



SOARING EAGLE DISTRICT 2003 CUB SCOUT CAMP STAFF APPLICATION

DIRECTIONS: Each **ADULT** attending camp as a walk around leader or staff must complete this form. To ensure a quality run camp there must be one walk around leader for every five Scouts attending camp. Return completed form to Pack Coordinator.

PACK # _____ **T-shirt** (circle one, sizes are adults) **S M L XL XXL XXXL**

Camp Date: June 16 – 20 **Time:** 4:30PM – 8:15PM **Location:** Florin Creek Park

Station/Assignment _____

Please check **day(s)** attending: ___ Mon ___ Tue ___ Wed ___ Thur ___ Fri

PLEASE PRINT:

Adult Name _____ DOB
____/____/____

Address _____ City _____ Zip _____

Telephone: Home # _____ Work # _____ E mail _____

Please circle any appropriate answers:

Do you hold a current CPR card? YES NO Do you hold a current First Aid card? YES NO

EMT, Nurse, or Doctor? YES NO Registered Adult Scouter? YES NO

Emergency Contacts	Relationship	Phone #
_____	_____	_____
_____	_____	_____

Medical Information:

Physician Name _____ Phone # _____

Allergies (Circle those applicable): Food Medicine Plant Insect NONE Other: _____

Convulsions/Seizures YES NO Diabetes YES NO Asthma YES NO

Heart Trouble YES NO Kidney Disease YES NO High Blood Pressure YES NO

Hemophilia YES NO ADHD YES NO Cancer/Leukemia YES NO

Explain any **YES** answers _____

List medications to be taken at camp. **Medication brought to camp MUST be in original container, and will be dispensed by the Camp Health Officer.** _____

Immunizations (give date of last inoculation):

Tetanus _____	Measles _____	Polio _____	Rubella _____
Diphtheria _____	Mumps _____	Pertussis _____	Other _____

IN THE EVENT OF AN EMERGENCY, I understand every effort will be made to contact the emergency contact listed above. In the event no one can be reached, I hereby give permission for emergency treatment of myself.

Signature of Adult attending camp X _____ Date: _____