



PACK 62-SUDBURY, MA
BOY SCOUTS OF AMERICA



PACK 62 YOUTH REGISTRATION PACKET

- 1 **Pack 62 Youth Registration Form**
- 2 **Boy Scouts of America Youth Application** (new scouts only, returning scouts don't need to fill out)
- 3 **Part A: Informed Consent, Release Agreement, and Authorization**
Part B: General Information/Health History (or a copy of your scout's Health Report Form)
- 4 **Copy of Scout's Insurance Card** (front AND back)
- 5 **Registration Fee** - \$175 payable to Sudbury Pack 62 or credit card

Return completed forms, insurance card copy, and registration fee on Registraton Night.
Registration Night is Tuesday Sept 19, 2017 - 6:30pm at the FieldHouse in Sudbury
Copies of all forms will be available at Registration Night.
All forms can also be downloaded from <http://sudburypack62.org>

If you can not attend Registration Night...

Return via email: chairperson@sudburypack62.org

Return via mail: Sudbury Pack 62
Paul Grous
18 Barbara Road
Sudbury, MA 01776
(617) 448-1909



PACK 62-SUDBURY, MA
BOY SCOUTS OF AMERICA



PACK 62 YOUTH REGISTRATION FORM

Registration Fee: **\$175** payable to **Sudbury Pack 62**

GENERAL INFORMATION

- Returning member of Pack 62
 New member of Pack 62 (***) New members only must also complete Boy Scouts of America Youth Application (***)

Cub Scout's Name: _____

Date of Birth: _____ Grade: _____ School: _____

Address: _____

Home Phone: _____

Parent/Guardian 1:

Name: _____

Email: _____

Cell: _____

Parent/Guardian 2:

Name: _____

Email: _____

Cell: _____

EMERGENCY MEDICAL AID AUTHORIZATION

My son has permission to participate in meetings, activities and outings of Sudbury Pack 62. Any Sudbury Pack 62 Adult Leaders are authorized to secure emergency medical aid in the event it should be required.

Parent's Name (printed): _____ Signature: _____ Date: _____

PHOTO RELEASE

I hereby assign and grant to Sudbury Pack 62 and the Boy Scouts of America the right and permission to use and publish the photographs, video, and other electronic representations and/or sound recordings made during my child's activities within Sudbury Pack 62, and I hereby release Sudbury Pack 62 and the Boy Scouts of America from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/video/electronic representation and/or sound recording without limitation at the discretion of Sudbury Pack 62 and the Boy Scouts of America and I specifically waive any right to any compensation I may have for any of the foregoing.

Agreed to and accepted by:

Parent's Name (printed): _____ Signature: _____ Date: _____

OR I do NOT release my child's image to be used by Pack 62

BOY SCOUTS OF AMERICA YOUTH APPLICATION

This application is also available in Spanish. Esta solicitud también está disponible en español.



Cub Scouting

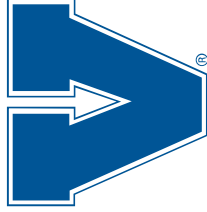
Tiger Cub Scout
Webelos Scout



Boy Scouting



Venturing/Sea Scouting



Varsity Scouting

Scout Oath or Promise

On my honor I will do my best
to do my duty to God and my country
and to obey the Scout Law;
to help other people at all times;
to keep myself physically strong,
mentally awake, and morally straight.

Scout Law

A Scout is trustworthy, loyal,
helpful, friendly, courteous, kind,
obedient, cheerful, thrifty, brave,
clean, and reverent.



BOY SCOUTS OF AMERICA

Boy Scouts of America Information for Parents

A parent or guardian must certify that he or she has read this information sheet for all applicants under 18 years of age.

Welcome to the Boy Scouts of America!

Please take the time to review this material and reflect upon its importance.

The BSA and the Chartered Organization

The Boy Scouts of America makes Scouting available to our nation's youth by chartering community organizations to operate Cub Scout packs, Boy Scout troops, Varsity Scout teams, Venturing crews, and Sea Scout ships.

The chartered organization must provide an adequate and safe meeting place and capable adult leadership, and must adhere to the principles and policies of the BSA. The BSA local council provides adult training, program ideas, camping facilities, literature, professional guidance for adult leaders, and liability insurance protection.

Scouting's Adult Participants and You

Scouting's adult participants provide leadership at the unit, district, council, and national levels. Many are parents of Scouts; many entered Scouting as youth members. Each chartered organization establishes a unit committee, which operates its Scouting unit, selects leadership, and provides support for a quality program. Unit committees depend on parents for membership and assistance.

The unit committee selects the Cubmaster, Scoutmaster, Varsity Scout Coach, Venturing Advisor, or Sea Scout Skipper, subject to approval of the head of the chartered organization or the chartered organization representative and of the BSA. Adult participants must be good role models because our children's values and lives will be influenced by that adult. You need to know your child's adult participants and be involved in the unit committee's activities so you can evaluate and help direct that influence.

Scouting uses a fun program to promote character development, citizenship training, and personal fitness for every member. You can help by encouraging attendance, assisting with your child's advancement, attending meetings for parents, and assisting when called upon to help.

Youth Protection Begins With You™. Child abuse is a serious problem in our society, and unfortunately, it can occur anywhere, even in Scouting. Youth safety is of paramount importance to Scouting. For that reason, the BSA continues to create barriers to abuse beyond what have previously existed in Scouting.

The Boy Scouts of America places the greatest importance on providing the most secure environment possible for our youth members. To maintain such an environment, the BSA has developed numerous procedural and adult participation selection policies, and provides parents and adult participants with numerous online and print resources for the Cub Scouting, Boy Scouting, and Venturing programs.

All Cub Scout, Boy Scout, Venturing, and Sea Scout parents should review *How to Protect Your Children From Child Abuse: A Parent's Guide* booklet in the Cub Scout and Boy Scout handbooks or at www.scouting.org/training/youthprotection.

Program Policies

Chartered organizations agree to use the Scouting program in accordance with their own policies as well as those of the BSA. The program is flexible, but major departures from BSA methods and policies are not permitted. As a parent, you should be aware that

- BSA adult participation is restricted to qualified people who subscribe to the precepts of the Declaration of Religious Principle, the Scout Oath, the Scout Law, and the BSA Standards of Leadership.
- Citizenship activities are encouraged, but partisan political activities are prohibited.
- Military training and drills are prohibited. Marksmanship and elementary drill for ceremonies are permitted.
- While the Boy Scouts of America recognizes the importance of religious faith and duty, it leaves sectarian religious instruction to the member's religious leaders and family.
- Members who do not belong to a unit's religious chartered organization shall not be required to participate in its religious activities.

Youth Protection Policies

- Two registered adults or one registered adult and a parent of a participant, one of whom must be 21 years of age or older, are required on all trips and outings. If trips and outings are coeducational, adults of both genders must be present. Venturing requires both adults to be age 21 or older.
- One-on-one activities between youth members and adults are never permitted. Even personal Scout conferences must be conducted in plain view of others.
- Corporal punishment, hazing, and bullying are not permitted in Scouting. Only constructive discipline is acceptable. Parents and unit leaders must work together to solve discipline problems.
- Adults are required to take Youth Protection training within 30 days of registering, and Youth Protection training must be taken every two years.
- We encourage all parents to be involved with their Scout. There are no "secret" organizations in Scouting and all Scouting activities are open to parental visitation.
- If you suspect that a child has been abused, immediately contact the local authorities and the Scout executive.

Excerpt from the Declaration of Religious Principle

The Boy Scouts of America maintains that no member can grow into the best kind of citizen without recognizing an obligation to God and, therefore, recognizes the religious element in the training of the member, but it is absolutely nonsectarian in its attitude toward that religious training. Its policy is that the home and organization or group with which the member is connected shall give definite attention to religious life. Only persons willing to subscribe to these precepts of the Declaration of Religious Principle and to the Bylaws and codes of the Boy Scouts of America shall be entitled to certificates of membership.

Policy of Nondiscrimination

Youth membership in the BSA is open to all who meet the joining requirements. Membership in Scouting, advancement, and achievement of leadership in Scouting units are open to all youth without regard to race, ethnic background, or sexual orientation, and are based on individual merit.

Ethnic background information. Please fill in the appropriate circle on the application to indicate ethnic background. This information helps the BSA plan for membership success in serving all youth.

Thank You

The Boy Scouts of America appreciates you taking time to become familiar with Scouting. We feel that an informed parent is a strong ally in delivering the Scouting program. Help us keep the unit program in accord with Scouting principles. Alert the unit committee, chartered organization representative, and head of the chartered organization to any major deviations. Please do your fair share to support a quality unit program.



BOYS' LIFE MAGAZINE

A message to parents. The nonrefundable national registration fee is \$24 for one year.

Boys' Life is the monthly magazine of the Boy Scouts of America. It will help in your Scouting program and stimulate your interest in good reading. The subscription is only \$12 a year (half the new regular rate of \$24 a year). Just fill in the *Boys' Life* circle on the application. Please calculate and remit the appropriate state and local taxes. On late registrations it may be necessary to deliver back issues. *Boys' Life* delivery will begin about two months after you register.

Tips for completing the Application for Youth Membership:

- Print—do not use cursive.
- Use black or dark blue ink.
- Press firmly when printing.
- Print one letter only in each box.
- Use uppercase letters and stay within the blue boxes for legibility.
- Fill in circles; do not use check marks.
- Make sure you have all needed signatures on application.
- Don't alter the application—it could affect the quality of the scan.

Mailing address example:

7	0	3	F	I	R	S	T	S	T
---	---	---	---	---	---	---	---	---	---

Joining Requirements Parent/Guardian Information

Cub Scout Pack

Pack membership is open to boys.

1. Complete the information on the application page and sign your name, indicating approval.
2. Give the completed application and fees to the Cubmaster.

Tiger—Must be under the age of 8, have completed kindergarten or be in the first grade, or be age 7.

Cub Scout—Must have completed first grade but not completed third grade, or be age 8 or 9.

Webelos Scout—Must have completed third grade but not completed fifth grade, or be age 10 but not yet 11½.

Parent Agreement

I have read the Scout Oath or Promise and Scout Law, and I want my son to join the pack. I will assist him in abiding by the policies of the Boy Scouts of America and of his pack's chartered organization. I will

- While he is a *Tiger*, serve as his adult partner and participate in all meetings and activities and approve his advancement.*

- While he is a *Cub Scout*, help him grow as a *Cub Scout* and approve his *Cub Scout* advancement.

- While he is a *Tiger*, *Cub Scout*, or *Webelos Scout*, attend monthly pack meetings and take part in other activities; assist pack leaders as needed.

*** If the parent is not serving as the adult partner, the parental signature on the application indicates approval of the adult partner and also if the adult partner does not live at the same address as the Tiger, a separate adult application is required.**

Health information. Please fill out the Annual Health and Medical Record, No. 680-001, found on www.scouting.org/forms and give it to the unit leader.

Venturing Crew/Sea Scout Ship (Coeducational)

Venturing and Sea Scouting are for young men and women at least 13 years old who have completed the eighth grade, or youth age 14 through 21. **Applicants age 18 and older must complete a BSA adult application, not this form.**

Venturers and Sea Scouts registered in a crew or ship prior to their 21st birthday may continue as members after their 21st birthday until the crew or ship renews its charter or until they reach their 22nd birthday, whichever comes first.

Venturing and Sea Scouting include challenging physical and mental activities. If you have not recently had a complete medical examination, you are urged to see your family physician. Notify your Advisor/Skipper if you require special medication or if your physician recommends limited activity. Please fill out the Annual Health and Medical Record, No. 680-001, found on www.scouting.org/forms and give it to the unit leader.

Boy Scout Troop/Varsity Team

Boy Scout Troop

Your son can be a Scout if he has completed the fifth grade and is at least 10 years old or is age 11 or has earned the Arrow of Light Award and is at least 10 years old, but has not reached age 18.

1. Complete the application (sign your name, indicating approval).
2. Give the completed application and fees to the Scoutmaster.

Health information. Please fill out the Annual Health and Medical Record, No. 680-001, found on www.scouting.org/forms and give it to the unit leader.

Varsity Team

Varsity Scouting—A male youth must be at least 14 years of age and not yet 18.

(Complete the application process as above and give the application to the Varsity Coach.)

Health information. Varsity Scouting involves strenuous activities. You should inform your Varsity Scout Coach of any condition that might limit your son's participation. Please fill out the Annual Health and Medical Record, No. 680-001, found on www.scouting.org/forms and give it to the unit leader.

Registration and Subscription Fee Chart		
Term per month	Youth/adult registration fee	Boys' Life subscription fee
1	2.00	—
2	4.00	2.00
3	6.00	3.00
4	8.00	4.00
5	10.00	5.00
6	12.00	6.00
7	14.00	7.00
8	16.00	8.00
9	18.00	9.00
10	20.00	10.00
11	22.00	11.00
12	24.00	12.00

Cut along dotted line.

TEMPORARY MEMBERSHIP CERTIFICATE

This certifies that

_____ is a member of _____

_____ Unit leader signature

_____ Date



BOY SCOUTS OF AMERICA®

USE BLACK OR BLUE INK ONLY.

- Unit type: (Fill in the circle.)** Pack Cub Scout Troop Boy Scout Tiger Former Scout Former Venturer Former Sea Scout Lone Cub Scout Sea Scout Lone Boy Scout Arrow of Light earned
- For pack registration select one: Pack Crew Ship Wabelos Scout
- Mark here if new to Scouting. Former Sea Scout

ed membership certificate, registration may be accomplished at no charge by transferring the registration. Mark and attach a copy of the certificate.

Unit No.: [][] [][] [][]

Unit type: Pack Troop Team Crew Ship

Transfer from council number: [][] [][] [][]

from unexpired certificate: [][] [][] [][]

- Print—do not use cursive.
- Print one letter or number only in each box.
- Use uppercase letters and stay within the blue boxes for legibility.

Name and address information (Please print one letter in each space—press hard, you are making a copy.)

First name (No initials or nicknames) JOH N
Middle name ANDREW
Last name SMITH
Suffix
Country Mailing address US 1234 ANY STREET ANYTOWN NY 12345
City State Zip code
Home phone 555-123-4567 01 / 01 / 1995 06
Date of birth (mm/dd/yyyy)
Shool OAK TREE ELEMENTARY
Grade
Ethnic background: Black/African American Native American Alaska Native Asian Caucasian/White Hispanic/Latino Pacific Islander Other
Gender: Male Female Boys' Life subscription

Parent/guardian information
 Mark here if address is same as above.
 Mark here if the Tiger adult partner is not living at the same address; complete and attach an adult application.
Select relationship: Parent Guardian Grandparent Other (specify)
Suffix

First name (No initials or nicknames) DEBORAH
Middle name SUE
Last name SMITH
Suffix
Country Mailing address US 1234 ANY STREET ANYTOWN NY 12345
City State Zip code
Home phone 555-123-4567 02
Date of birth (mm/dd/yyyy)
Occupation
Employer

Home phone 555-123-4567
Business phone
Cell phone
Gender: M F

Parent/guardian email address
Parent/guardian signature: Bill Taylor
Signature of parent/guardian: Deborah Sue Smith
Date
Boys' Life fee \$ [][] . [][]

Registration fee \$ [][] . [][]

I have read the attached information for parents and approve the application. I affirm that I have or will review "How to Protect Your Children From Child Abuse: A Parent's Guide."

Make sure you have all needed signatures on application.

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____

DOB: _____

High-adventure base participants: Expedition/crew No.: _____ or staff position: _____
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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.



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, Philmont Training Center, Northern Tier, Florida 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)

Second parent/guardian signature for youth: _____ Date: _____

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

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

Name: _____

Name: _____

Telephone: _____

Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____

Name: _____

Telephone: _____

Telephone: _____



Part B: General Information/Health History

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

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

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Unit leader: _____ Mobile phone: _____

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:
<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	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	
<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"/>	Behavioral/neurological 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	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"/>	Excessive fatigue	
<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 B: General Information/Health History

Full name: _____
 DOB: _____

High-adventure base participants:
 Expedition/crew No.: _____
 or staff position: _____

Allergies/Medications

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 INDICATE 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 by the BSA. 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)	Please list any additional information about your medical history:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measles/mumps/rubella		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polio		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influenza		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exemption to immunizations (form required)		

DO NOT WRITE IN THIS BOX
 Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: Yes No

Reason: _____

Approved by: _____

Date: _____