



## Fire Mountain Family Camp—Memorial Day Weekend

Kick off your family's summer of camping this  
Memorial Day at Fire Mountain.

Register Today! <https://scoutingevent.com/606-SpringFamilyCamp2021>

Join us for a family getaway at Fire Mountain Scout Camp. Enjoy basic program activities during the weekend or use Fire Mountain as your base camp while you explore Skagit County and beyond!

Program offerings will include swimming and boating on beautiful Lake Challenge, scheduled openings of the Archery, BB Gun, and Rifle Ranges (11+), guided hikes, a supervised handicrafts area and more.

Visit the North Cascades National Park, summit Sauk Mountain, or head into Anacortes for whale watching or window shopping - all within easy driving range of camp.

### Basic Information

What: Family Camp

When: May 28 – May 31, 2021

Who: Any Scouting Family

Cost: \$30 per night per family  
Meals (Dinner/Breakfast/Lunch)  
provided for additional cost

- Adult (age 11+): \$10/day
- Youth (age 4-10): \$8/day
- Little (under 4): \$5/day

Where: Fire Mountain Scout Camp

Registration Deadline: May 15, 2021

# Fire Mountain Scout Camp

26027 Walker Valley Road • Mount Vernon, WA 98274



## Family Camp In Action—How does Family Camp work?

Within the Scouting program we mostly utilize the patrol method and unit oriented events. The Fire Mountain Family Camp experience is designed to offer each family unit the environment of the Scouting program: top notch facilities, cheerful and experienced staff, and an amazing array of activities. While at Family Camp each family unit is responsible for their own safety, well-being and supervision. As such, no minor should ever be at Family Camp without direct parent/guardian supervision, this includes your campsite, all program areas and all activities.

## About Fire Mountain Scout Camp

Located in the foothills of the Cascade Mountains on 665 acres and nestled in the forests of scenic Walker Valley, Fire Mountain Scout Camp is home to some of the finest Scouting program opportunities in the Pacific Northwest. Our beautiful wooded environs, temperate climate, and friendly and enthusiastic staff create the ideal setting for a great Scouting experience!

## How do you get to Fire Mountain Scout Camp?

Our address listed above can be used in most modern GPS units and smart phones for directions to camp.

### From the north:

Go south on I-5 to exit 227 (College Way). Exit I-5 and head east. Continue until you reach SR 9. Head south (right at the roundabout) and drive for approximately 3.7 miles.

Look for Walker Valley Road on your left. Turn left on Walker Valley Road and continue to the end of the road. The camp entrance will be on your left.

### From the south:

Go north on I-5 to exit 221 (SR 534). Exit I-5 and head east. Continue until you reach SR 9. Turn north on SR 9 (Left at "T" intersection) and continue five miles. Look for milepost 46. Shortly after this milepost you will see Walker Valley Road.

Turn right on Walker Valley Road and continue to the end of the road. The camp entrance will be on your left.

# GENERAL FAMILY CAMP INFORMATION

## CHECK IN

Opens at 1pm on Friday and runs throughout the weekend. Check in will close each day at 9pm. Families may arrive in separate vehicles and at separate times. Please park in the parking lot and follow the signs from the parking area to the Administration Office (full size Camp Map is included in this guide) to get checked in.

## MEDICAL FORMS

Each participant (every adult and youth, regardless of age) must have a completed [Medical Form \(Part A & B\)](#) filled out prior to check in. In addition, each participant must submit a Pre-Event Health Screening form. Printable copies can be found at the end of this guide.

## COVID-19 PREVENTION

Both the Boy Scouts of America and the American Camp Association have continued to provide updated information on the best practices for operating camps in a safe and healthy manner across the country. Fire Mountain will implement guidelines consistent with this guidance, as well as State and County recommendations. **Face masks, social distancing, and excellent personal hygiene will be core expectations of all guests.**

## CAMPSITE ACCESS

Our preferred method for getting camp gear into your campsite is the use of one of our campsite hand wagons. However, at check in we can grant permission for one vehicle at a time per campsite to unload/load equipment as needed.



## PROHIBITED ITEMS

In order to ensure a safe camping experience for all participants please ensure you abide by the following: no pets, no drugs or alcohol, no smoking or vaping, no weapons, no fireworks, no amplified sound.

## LEAVING DURING THE WEEKEND

Once checked in, families may come and go at will. Please ensure that you sign out and sign back in at the Administration Office so we have an accurate head count for our in camp emergency management team.

## Suggested Packing List

\_\_\_ Medical Form (Part A & B)

\_\_\_ Pre-Event Screening Form

\_\_\_ Swimsuit

\_\_\_ Towel for Swimming

\_\_\_ Backpack/Duffel Bag

\_\_\_ Daypack

\_\_\_ Sleeping Bag

\_\_\_ Sleeping Pad

\_\_\_ Pillow

\_\_\_ Raingear

\_\_\_ T-shirts

\_\_\_ Pants

\_\_\_ Shorts

\_\_\_ Underwear (1 pr/day)

\_\_\_ Socks (1 pr/day)

\_\_\_ Sweatshirt/Jacket

\_\_\_ Hiking Boots/shoes

\_\_\_ Canteen/Water Bottle

\_\_\_ Flashlight

\_\_\_ Pencil/Paper

\_\_\_ First Aid Kit

\_\_\_ Sunscreen

\_\_\_ Hat

\_\_\_ Insect Repellant

Mess Kit (required even if using camp meal program):

\_\_\_ Plate

\_\_\_ Bowl

\_\_\_ Utensils

\_\_\_ Cup/Mug

\_\_\_ Cooking Equipment (if you are cooking your own food)

\_\_\_ Food (if you are cooking your own food)

Hygiene/Shower kit:

\_\_\_ Comb/brush

\_\_\_ Toothbrush/toothpaste

\_\_\_ Deodorant

\_\_\_ Soap/Shampoo

\_\_\_ Second Towel for Shower

## **Meals at Family Camp**

What could be better than camping with the family? Having someone else do the cooking!

We have an amazing chef who will be cooking up some delicious camp cuisine for the entire weekend. Meals will be delivered to each campsite twice daily (breakfast will be delivered with a sack lunch for you to take with you during the day's activities). Make sure to bring your mess kit (see list above), cleaning stations will be available in each campsite for cleaning and sanitizing your dishes after each meal.

**The cost for meals is:**

- **Adult (age 11+): \$10/day**
- **Youth (age 4-10): \$8/day**
- **Little (under 4): \$5/day**

Alternatively, you may choose to bring your own food and cook in camp. Please be sure you plan ahead and bring all needed food and cooking supplies. For more information about what is available in each site see the 'Campsite Amenities' page.





## Campsite Amenities

Fire Mountain Scout Camp has an amazing array of buildings and facilities. Camp is broken into several different campsites consisting of individual Adirondacks and Stents. These structures are all roofed with three walls and canvas door ways. Families will be assigned one or more structure depending on their group size and multiple families can request to be grouped within one site.

**Camp shelters:** All shelters in camp are equipped with plywood bunks, be sure to bring your camp mat. Stents can sleep up to four (4) and Adirondacks can sleep up to eight (8). Please note that no open flames are allowed in camp shelters.

**Toilet buildings:** Each campsite has its own pit toilet. Please make sure the toilet lid is shut and the door is closed after each use. Toilet paper and cleaning supplies are provided.

**Washstands:** Each campsite has a washstand for hand hygiene.

**Dishwashing Station:** A three bucket dishwashing station will be available in each campsite, including soap and sanitation supplies.

**Shower Facilities:** There are three shower facilities available in camp, each within a short walk of your campsite. Make sure to bring your own soap, shampoo, towel and shower shoes or sandals.

**Fire Tools:** Each campsite has one set of fire tools in the campsite. These tools include a shovel, rake, and water bucket. A broom is also provided for cleaning shelters and toilets.

**Fire Pit:** Campsites have deep, metal-ringed fire pits which generally allows camp to have cooking fires with briquettes even during burn bans. No unattended fires allowed in campsites. An adult must be present to have a campfire in the campsites.



## Fire Mountain Family Camp Schedule\*

	Friday	Saturday	Sunday	Monday
8:00 AM		Breakfast (8:00-9:30AM) Meal Delivery and Morning Announcements by 8:30AM		
9:30AM		Morning Activities (9:30-12:00 PM)		
10:00 AM				
11:00 AM				
12:00 PM		Afternoon Activities (12:00-5:00 PM)		Closing Ceremony
1:00 PM	Arrival Check In Move into Campsites			Depart for Home
2:00 PM				
3:00 PM				
4:00 PM				
5:00 PM				
5:30 PM	Dinner (5:30-7:00PM) Meal Delivery and Evening Announcements by 6:00PM			
7:00 PM	Settle in to Campsites	Family Campfires (S'mores provided!)	Family Fire Mountain Scavenger Hunt	
8:00 PM				
8:30 PM				
9:00 PM	Quiet Time	Quiet Time	Quiet Time	
9:30 PM				
10:00 PM	Taps (Lights Out)			

\*Schedule and activities subject to change without notice.

## ACTIVITY AND PROGRAM INFORMATION

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### GENERAL STORE

- ◇ All ages welcome
- ◇ Additional Fee
- ◇ Open during all activity sessions

Come on by to pay for fee activities, buy craft kits, or purchase Scout gear and snacks.

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### MARINA

- ◇ All ages welcome (subject to swim test)
- ◇ Additional Fee
- ◇ Open during all activity sessions

Rent a boat to take out onto Lake Challenge. Boaters must get swim tested prior to boat rental. Boating policies will be distributed at check in.

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### CLIMBING WALL

- ◇ Age: First grade and older
- ◇ No additional cost
- ◇ Availability TBD

Try our state of the art climbing wall staffed by certified climbing instructors.

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### BOULDERING WALL

- ◇ All ages welcome
- ◇ No additional cost
- ◇ Open during all activity sessions

Try your hand at the bouldering wall. This area is unstaffed, please read all instructions carefully and follow all rules and guidelines.

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### CRAFT LODGE

- ◇ All ages welcome
- ◇ Additional Fee
- ◇ Open during all activity sessions

Stop by the general store and get a craft kit to bring to the craft lodge. Staff will be available to help you create lasting camp memories you can take home with you.

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### SWIM BEACH

- ◇ All ages welcome (subject to swim test)
- ◇ No additional cost
- ◇ Open during all activity sessions

Come down to the swim beach and enjoy the beautiful Lake Challenge. All swimmers are subject to a swim test. Non swimmers may wade in the wading area.

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### GUIDED HIKES

- ◇ All ages welcome
- ◇ No additional cost
- ◇ Saturday, Sunday and Monday Morning Sessions

Join a camp staff member for a guided hike on one of Fire Mountain's fabulous trails. Exact start times, locations and routes will be provided with morning announcements.

(continued on next page)

## ACTIVITY AND PROGRAM INFORMATION (CONT'D)

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### RIFLE RANGE

- ◇ Age: 11 and older
- ◇ Additional Fee
- ◇ When: Saturday Morning Session, Sunday Afternoon Session

Our range will be supervised by an RSO with a rifle instructor on site.

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### ARCHERY AND BB RANGE

- ◇ Age: First grade and older
- ◇ No additional cost
- ◇ When: Saturday Afternoon Session, Sunday Morning Session

Come practice your skills on our archery and BB gun ranges.

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### CLOSING GATHERING

- ◇ All family event
- ◇ When: Monday at 12pm

Join us at Kit Carson Field as we close a fantastic weekend of Family Camp.

### SATURDAY NIGHT CAMPFIRE

- ◇ All family event
- ◇ When: Saturday evening

Participate in our family campfire program. Music will be provided via downloadable playlist (or you can bring a guitar to play your own) to complement our Fire Mountain Family Camp songbook. S'more makings and firewood will be provided.

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### SCAVENGER HUNT

- ◇ All family event
- ◇ When: Sunday evening

Bring the whole family out after dinner to participate in our Fire Mountain Scout Camp Scavenger hunt! Maps and scavenger hunt list will be provided with dinner Sunday night. Grab your flashlight and your sense of adventure while you explore camp.







## 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 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.

*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, 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: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Adults NOT Authorized to Take Youth to and From Events:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_



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## 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
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension (high blood pressure)	
<input type="checkbox"/>	<input type="checkbox"/>	Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
<input type="checkbox"/>	<input type="checkbox"/>	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/TIA	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma/reactive airway disease	Last attack date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Lung/respiratory disease	
<input type="checkbox"/>	<input type="checkbox"/>	COPD	
<input type="checkbox"/>	<input type="checkbox"/>	Ear/eyes/nose/sinus problems	
<input type="checkbox"/>	<input type="checkbox"/>	Muscular/skeletal condition/muscle or bone issues	
<input type="checkbox"/>	<input type="checkbox"/>	Head injury/concussion/TBI	
<input type="checkbox"/>	<input type="checkbox"/>	Altitude sickness	
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric/psychological or emotional difficulties	
<input type="checkbox"/>	<input type="checkbox"/>	Neurological/behavioral disorders	
<input type="checkbox"/>	<input type="checkbox"/>	Blood disorders/sickle cell disease	
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells and dizziness	
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	
<input type="checkbox"/>	<input type="checkbox"/>	Seizures or epilepsy	Last seizure date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Abdominal/stomach/digestive problems	
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	
<input type="checkbox"/>	<input type="checkbox"/>	Skin issues	
<input type="checkbox"/>	<input type="checkbox"/>	Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	List all surgeries and hospitalizations	Last surgery date: _____
<input type="checkbox"/>	<input type="checkbox"/>	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 ☐ NODO 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
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	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)
<input type="checkbox"/>	<input type="checkbox"/>		Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>		Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>		Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>		Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>		Polio	
<input type="checkbox"/>	<input type="checkbox"/>		Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Other (i.e., Hib)	
<input type="checkbox"/>	<input type="checkbox"/>		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: \_\_\_\_\_





Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name (if minor): \_\_\_\_\_

## Pre-Event Health Screening

Dear Families,

In an effort to protect the health of all participants, we ask that you certify the health of everyone in your family who is attending family camp. Please verify the following statements are true for the 14 days prior to Family Camp. The best events start with healthy Scouts and this begins at home. Please bring this completed form with you for each member of your family attending camp, it will be reviewed at the start of the event.

**No one may participate if this form is missing or incomplete.**

Please verify each statement is true	Symptoms:
1. I, or my child, have not been around anyone with any of the listed symptoms or a diagnosis of COVID19 in the 14 days before the start of the event. Initial: _____	• Cough
2. No one in our household has been sick in the 14 days prior to the event. Initial: _____	• Shortness of breath or difficulty breathing
3. I, or my child, have not had a temperature greater than 100.4°F in the 14 days prior to the event. Initial: _____	• Fever (100.4°F or higher)
4. I, or my child, have not traveled by air or traveled out of state in the 14 days prior to the event. Initial: _____	• Chills
5. I, or my child, have adhered to our state's guidelines regarding COVID19. Initial: _____	• Fatigue
	• Headache
	• Muscle or Body Aches
	• Sore throat
	• New loss of taste or smell
	• Congestion/Runny Nose
	• Nausea
	• Vomiting
	• Diarrhea

*Our signature indicates that we completed this health screening form to the best of our ability.  
We understand that arriving to the event healthy is vital to a healthy experience for all Scouts.*

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_