Medication _____
Food, Plants, or Insect Bites _____

Special requirements: _____

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Tallahassee, Florida
PERMIT NO. 627

BOY SCOUTS OF AMERICA
SUWANNEE RIVER AREA COUNCIL
2032 Thomasville Road
Tallahassee, FL 32308
850 576-4146 - Office • FAX - 850 575-6991
suwanneeriverareacouncil@gmail.org
www.suwanneeriver.net



BOY SCOUTS OF AMERICA®
SUWANNEE RIVER AREA COUNCIL

Webelos Woods

A Trail to Boy Scouts



December 6 - December 8, 2019

@

Wallwood Boy Scout Reservation

23 Wallwood BSA Dr.
Quincy, FL 32351

Camp Director: Jenni Briggs

jenni@maynursery.com

Professional: Bob Norwillo 772 214-5659

Advisor Bob.Norwillo@scouting.org

www.SUWANNEERIVER.net

SUWANNEE RIVER AREA COUNCIL

Webelos Woods

WHO: All registered Webelos Cub Scouts
Including Parents

WHERE: Wallwood Boy Scout Reservation
ADDRESS: 23 Wallwood BSA Dr.; Quincy, FL

WHEN: December 6 - December 8, 2019
Friday Check-in will begin at 5:00pm – 8:00pm.
Sunday Check-out will begin at 10:00am

FEES: \$30 for each Cub Scout and \$15 for each Parent
Fees are transferable; not refundable!
Fees include food, patch, and program materials.

UNIFORM: Please travel in Uniform, but bring Scouting
t-shirt, shorts and closed-toe shoes.

FOOD: Meals include: Saturday breakfast, Saturday
lunch, Saturday dinner, and Sunday breakfast.
Scouts will prepare some of their own meals
(cooking gear provided).

TRANSPORT: Scouts/Parents are responsible for their
own transportation to and from camp.

GEAR: Gear will be hiked into campsite from the parking
lot - pack accordingly. Please bring a water bottle.

CAMP STAFF

LEADERSHIP: Qualified First Aid is available at all
times. Volunteers are needed for a variety of posi-
tions including Program Area Leaders for games or
crafts. Please let Jenni know of your interest and
willingness to help.

REGISTRATION: Please use the attached registration
form. Registration is on a Scout basis. Scouts from
the same Pack will be assigned the same campsite.
Requests for fee transfers must be made in writing
to the Council Service Center by the first day of the
event. *Registration for this activity includes permis-
sion for Suwannee River Area Council to use voice
and/or photographs of participants in news coverage
or similar projects approved by the Boy Scouts of
America.*

Program:

Friday night – set up camp / Scout activities
Saturday– Cook breakfast/Lunch, Meet the
local troops, crews, and order of arrow mem-
bers. Complete the Webelos BB/Archery
shooting sports badges, Movie.

HEALTH FORM:

**The attached health form must be
completed and turned in at the time of
registration. 1 health form per camper.**

Or

**Use the National Health and Medical Rec-
ord Form part A&B.**

[https://filestore.scouting.org/filestore/HealthSafety/
pdf/680-001_AB.pdf](https://filestore.scouting.org/filestore/HealthSafety/pdf/680-001_AB.pdf)

Campers who must leave early for any reason
must report to the camp director to check-out
before leaving.

No Cub Scout is allowed to carry a knife!
No alcohol or Firearms allowed in camp!



SUWANNEE RIVER AREA COUNCIL

Webelos Woods

**Wallwood Boy Scout Reservation
December 6 - December 8, 2019**

**Please complete both sides of the form!
Each camper attending must use a separate form!
Including Parents**

Name: _____

Phone: _____

E-Mail: _____

Pack # _____ Family: _____

Special Requirements: _____

Informed Consent for Scouting Activity: I understand that partici-
pation in activities associated with the Scouting Program such as the bb guns/archery
activities offered through the Suwannee River Area Council, BSA involves inherent
risks that could result in injury and/or death. I give permission to engage in provided
activities and do hereby release and hold harmless and waive all claims I may have
against: Suwannee River Area Council, BSA and any volunteers, activity coordina-
tors, employees and or organizations associated with this event. By signing this
agreement I waive my right to bring court action to recover compensation or obtain
any other remedy for any injury, death or loss of property however caused arising
from participation in this activity now or in the future even though caused by negli-
gence of those parties operating the event.

Initials: _____

Firearms Permission, Notice to Parents: The State of Florida has
enacted legislation that requires the consent of a minor's parent or guardian before a
firearm may be furnished for the purpose of instruction in the safe handling and
shooting of firearms and related activities. If your child will be participating in the
shooting sports programs at WBSR, it will be necessary for you to give consent.

Initials: _____

Please make checks payable to:

Suwannee River Area Council mail: 2032 Thomasville
Road; Tallahassee, FL 32308 or FAX: 850 575-6991 or
e-mail: Billy.Hartsfield@scouting.org

\$30scout_____ **\$15**adult_____