Transportation Information

Private passenger cars, station wagons and vans may be used during activities. They must be properly registered, insured, and operated by adults (age 18 in Maryland, D.C. and Virginia) with a valid license for the type and size of vehicle used.

The following standards must also be met:
- The number of passengers does not exceed the intended passenger limits of the vehicle.
- Each person has her or his own seat and her or his own seatbelt.
- There is adequate space for luggage and equipment, which is stowed securely.
- All vehicles should be equipped with a first aid kit.

Parent/Guardian of Child _____

Vehicle Information

Make/model _____ Year _____

Color _____ License No. _____ State _____

Manufacturer rated for _____ persons (including driver). Rating should be for number of seat belts. I certify that I am an adult holding a valid driver's license, and that the vehicle described above is adequately insured for the state in which it is registered.

_____
Name (please print) *Signature*

_____
Name (please print) *Signature*

Any adult who may drive this vehicle for an event should certify.

PARENTAL PERMISSION FORM

Leader please check all that apply:
❑ Day Trip ❑Overnight ❑High Adventure ❑Sensitive Issue

GENERAL INFORMATION

Group _____ Activity Date _____To _____

Activity_____

Activity Location_____

Departure time _____Place _____

Return time _____Place _____

Transportation _____Cost _____

Each child should _____

Leader _____Phone _____

Adults attending _____ Phone _____

_____Phone _____

Emergency contact _____ Phone _____

Please complete the form below and return by_____

For High Adventure Activities
❑ if this is a High Adventure Activity
For programs that include ice-skating, roller skating, horseback riding, white water rafting, canoeing, caving, rock climbing, rappelling, swimming, or other physically strenuous or hazardous activities, parent or guardian should recognize that these activities can be dangerous and that some times serious injuries may occur.

For Sensitive Issue Activities
❑ if this is a Sensitive Issue Activity
Please discuss this activity with your child. Attendance is optional for all or part of the activity. However, it is the parent or child's responsibility to communicate to the leader your needs prior to the activity date.

PARENTAL PERMISSION (Return lower prtion to leader)

GENERAL INFORMATION

I am the parent/guardian of _____

I have read the description of the activity planned for _____
date

Fee will be paid for my child by:
❑ Parent/guardian ❑ Requested assistance

I will be responsible for ensuring that my child brings the required equipment and attends only if in good physical condition.
I give special permission and/or instructions for the following medication
_____.
This medicine will be properly labeled and given to an adult.

Mother/guardian_____Phone _____
Father/guardian_____Phone _____
Emergency contact _____Phone _____

For High Adventure Activities
I have read the attached description of the activity planned and I understand that my child will be exposed to above normal risk of injury. I sustain that to the best of my knowledge, my child has the maturity, required skills and physical ability to participate in the activity described above.

*Initial_____Date_____

For Sensitive Issue Activities
I have read the attached description of the activity planned. I understand that my child will be exposed to issues and discussions that are, or could be, considered to be of a sensitive or controversial nature. I have discussed this activity with my child and am confident of her/his maturity/ability to participate.

*Initial_____Date_____

I give my permission for my child to participate: ❑ YES ❑ NO

Signature _____Date_____

**Parent: If this is a high adventure or sensitive issue activity, please initial and date in appropriate box.*

CHILD HEALTH HISTORY / EMERGENCY MEDICAL AUTHORIZATION FORM

To be filled out by parent/guardian Return form to: Group leader at or before the activity. Must be updated yearly or as changes occur.

Child's Name (first, middle initial, last) _____
Birth Date _____ Age _____ School attending _____ State _____ Grade _____
Home address _____ City _____ State _____ Zip _____
Parent or Guardian Phone: Day _____ Cell _____ Evening _____
Home Address _____ City _____ State _____ Zip _____
2nd Parent or Guardian Phone: Day _____ Cell _____ Evening _____
Home Address _____ City _____ State _____ Zip _____
Child is in the custodial care of:_____ both parents _____ mother only _____ father only _____ other
Emergency Contact: *If neither parent/guardian is available in an emergency, contact:*
Name: _____ Relationship _____Phone: Evening_____Day_____Cell_____
Name: _____ Relationship _____Phone: Evening_____Day_____Cell_____
Health History: (*Check all that apply and give approximate dates. Attach additional sheets as necessary*)
□ ADD/ADHD _____ □ Epilepsy _____ □ Sickle Cell Anemia _____ **Allergies:**
□ Arthritis_____ □ Fainting _____ □ Sinusitis _____ Animals _____
□ Asthma _____ Hay Fever _____ □ Skeletal disease/disorder _____ □ Bee/wasp stings _____
□ Athletes Foot _____ □ Headaches; Migraines _____ □ Skin Conditions _____ □ Plants, ivy/oak _____
□ Bed Wetting _____ □ Hearing _____ Sleep Disturbance/ Walking _____ _____
□ Bleeding/clotting disorders _____ □ Heart defect/disease _____ □ Stomach upsets _____ Drugs _____
□ Bronchitis _____ □ Hypertension _____ □ Urinary Tract Infections _____ _____
□ Frequent Colds/Sore Throats ____ □ Kidney Disease_____ Wears: □ Contacts □ Glasses □ Foods _____
□ Constipation _____ □ Mononucleosis _____ Chicken pox _____ _____
□ Convulsions _____ □ Motion Sickness _____ German measles _____ □ Other_____
□ Diabetes _____ □ Muscle disease/disorder _____ □ Measles _____ _____
□ Ear Infections_____ Nervous system _____ □ Mumps _____ _____
Are there any special needs or accommodations required? If yes, please explain_____
Are there any known behavioral and/or emotional problems? If yes, explain _____
Ever required any psychiatric counseling or hospitalization? If yes, explain _____
Operations or serious injuries? _____
Disability or chronic or recurring illness? _____
Activities to be encouraged or limited by child's physician? _____
Dietary modifications? _____
Has this person menstruated? If not, has she been told about it? If so, is her menstrual history normal? _____
Since last health exam has your child had: □ a serious injury requiring medical attention?___ □ an illness lasting longer than one week? ___ □ an in-patient hospital treatment or the emergency room?___ □ been restricted from participating in any school activities? ___ *(Please explain any "YES" answers to questions and include dates and/or details. May use back of form if necessary.)*
Immunization History: Are all immunizations up-to-date? □ Yes □ No If no, please state reason _____
(Give date of immunization that the child listed above has had. Complete other information as requested.) DTP or DT (Tetanus) Date:_____
Insurance Information: Company _____ Policy Number _____Policy Holder _____
Company address: _____City: _____ State _____
Other: Name of Dentist/Orthodontist: _____Phone _____
Name of Physician _____Phone _____Date of last examination _____
Preferred Medical Facility: _____Location: _____
Medication Information: Any prescribed medication being taken? □ No □ Yes - □ Inhaler Epipen Other- what, why, when, and dosage? _____ _____
Current Wt ____Current Ht ____ My child may be given (check all that apply): □Aspirin Benadryl □Neosporin □Tylenol □None

IMPORTANT – THIS SECTION MUST BE COMPLETED

This health history is correct so far as I know. The person herein described has permission to engage in all activities except as noted. I hereby give permission to the Adult-in-Charge to provide routine health care and administer prescribed medications. I consent for my child to receive such medical treatment and/or surgical procedures as are deemed necessary in the event of an emergency and to assume liability for any medical expenses involved. This authorization extends to my child's participation in any sponsored activity by _____. Should a medical emergency arise during my child's participation in a sponsored activity, I understand that reasonable efforts will be made to contact me or my designated alternate at the phone numbers I have given. If it is believed my child's life or health may be adversely affected by the delay that an attempt to contact me or my designated alternate would cause, I consent to the administration of medical treatment and/or surgical procedure deemed necessary by the medical doctor and/or medical facility and the immediate administration of life-sustaining measures deemed necessary under the circumstances. This completed form may be photocopied for trips and camping outside of the normal meeting place.

Signature of Parent/Guardian (in ink) _____**Date**_____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I am the parent/guardian of _____
Subject to the conditions set forth below, I consent for my child to receive such medical treatment and/or surgical procedures as are deemed necessary in the event of an emergency and to assume liability for any medical expenses involved. This authorization extends to my child's participation in any activity sponsored by_____.

Should a medical emergency arise during my child's participation in a sponsored activity, I understand that reasonable efforts will be made to contact me or my designated alternate at the phone numbers listed below. If it is believed my child's life or health may be adversely affected by the delay that an attempt to contact me or my designated alternate would cause, I consent to:
(i) the administration of medical treatment and/or surgical procedure deemed necessary by the medical doctor and/or medical facility identified below or chosen by the adult leader; and
(ii) the immediate administration of life-sustaining measures deemed necessary under the circumstances.

Health Information
The following information may be needed by a medical doctor and/or medical facility not having access to your child's medical history:
Allergies:_____

Medicine being taken: _____

Date of last tetanus shot: _____

Physical impairments: _____

Other pertinent facts to which a medical doctor should be alerted: _____

_____

Insurance Information
Company: _____ Policy Number: _____

Policyholder's Name: _____

Father's/Guardian's Name:

_____

Address _____

_____

Daytime Phone _____

Evening Phone _____

Mother's/Guardian's Name:

_____

Address _____

_____

Daytime Phone _____

Evening Phone _____

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf (designated alternate):_____

Daytime Phone: _____ Evening Phone: _____ Relationship: _____

Preferred Medical Doctor/Medical Facility: _____

Daytime Phone: _____ Evening Phone: _____

_____ _____
Signature of Parent or Guardian **Date**

Personal Gear Checklist

****All gear should fit in one duffel or suitcase**

Packs/Bags

- ☐ Duffel (or soft-sided suitcase)
- ☐ Day pack or waist pack
- ☐ Resealable or plastic bags (for wet clothes)

Clothing/Footwear

(base choices on trip length (*multiples of an item may be necessary*) and possible weather extremes)

- ☐ T-shirt
- ☐ Underwear
- ☐ Quick-drying pants/shorts
- ☐ Short-sleeve shirt(s)
- ☐ Long-sleeve shirt (for sun, bugs)
- ☐ Sun-shielding hat, cap
- ☐ Socks, wool or synthetic; 2+ pairs
- ☐ Hiking footwear; walking shoes; sandals
- ☐ Bandana
- ☐ Swimsuit
- ☐ Waterproof/breathable rain jacket and pants
- ☐ Fleece jacket or vest (and pants)
- ☐ Fleece or wool hat
- ☐ Clothing for evening
- ☐ In-camp sandals

Camping Gear

- ☐ Water bottle
- ☐ Headlamp or flashlight
- ☐ Extra batteries
- ☐ Sleeping bag
- ☐ Sleeping pad
- ☐ Tent
- ☐ Tent stakes
- ☐ Pillow
- ☐ Mess kit (bowl, cup, utensils)

Personal Items

- ☐ Sunscreen
- ☐ Lip balm
- ☐ Insect repellent
- ☐ Spare eyeglasses/contact lenses
- ☐ Prescription medications
- ☐ Toothbrush, toiletry kit
- ☐ Brush/comb
- ☐ Biodegradable soap
- ☐ Towel

*****OPTIONAL ITEMS*****

- ☐ Whistle**
- ☐ Hand sanitizer**
- ☐ Camera**
- ☐ Sunglasses**
- ☐ Travel games**
- ☐ Book/journal**
- ☐ Pocketknife **
- ☐ Fishing gear**