

**Cub Scout Supplemental Medical Form, & C3,
and Photo Release Agreement
Baltimore Area Council, BSA
Camp Muddy River, Harford District
June 25 - June 29, 2018**

Pack <hr style="width: 80%; margin: 0 auto;"/>
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Camper/Tag name: _____

I give permission for the camp Medical Staff to administer the following over the counter (OTC) medications if it is deemed necessary.

_____ Acetaminophen (generally known as Tylenol)

_____ Diphenhydramine (generally known as Benadryl)

_____ Ibuprofen (generally known as Advil or Motrin)

PHOTO RELEASE: Harford District Cub Scout Camp (2018) has my permission to use my or my child's photograph publically to promote the camp and/or the BSA. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Cub Code of Conduct (C₃)

At Day Camp, I will be...

Cautious

Use the buddy system at all times. Walk, don't run in camp. Don't throw dirt, rocks, sticks or other objects.

Courteous

Be respectful to all adults, at all times. Be kind to one another; don't hurt someone on the inside or outside. Wait your turn and don't interrupt.

Clean

Leave no Trace. Keep your surroundings in as good or better condition than you found them.

Keep your behavior clean: no nasty jokes or bad words don't stick your tongue out or spit.

I have read and understand the Code of Conduct and I understand that repeated violation of this code will lead to the cub being removed from the den for a period of time, a phone call to a parent, and possible dismissal from Day Camp.

Remember to attach a photo of your scout!

Include name, pack number, age, height, weight, hair, and, eye color on the back of the photo.

Child's Signature

Parent/Guardian's name and signature

Date: _____ Phone Number: _____

Attach a photo here



2018 HARFORD DISTRICT CUB SCOUT DAY CAMP

Tax ID # 52-0591572

RECEIPT FOR CHILD CARE SERVICES

Provider/Business Name: Harford District Cub Scout Day Camp

Date Received: _____

Payment Received from: _____

Amount: _____ Written Amount: _____

Payment method: _____

For Child Care Services from 06/25/2018 To 06/29/2018