

Lake Travis Fire Explorers

Contact Form



Please fill out and return to

15304 Pheasant Ln

Austin, TX 78734

Or by email to

explorers@ltfr.org

Explorer Contact

Explorer Name:	
Date of Birth:	Grade:
Gender:	

Mailing Address:	
City:	State:
ZIP Code:	

Primary Phone:
E-Mail:

Parent/Guardian Contact

(Optional if Explorer is over the age of 18)

Parent/Guardian Name:

Mailing Address:	
City:	State:
ZIP Code:	

Primary Phone:
E-Mail:

Emergency Contact

(Fill out for contacts in addition to parent/guardian)

Contact Name:
Relation:

Primary Phone:
Alternative Phone:
E-Mail:

Contact Name:
Relation:

Primary Phone:
Alternative Phone:
E-Mail:

Contact Name:
Relation:

Primary Phone:
Alternative Phone:
E-Mail:



ADULT APPLICATION

For the following positions and participants:

- Exploring or Learning for Life committee positions
- Exploring adult leaders 21 years and older
- Explorers 18 through 20 years old (Exploring participants)

EXPLORING™

Mission: To deliver character-building experiences and mentorship that allow youth to achieve their full potential in both life and work.

LEARNING FOR LIFE™

UPLIFTING STUDENTS · BUILDING CHARACTER · DEFINING LEADERSHIP

Mission: To empower students to build exceptional character and leadership skills by guiding them through an innovative, research-based curriculum that enhances the learning experience and teaches the skills necessary to succeed both academically and throughout their lives.

18- THROUGH 20-YEAR-OLDS (EXPLORING PARTICIPANTS)

Beginning January 6, 2020, all applicants 18 through 20 years old must complete and submit this adult application, consent to a criminal background check, and successfully complete Youth Protection training. However, an 18-through 20-year-old will still be considered an adult Exploring participant in the post, and not considered an adult leader. Exploring participants cannot be counted toward two-deep leadership requirements.

Once an Explorer turns 18, they will need to complete an adult application to register as an 18- through 20-year-old Exploring participant.

CRIMINAL BACKGROUND CHECK*

In order to complete the adult application process, you will need to review the disclosures that have been provided to you separately. The separate authorization form must be signed and returned when you submit your application.

**The three different background check forms must be torn off and each separately given to the applicant.*

YOUTH PROTECTION TRAINING

All volunteers and 18- through 20-year-old Explorers are required to complete the adult application process before interacting with Explorers under the age of 18 and must complete the training every two years. Training is available online at www.exploring.org/training-safety, or contact your local Exploring office for classroom training. Include a copy of your Youth Protection training completion certificate with your application.



High-quality adults are important role models for the youth in Exploring. This application helps the participating organization select qualified adults. Thank you for completing this application in full!

Leader Requirements

Adult leaders must possess the moral, educational, and emotional qualities that Learning for Life and Exploring deem necessary for positive leadership to youth. They must also:

- Reside within the USA or a U.S. territory, or be a U.S. citizen residing outside the USA.
- Respect and obey the laws of the United States of America.
- Be 21 years of age or older for primary leadership positions.
- Complete Youth Protection training (YPT) before application is processed and renew training as required by going to www.exploring.org/training-safety and creating an account.
- Review the disclosure information related to the background check process and complete and sign an Exploring Background Check Authorization form.
- Take leader position-specific training at www.exploring.org/training-safety. Classroom training may also be available through your local council.
- Hold only one position within the same unit. The executive officer may multiple as the committee chair or a committee member.

Approval Required—Unit Adults

The committee chair is approved by the executive officer. All other adult leader applications must be accepted and approved by the executive officer or committee chair.

Approval Required—Council and District Adults

Scout executive or designee must accept and approve all council and district adults. **Scout executive or designee** must approve any adults who answer “yes” to any additional information question.

The adult leader application process will not be complete until Youth Protection training has been completed and a criminal background check has been obtained.

Health information. You should inform your unit leadership of any condition that might limit your participation. Before participating in activities with your unit, please fill out the Annual Health and Medical Record found on www.exploring.org and provide it to your unit leadership.

The annual national registration fee is nonrefundable.

Learning for Life and Exploring Privacy Policy

Learning for Life and Exploring protect the confidentiality of the names and personal information of those who are affiliated with the organization. No commercial or unauthorized use is made of the names, addresses, and other confidential information. Learning for Life and Exploring, and their affinity groups, may use registration information to notify registrants of benefit opportunities.

Training for New Leaders

Learning for Life and Exploring are committed to your success as a volunteer while serving young people. To help you be successful there are training materials designed for you. Training resources are available through your local council and at www.exploring.org/training-safety/.

What Makes a Trained Leader?

You are considered a trained leader when you have completed leader position-specific training for your position and have current Youth Protection training. Training can be taken at www.exploring.org/training-safety/.

Youth Protection Begins With You™

Child abuse is a serious problem in our society, and unfortunately, it can occur anywhere. Youth safety is of paramount importance to the organization. For that reason, Learning for Life continues to create barriers to abuse beyond what have previously existed in Learning for Life and Exploring.

Learning for Life is committed to providing a safe environment for young people. Learning for Life provides parents and adult leaders with numerous online and printed resources on youth protection. All adult leaders must complete Youth Protection training as part of the registration process and renew their training as required. It is highly recommended that parents who participate in Learning for Life and Exploring activities complete YPT. Learning for Life publications and other media also provide strategies for personal safety awareness for youth and their parents. To learn more about the organization’s Youth Protection resources and to find age-appropriate programs, go to www.exploring.org/training-safety.

All persons involved in Learning for Life and Exploring programs must immediately report to local authorities any good-faith suspicion or belief that any child is or has been physically or sexually abused; physically or emotionally neglected; exposed to any form of violence or threat; or exposed to any form of sexual exploitation including the possession, manufacture, or distribution of child pornography, online solicitation, enticement, or showing of obscene material. No person may abdicate this reporting responsibility to any other person.

Additionally, any **known or suspected abuse or behavior that might put a youth at risk** must also be reported to the local Scout executive or the helpline (1-844-726-8871).

Youth Protection Policies

Youth Protection policies help to protect youth as well as adult volunteers. These and other key policies are addressed in the Youth Protection training:

- Two registered adult leaders 21 years of age or over are required at all activities, including meetings. There must be a registered female adult leader 21 years of age or over in every unit serving females. A registered female adult leader 21 years of age or over must be present for any activity involving female youth.
- One-on-one contact between youth members and adults is prohibited at any time and location, except for situations involving transportation of a child with the prior authorization of the parent/guardian. Even personal conferences must be conducted in plain view of others.
- Corporal punishment, hazing, and bullying are not permitted in Learning for Life and Exploring. Only constructive discipline is acceptable. Parents and unit leaders must work together to solve discipline problems.
- Separate accommodations for adults and Explorers (males and females and Explorers of disparate ages) are required.
- Youth privacy is respected.
- Leaders are responsible for enforcing Youth Protection policies and reporting any abuse or policy violations.

Position Codes	
IH	Executive Officer
PCC	Post Committee Chair
PMC	Post Committee Member
EA	Exploring Post Advisor
AA	Exploring Post Associate Advisor
*EP	18- through 20-Year-Old Exploring Participant
C12	National Exploring Committee Member
34	Council Exploring/LFL Committee Chair
34M	Council Exploring/LFL Committee Participant
63	District Exploring/LFL Committee Chair
63M	District Exploring/LFL Committee Participant
ES	Exploring Club Sponsor
AS	Exploring Club Associate Sponsor
137	Council Service Team Chair
138	Council Service Team Member
139	District Service Team Chair
140	District Service Team Member

*** Beginning January 6, 2020, this is a mandatory position code for 18- through 20-year-olds.**

Tear off the following pages and provide to applicant separately.

BACKGROUND CHECK
DISCLOSURE

A consumer report is a background check in which information (which may include, but is not limited to, criminal background, driving background, character, general reputation, personal characteristics, and mode of living) about you is gathered and communicated by a consumer reporting agency (“CRA”) to Learning for Life/ Exploring and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the “Company”).

Company may obtain a consumer report on you to be used for employment purposes (in your case, this means for the purpose of evaluating you as a new or existing volunteer).

CALIFORNIA STATE LAW DISCLOSURES

(Non-Credit)

Under California law, an “investigative consumer report” is a consumer report in which information on a consumer’s character, general reputation, personal characteristics, or mode of living is obtained through any means. Learning for Life/ Exploring and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the “Company”) may obtain an investigative consumer report (which may include information described above) from an investigative consumer reporting agency (“ICRA”) on you in connection with your status as a volunteer (i.e., for employment purposes under California law). The nature and scope of this investigation includes your character, general reputation, personal characteristics, or mode of living information, including criminal history, presence on exclusion lists (e.g. OIG/GSA and OFAC), driving record, references, education history, work history, and licensure/certifications.

The ICRA preparing the investigative consumer report and conducting the investigation will be First Advantage, P.O. Box 105292, Atlanta, GA 30348, 800-845-6004. Information regarding First Advantage’s privacy practices can be found at <https://fadv.com/privacy-policy/>.

Under California Civil Code section 1786.22, you are entitled to a visual inspection of files maintained on you by an ICRA, as follows:

- (1) In person, if you appear in person and furnish proper identification, during normal business hours and on reasonable notice. A copy of your file shall also be available to you for a fee not to exceed the actual costs of duplication services provided;
- (2) By certified mail, if you make a written request, with proper identification, for copies to be sent to a specified addressee. An ICRA complying with requests for certified mailings under California Civil Code section 1786.22 shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA;
- (3) A summary of all information contained in your files and required to be provided by California Civil Code section 1786.10 shall be provided to you by telephone, if you have made a written request, with proper identification for telephone disclosure, and the toll charges, if any, for the telephone call are prepaid by you or charged directly to you.

“Proper Identification,” as used above, means information generally deemed sufficient to identify you, which includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you pursuant to California Civil Code section 1786.10 and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection under California Civil Code section 1786.22.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person’s presence.

ADDITIONAL DISCLOSURES & BACKGROUND CHECK AUTHORIZATION

Additional Disclosures

The state disclosures below are included because state law requires them to be provided in writing. Some of the below rights, notices, or information also may apply to individuals from, applying to, or volunteering in states not listed below. There may be additional requirements, options, or provisions applicable to you and you may have additional rights under applicable law that are not required to be disclosed to you in writing.

Minnesota: You have the right to request a complete and accurate disclosure of the nature and scope of any consumer report from First Advantage, P.O. Box 105292, Atlanta, GA 30348, 800-845-6004.

New York: Learning for Life/Exploring and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the "Company") may request or utilize subsequent consumer reports (other than investigative consumer reports) on you throughout your volunteer relationship with Company. Upon request, you will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the CRA that furnished the report. Your written request should be made to Company at Learning for Life/Exploring, Membership Standards Team S201, 1325 West Walnut Hill Lane, P.O. Box 152079, Irving Texas 75015-2079. You may also contact the Company by email at MembershipStandards@scouting.org.

Authorization

(Please print)

Name: First _____ Middle _____ Last _____ Suffix _____

List any other names used (nickname, maiden/married last names): _____

Date of birth: _____ Unit Type and Number: _____

To the extent permitted by applicable law, I hereby consent to and authorize the Learning for Life/Exploring and/or its subsidiaries, affiliates, other related entities, successors, and/or assigns (the "Company") to procure consumer report(s), which may include criminal background check(s) and/or investigative consumer report(s) (as defined by applicable California state law), on my background from a consumer reporting agency ("CRA") or from an investigative consumer reporting agency ("ICRA"), as described in the **Background Check Disclosure and the California State Law Disclosures (Non-Credit)**(each of which I have received separately from the Company), as well as these **Additional Disclosures & Background Check Authorization**. I have reviewed and understand the information, statements, and notices in the **Background Check Disclosure** and the **California State Law Disclosures (Non-Credit)**, as well as these **Additional Disclosures & Background Check Authorization**. My authorization remains valid throughout my volunteer relationship with the Company, such that, to the extent permitted by applicable law, I agree Company can procure additional consumer report(s), which may include criminal background check(s), during my volunteer relationship without providing additional disclosures or obtaining additional authorizations. Except as otherwise prohibited by applicable law, I consent to and authorize the Company to share this information with Company's current or prospective clients, customers, others with a need to know, and/or their agents for business reasons (e.g., to place me in certain positions, work sites, etc.). I understand that, if I am selected for a volunteer position, a consumer report will have been conducted on me.

For California, Minnesota, or Oklahoma individuals: If you would like to receive from the CRA, the ICRA, or the Company (as applicable) a copy of the report that Company may procure, please check this box.

Signature _____ Date _____

LEARNING FOR LIFE AND EXPLORING ADULT APPLICATION

Please print one letter in each space.

First name (No initials or nicknames)

Middle name

Last name

Suffix

Preferred nickname:

Country

Mailing address

City

State

Zip code

Primary phone

Alternate phone

Ext.

 - - - - X

Date of birth (mm/dd/yyyy)

Ethnic background:

Driver's license No.

State

 / /
 Black/African American Native American Alaska Native Asian Caucasian/White Hispanic/Latino Pacific Islander Other

Gender

Social Security No. (required)

Occupation

Employer

 M F
 - -

Country

Business address

City

State

Zip code

Position Code

Position (description)

Email address

Work Home

 @

I hereby certify that:

1. I agree to comply with the rules and regulations of Learning for Life and Exploring, and the local council.

INITIALS
REQUIRED

Signature of applicant

Date

2. I affirm that the information contained in this application is true and accurate to the best of my knowledge and belief.

INITIALS
REQUIRED

 YPT completion certificate attached Background Check Authorization form attached Qualify for 28-573 (Criminal Background Exemption)

To be completed by unit

Careful review of the information provided on this application is a significant step in Learning for Life's efforts to protect its youth members and deliver a quality program.

APPROVALS FOR UNIT ADULTS: I have reviewed this application and the responses to any questions answered "Yes," and have made any follow-up inquiries necessary to be satisfied that the applicant possesses the moral, educational, and emotional qualities to be an adult leader in Learning for Life or Exploring.

APPROVAL FOR COUNCIL AND DISTRICT ADULTS: I have reviewed this application and have made any follow-up inquiries necessary to be satisfied that the applicant possesses the moral, educational, and emotional qualities to be an adult leader in Learning for Life or Exploring.

Signature of executive officer or designee

Date

Signature of Scout executive or designee

Date

Unit Type: Post Club Multiple (Exploring only)

New leader
 Former leader
 Exploring participant (EP)

If applicant has an unexpired LFL/Exploring membership certificate, registration may be accomplished at no charge by transferring the registration or multiple registering.

Transfer application Enter membership number from unexpired certificate:

Transfer from council number: Unit type: Post Club Unit No.:

Unit No. OR

District name

Term: Months

Registration fee \$

PAID: Cash Check No. _____ Credit card

All questions MUST be answered. Write NONE if applicable.

1. Exploring background.
Position _____ Council _____ Year _____

2. Experience working with youth in other organizations. Please provide contact information.

3. Previous residences (for last 10 years).
City _____ State _____

4. Current memberships (religious, community, business, labor, or professional organizations).

5. References. Please list those who are familiar with your character. References may be checked.
Name _____
Telephone (____) _____
Name _____
Telephone (____) _____
Name _____
Telephone (____) _____
6. Additional information. Yes No
(Mark each answer.)
 - a. Have you ever been removed from or asked to leave a leadership position in an organization due to allegations regarding your personal conduct or behavior? Explain:

 - b. Do you use illegal drugs or abuse alcohol? Explain:

 - c. Have you ever been arrested for a criminal offense (other than minor traffic violations)? Explain:

 - d. Has your driver's license ever been suspended or revoked? Explain:

 - e. Have you ever been investigated for, accused of, or charged with abuse or neglect of a minor child? Explain:

 - f. Are you aware of any reason not listed above that may call into question your suitability to supervise, guide, care for, and lead young people?

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Exploring 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 Exploring volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Exploring activities.

With appreciation of the dangers and risks associated with Exploring 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 Learning for Life, Exploring, 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, Learning for Life, Exploring, 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 Exploring activities, and I hereby release Learning for Life, Exploring, 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 Learning for Life, Exploring, and the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

Checking this box indicates you DO NOT want your child to use a BB device.



NOTE: Due to the nature of programs and activities, Learning for Life, Exploring, 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 Scout Ranch, Philmont Training Center, Northern Tier, 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)

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

Name: _____

Name: _____

Phone: _____

Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____

Name: _____

Phone: _____

Phone: _____

Part B1: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

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

Address: _____

City: _____ State: _____ ZIP code: _____ Phone: _____

Unit leader: _____ Unit leader's mobile #: _____

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: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (anginal)/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/reactive airway disease	Last attack date: _____
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion/TBI	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Neurological/behavioral disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures or epilepsy	Last seizure date: _____
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Skin issues	
		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	

Part B2: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

DO YOU USE AN EPINEPHRINE AUTOINJECTOR? Exp. date (if yes) _____ YES NO

DO YOU USE AN ASTHMA RESCUE INHALER? Exp. date (if yes) _____ YES NO

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 list 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. 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)
			Tetanus	
			Pertussis	
			Diphtheria	
			Measles/mumps/rubella	
			Polio	
			Chicken Pox	
			Hepatitis A	
			Hepatitis B	
			Meningitis	
			Influenza	
			Other (i.e., Hib)	
			Exemption to immunizations (form required)	

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX.

Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: Yes No

Reason: _____

Approved by: _____

Date: _____