

WAKONDA KIDS CAMP HEALTH HISTORY AND CONSENT FORM

Your child is about to take part in the Wakonda Kids Day Camp offered through the Hawkeye Area Council, BSA on 8/5/21 (date).

While participating in the activities they will undertake a wide variety of physical challenges that are comparable to activities with which you may be more familiar. Much of the time, they will be engaged in activity of "moderate exertion," which is comparable to normal walking, golfing on foot, raking leaves, calisthenics, or slow dancing. For short periods of time, they may engage in activity of "vigorous exertion," which is comparable to fast walking, slow jogging, heavy gardening, or shoveling snow.

If any of the above activities are difficult for your child, discuss their participation in the activity with their physician. If these are activities in which they regularly engage without difficulty, they should be fit for participation in the program.

If you or your physician has any questions about the physical requirements of the program, feel free to contact the Hawkeye Area Council, BSA at (319) 862-0541.

HEALTH HISTORY

Name: _____ Telephone: _____

Personal Physician: _____ Telephone: _____

Emergency Contact: _____ Telephone: _____

List known allergies: _____

List required medications: _____

If you are allergic to insect stings, do you have an insect sting kit (e.g. EpiPen)? _____

Have you had or do you now have (circle if yes): Diabetes Asthma Surgery

High Blood Pressure Drug Reactions Heart Murmur Epilepsy

If you answered "yes" to any of the above, explain and include date: _____

Do you have any other medical conditions that we should be aware of? _____

HOLD HARMLESS AGREEMENT

I understand that my child's participation in the activity is entirely voluntary. I 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 claims or liability arising out of this participation. This release does not, however, apply to any harm caused by negligence or willful misconduct of the local council or its employees.

Parent's or guardian's signature: _____ Date: _____