

Bullowa Scouting Flight Training Center

Dear Parents of Bullowa Day Campers, The summer of Take Flight into Scouting is upon us. Thank you for registering your child to attend day camp at the Camp Bullowa Scouting Flight Training Center this season. We wanted to tell you about some of our plans for the summer and fill you in on what you need to know about our camp. We have also enclosed your son's medical forms and dismissal permission slip along with the BBQ form.

PROGRAM NEWS:

The theme for camp this summer is "Take Flight into Scouting". Your "Flight Attendant" will explore the great outdoors and experience many adventures including learning to be a good team member. He will also make some handicraft items, shoot arrows, play games, go on nature hikes, shoot BB guns, take a dip in our lake and enjoy our ever popular canoes and fun-yaks. Flight attendants will need to bring a lunch which we will keep cold in the "Lunch Pad" dining hall cooler.

FAMILY BBQ - EVERY THURSDAY NIGHT:

Thursday night we have our family activities, barbecue and campfire. The camp program day will end on Thursday at 3:30 PM. Please remember that if your child stays for the barbecue and campfire, he needs to be under your supervision. The barbecue is free for all day campers. There is an added cost for additional members of your family who attend. We encourage you to come as a family to see your son's skits and enjoy our camp's atmosphere. The BBQ event starts at 5:30

EARLY PICK UP FROM CAMP:

A note, signed by the parent or guardian, is to be given at the Administration Building on the day of early dismissal. The note must state the time of pick up, the reason, and the person picking up. This person must be over the age of 18 and MUST be on the approved person list. The person picking up the child for early dismissal must report to the Administration Building, and contact the CAMP DIRECTOR. THEY NEED TO HAVE PHOTO ID. FOR SAFETY OF ALL CAMPERS A LIST OF ALL POSSIBLE DRIVERS OF CAMPERS MUST BE SUBMITTED BEFORE CAMP BEGINS. CAMPERS WILL NOT BE DISMISSED UNTIL THEIR PARENT OR GUARDIAN CHECKS IN WITH THE CAMP DIRECTOR.

REQUIRED CAMP FORMS:

The following forms must be completed and turned in at the orientation Day (If your camper cannot attend for any reason, please contact the Camp Director):

- BBQ Reservation Form (REQUIRED)
- Annual Health and Medical Record (REQUIRED)
- Standing orders for medication (REQUIRED IF NEEDED)
- Camper Dismissal Form (REQUIRED)

CAMP PHONE FOR EMERGENCIES:

Camp Office phone is answered during Camp hours. For emergencies, please call the CAMP DIRECTOR at 845-786-2677.

CAMP HOURS:

The camp program day is from 8:30 AM to 3:30 PM with opening ceremony at 8:45 AM. You may drop your child off at the camp Hero Base Station which is located as you drive no earlier than 8:15 AM. Please do not be late for the afternoon pick-up at 3:30 PM. If you are signed up for the EARLY DROP OFF and LATE PICK UP option, you may drop your child off as No earlier than 7:30 AM and pick them up NO later than 5:30 PM.

WHAT TO BRING TO CAMP:

You should dress your super hero for the weather. Generally, shorts, t-shirt and hat are appropriate. (Some campers like to wear their swim suit all day.) Socks and sneakers are required. No open toe shoes, sandals or flip flops are to be worn in Scout camp. Rain gear should be brought if necessary. Super Hero's should bring Sun Block, Bug Spray (No Aerosol cans), Bathing Suit, Towel, Water Bottles, Bag Lunch and money for the trading post. Pack everything in a daypack or small book bag he can carry with him. No electronics such as cell phones, games, etc. No soda or glass bottles either. Please! Please! mark your flight attendant's name on everything!

MEDICAL FORMS AND SAFETY:

We are a "safety first" camp – All medical forms MUST be on site for all campers. Medical forms do not need to be filled out by physicians unless the child has medications that must be administered by the camp medical officer—this must be checked in by the medical officer upon arrival at camp. Medical forms MUST be filled out in their entirety and be brought to the first day your child is attending camp. The attached Medical Form must be used for all Day Camp participants.

WRIST BANDS:

Everyone, including scouts, staff, and visitors will be provided with a wrist band the first day of camp or upon entering. This wristband is to be worn all week for camp. Please try to not take it off during the week or a replacement fee of \$1 will be charged.

WATER SAFETY:

On the first day of camp all campers will be swim tested by our Aquatics staff to identify their swimming ability and assign them to a safe swimming area. All campers will swim daily once if not twice a day.

TRADING POST:

Our campers will also have the chance to visit our Camp Trading Post. They will have the chance to buy a treat everyday after lunch. They are responsible for their own money.

CAMP REFUND POLICY:

Please check with Council Service Center for the refund policy or visit www.hudsonvalleyscouting.org for more information.

CAMP T-SHIRTS:

Flight Attendants will receive one shirt with camp registration. This shirt will be given out on the first day of camp, based on the size you requested at registration. Shirts should be worn each day of camp. If you desire extra shirts, you will be able to order them on-line through the council web site.

CAMP LEADERSHIP:

Please call us any time with questions or concerns about your super hero's Day Camp experience. We are looking forward to sharing the fun of Cub Scout Camp with your son this summer. See you at camp!

Deb Stewart
Camp Director
Cell: 845-721-8794
debra.stewart@scouting.org

Hudson Valley Council
Cub Day Camp

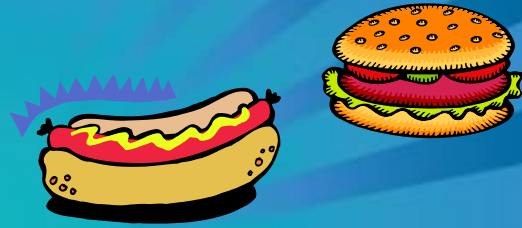
Join us at the BBQ & Campfire
Come and Join the scouts for an evening of fun!

Who: Scouts, Parents, Siblings and Guests
When: Thursday Night
Cost: Campers are FREE
\$8.00 per each additional person



(Campers are released to parents/guardian at normal dismissal time or as otherwise indicated in the Welcome Packet)

What's for Dinner?
Hot Dogs & Hamburgers
Salad
Chips
Drinks
Dessert



Please fill out the attached form and return it with payment by the first day of camp.

Name of Camper: _____

Week Attending Camp: _____

Camp (please check):

Bullowa Nooteeming Chester New Windsor Forestburgh

___ No, sorry we cannot attend the Thursday evening Bar-B-Q

___ Yes, we will be attending the Thursday evening Bar-B-Q

# Day camper(s)	_____	(Free)	
# Additional Family members	_____	@\$8.00 per person =	\$ _____
Total Attending	_____	Total Cost =	\$ _____

CUB SCOUT and BOY SCOUT ADVENTURE CAMP CAMPER DISMISSAL PROCEDURE

Please read this form carefully and return prior to camp.

In accordance with the BSA standards and New York Department of Health guidelines, the Camp Staff has developed the following procedure for dismissing the campers at the end of the day. This procedure was designed to ensure the safety of your son.

At the bottom of this page you will be asked to list all the people (**including yourself**) that have your permission to pick up your son from Day Camp. If someone shows up at camp to pick up your son at any time and their name is not on the list (no matter who they are) your son(s) will not be released until the proper person is called and gives permission. Please realize that we are doing this for your son's safety and the safety of all campers.

If you are picking up your son at the end of the day camp, please arrive **no later** than 4:00 pm. Upon arrival at the camp, you or the Designated Person will need to:

1. Wait until the Dens are officially dismissed. There will be a closing ceremony every day.
2. After the Dens are dismissed, check in with the Camp Director. Your name will be checked against the approved list. A picture ID, of the adult picking up your son, will be asked for— please bring an ID card with you. After being cleared, you will be allowed to leave with your son.
3. Your son(s) will be released to you, at which point you are responsible for their well being.

THANK YOU FOR YOUR UNDERSTANDING AND COMPLIANCE

CAMPER DISMISSAL FORM

Day Camper Full Name (Please Print): _____

Parent/Guardian Name (Please Print): _____

Phone: (Home) _____ (Business) _____

The following individuals are authorized to pick my son(s) up from the Cub Scout Day Camp Premises.

Name _____ Phone _____ Relationship to Camper _____

Name _____ Phone _____ Relationship to Camper _____

Name _____ Phone _____ Relationship to Camper _____

Name _____ Phone _____ Relationship to Camper _____

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____
DOB: _____

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.



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, Philmont Training Center, Northern Tier, Florida 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)

Second parent/guardian signature for youth: _____ Date: _____

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:
You must designate at least one adult. Please include a telephone number.

Name: _____ Name: _____

Telephone: _____ Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____ Name: _____

Telephone: _____ Telephone: _____



Part B: General Information/Health History

Full name: _____

DOB: _____

High-adventure base participants:
 Expedition/crew No.: _____
 or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Unit leader: _____ Mobile phone: _____

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
		Diabetes	Last HbA1c percentage and date:
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma	Last attack date:
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Behavioral/neurological disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures	Last seizure date:
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Excessive fatigue	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date:
		List any other medical conditions not covered above	



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Part B: General Information/Health History

Full name: _____
 DOB: _____

High-adventure base participants:
 Expedition/crew No.: _____
 or staff position: _____

Allergies/Medications

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
		Medication				Plants	
		Food				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 INDICATE 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 by the BSA. 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)	Please list any additional information about your medical history:
			Tetanus		
			Pertussis		
			Diphtheria		
			Measles/mumps/rubella		
			Polio		
			Chicken Pox		
			Hepatitis A		
			Hepatitis B		
			Meningitis		
			Influenza		
			Other (i.e., HIB)		
			Exemption to immunizations (form required)		

DO NOT WRITE IN THIS BOX
 Review for camp or special activity.
 Reviewed by: _____
 Date: _____
 Further approval required: Yes No
 Reason: _____
 Approved by: _____
 Date: _____