

PACK 490 GLENDORA

NEW CUB SCOUT CHECKLIST

What do I need to do to join Cub Scout Pack 490?

- ☐ **Complete the Boy Scouts of America Youth Application**
- ☐ **Complete the Pack Registration form**
- ☐ **Pay the Pack 490 membership dues**
- ☐ **Submit the application and pay registration [check payable to Pack 490, Venmo or credit card]**
(Generally we will provide you the Cub Scout handbook for your scout's level upon turning in the application and paying the membership dues)
- ☐ **Complete the Annual Health & Medical Record form for your scout and submit with a copy of his or her insurance card to the Pack**
- ☐ **Complete the Annual Health & Medical Record form for the adult partner (kindergarten and 1st grade parents) and submit with a copy of the adult partner's insurance card to the Pack (Medical forms are required for all adult partners & guardians and siblings who camp with the pack)**
- ☐ **Complete the blanket Consent forms (A & B) for your scout (and any siblings) and submit them to the Pack**
- ☐ **Start attending pack events (an email about each pack event goes out 2-3 weeks prior to the event)**
- ☐ **Parents should take Youth Protection Training on my.scouting.org within 30 days of joining**
- ☐ **Consider volunteering for the Pack.** Pack 490 is run entirely by parent volunteers, and we need leaders for every age group to run the dens and help run the pack. Training is provided and no prior experience is needed – most of our leaders knew nothing about Cub Scouts when they joined. Current volunteers are needed for Fundraising Chair, Membership Chair and Public Relations Chair.

OK, now that I've registered, what happens next?

- As soon as possible, **get the uniform** appropriate for your Cub Scout's level. Uniform information is available on the Uniform Shopping List. Uniforms can be purchased at any Scout Shop (closest ones are in Pasadena or Montclair) or at scoutstuff.org. Class B (the pack t-shirt) is available from the Pack for \$12. Class B shirt is optional for kindergartens. Class B shirts are also available for parents.
- **Go through the Handbook.** Generally we provide the Cub Scout handbook for the scout's level upon joining (some exceptions apply). The handbook explains almost everything you and your Cub Scout need to know about the upcoming year. We recommend a parent skim through it first, and then go through it together with their Cub Scout. Most of the adventures will be covered in den meetings starting in September.
- Get the latest **Pack 490 calendar** and mark all the dates in your calendar. We will periodically distribute updated calendars at pack meetings or via email.
- As soon as possible, the pack will communicate with you about getting your den organized (if it does not already have a regular schedule) and scheduled for the new scouting year which starts in September. The Den leader will let you know what to bring to the meeting and what you will be doing. Den dues are \$1 per month for Lions and \$5 per month for other dens (which the den leader uses to purchase supplies)
- **Above all, RELAX and have fun!** It's always a little hectic at first, but pretty soon it will all make sense and be a lot of fun for both your Cub Scout and you. Nobody ever failed out of Cub Scouts because they didn't know everything right away - in fact, nobody's ever failed out of Cub Scouts at all! We're excited to have you with us and look forward to a great Cub Scout year.
- Contact Clark Mason, Pack 490's Cubmaster at jclarkmason@hotmail.com or 626-857-7924 with questions or to submit paperwork

YOUTH APPLICATION

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



Cub Scouting



Scouts BSA



Venturing



Sea Scouting

Scout Oath

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.

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BOY SCOUTS OF AMERICA®

Welcome to the BSA!

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

The chartered organization provides an adequate and safe meeting place as well as capable adult leadership, and requires adherence to the principles and policies of the BSA. The BSA local and national council provide training, program, outdoor facilities, literature, professional guidance, and liability insurance protection.

Parent/Legal Guardian Role in Scouting

Scouting uses a fun program to promote character development, citizenship training, leadership, and mental and physical fitness. You can help by encouraging attendance, assisting with your child's advancement, attending meetings for parents, and assisting the unit when called upon to help. The unit cannot provide a quality program without your help.

Parent Agreement. I have read the Scout Oath and Scout Law, and I want my child to join Scouting. I will assist them in abiding by the policies of the BSA and the chartered organization. I will:

- *Serve as an adult partner while my child is a Lion or Tiger.*
- *Help my Scout grow through completion of advancements.*
- *Help the unit with activities and assist as needed.*

Health Information. You should inform your unit leader of any condition that might limit your child'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.

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 and consistently improve its barriers to abuse.

The BSA is committed to providing a safe environment for young people. To maintain a safe environment, the BSA provides parents and adult leaders with numerous online and printed resources and adult leaders must complete Youth Protection Training (YPT) and renew their training as required. Parents who participate in Scouting activities are highly recommended to complete YPT. To learn more about the BSA's Youth Protection resources, go to www.scouting.org/training/youth-protection/.

Mandatory Reporting

All persons involved in Scouting 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 Scouts First Helpline (1-844-SCOUTS1 or 1-844-726-8871) if your Scout executive or local council cannot be reached.

All parents must review the *How to Protect Your Children From Child Abuse: A Parent's Guide* booklet in the Cub Scout or Scouts BSA handbooks or at www.scouting.org/training/youth-protection/.

Youth Protection Policies

- Two registered adult leaders 21 years of age or over are required at all Scouting activities, including meetings. There must be a registered female adult leader over 21 in every unit serving females. A registered female adult leader over 21 must be present for any activity involving female youth.
- One-on-one contact between adult leaders and youth members is prohibited both inside and outside of Scouting.

These and other key Youth Protection policies are addressed in the training and at www.scouting.org/training/youth-protection/.

To learn about the BSA's other health and safety policies, please review the online version of the *Guide to Safe Scouting*, the Scouter Code of Conduct, and the Sweet Sixteen of BSA Safety, which are available at www.scouting.org/health-and-safety.



Scout Life Magazine

For a subscription to a magazine that will help your child grow in the Scouting program, just fill in the *Scout Life* circle on the application and pay the subscription price.

The J. Warren Young Literacy Fund

You can give a Scout the opportunity to enjoy a free subscription to *Scout Life* for one to five years. Go to go.boyslife.org/donate to donate. The local council will identify Scouts who do not have the funds to subscribe. Do a Good Turn today. Today's readers are tomorrow's leaders.

Who Can Join?

It is the philosophy of Scouting to welcome all eligible youth, regardless of gender, race, ethnic background, sexual orientation, or gender identification, who are willing to accept Scouting's values and meet any other requirements of membership.

Joining Requirements

Cub Scout Pack

Pack membership is open to youth in kindergarten through fifth grade.

***Lion**—Kindergarten (year before first grade)

Bear—Third grade

***Tiger**—First grade

Webelos Scout—Fourth and fifth grade

Wolf—Second grade

****Lions and Tigers must have an adult partner. If the parent is not serving as the adult partner, the parental signature on the application indicates their approval of the adult partner. In addition, if the adult partner does not live at the same address as the Lion or Tiger, an adult application is required.***

Scouts BSA Troop

Youth can be Scouts if they have completed the fifth grade and are at least 10 years old, OR have earned the Arrow of Light Award and are at least 10 years old, OR are age 11 but have not reached age 18.

Venturing Crew/Sea Scout Ship

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

Excerpt From the Declaration of Religious Principle

The BSA 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 is absolutely nonsectarian in its attitude toward that religious training. Its policy is that the home and the organization or group with which the member is connected shall give definite attention to religious life. Only persons willing to subscribe to this Declaration of Religious Principle and to the Bylaws of the Boy Scouts of America shall be entitled to certificates of membership.

The annual national registration fee is nonrefundable.

For general questions, contact your BSA local council.

YOUTH INFORMATION

PARENT/LEGAL GUARDIAN INFORMATION

To be completed by unit

Registration fee \$ Scout Life fee \$ PAID: ☐ Cash ☐ Check No. ☐ Credit card

PACK 490 NEW SCOUT REGISTRATION FORM

Date:	
Scout's Name:	
Scout's Address:	
Scout School & Grade (if summer, which grade will they be starting in the fall):	

Parent/Guardian Contact Information	The Pack will be using email to inform parents about upcoming events and last minute changes. Please provide email addresses that are read often and please respond to e-mails when requested, as we often need to know a headcount or other info to properly plan an event.
Parent/Guardian #1 Name:	
Parent/Guardian #1 Email:	
Parent/Guardian #1 Phone:	
Parent/Guardian #2 Name:	
Parent/Guardian #2 Email:	
Parent/Guardian #2 Phone:	

Membership Dues – see chart on the Cost Guide (dues run January to December and are prorated based on what month the scout joins then membership is annually thereafter):	\$ _____
Pack 490 T-Shirt (Class B uniform) @ \$12 each	\$ _____
Pack 490 Patch @ \$5.44 each	\$ _____
Total Payment (checks payable to Pack 490)	\$ _____

Photo / Talent Release

I hereby assign and grant to Pack 490, the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child by the Boy Scouts of America, and I hereby release 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/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

Parent/Guardian Signature _____

PACK 490

UNIFORM SHOPPING LIST

Tigers, Wolves & Bears:

	Cub Scout navy blue short sleeve shirt
	World Crest Patch
	World Crest Ring Emblem – not required
	Den # Patch
	Council Patch (GLAAC)
	Unit Numbers – red with white numbers (490) – the pack sells an all in one patch for \$5.44
	Veteran Unit Patch (55 years) – not required, but recommended
	Neckerchief for appropriate rank
	Neckerchief slide for appropriate rank
	Pants – cub scout switchback official uniform pants (not required, but recommended); scouts can also wear navy shorts, cub scout uniform shorts or other navy colored pants
	Cub scout hat for appropriate rank
	Cub scout socks for appropriate rank
	Cub scout belt & buckle for appropriate rank
	Scout book – pack provides this as part of pack registration

Webelos:

	Boy Scout Youth Shirt
	World Crest Patch
	World Crest Ring Emblem – not required
	Den # Patch (or patrol patch if that has been assigned)
	Council Patch (GLAAC)
	Unit Numbers – red with white numbers (490) – the pack sells an all in one patch for \$5.44
	Veteran Unit Patch (55 years) – not required, but recommended
	Webelos Neckerchief
	Webelos Neckerchief slide
	Boy Scout youth pants (microfiber or canvas)
	Webelos cap
	Boy Scout uniform socks
	Boy Scout belt (unless scout promoted from a lower rank and wants to continue to wear belt loops he earned, if so get the cub scout belt with the Webelos buckle or just use the old belt with a new Webelos buckle)
	Scout book – pack provides this as part of pack registration
	Webelos Colors – pack provides this when Webelos scout receives first adventure pin

Lions:

	Lion t-shirt
	Lion hat - not required, but recommended
	Lion Neckerchief & Slide – not required, added when they complete a specific adventure
	Cub scout belt & buckle
	Lion Book – pack provides this as part of pack registration

ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

FORMULARIO DE CONSENTIMIENTO Y APROBACIÓN DE ACTIVIDAD POR PARTE DE LOS PADRES DE FAMILIA O TUTORES

This form is recommended for unit use to obtain approval and consent for Tiger Cubs, Cub Scouts, Webelos Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests (if applicable) under 21 years of age to participate in a den, pack, team, troop, or crew trip, expedition, or activity. This form is required for use with flying plans and should be attached to the flying plan application. It is recommended that parents keep a copy of the form and contact the tour leader in the event of any questions or in case emergency contact is needed. Additional copies of this form along with the *Guide to Safe Scouting* are available for download from Scouting Safely at www.scouting.org/forms.

Se recomienda que la unidad use este formulario para obtener la aprobación y consentimiento para los Tiger Cubs, Cub Scouts, Webelos Scouts, Boy Scouts, Varsity Scouts, Venturers e invitados (si es que aplica) menores de 21 años que participen en un viaje, expedición o actividad del den, pack, equipo, tropa o grupo. Este formulario es obligatorio junto con los permisos de vuelo y deben adjuntarse a la solicitud de permiso de vuelo. Se recomienda que los padres de familia guarden una copia del formulario y se pongan en contacto con el líder de la excursión si es que tienen alguna pregunta o en caso de que se necesite un contacto de emergencia. Las copias adicionales de este formulario junto con la *Guía para un Scouting* seguro se encuentran disponibles para descargar desde Scouting Safely en www.scouting.org/forms.

First name of participant Nombre del participante	Middle initial Inicial del segundo nombre	Last name Apellido	Birth date (month/day/year) ____/____/____ Fecha de nacimiento (día/mes/año)	Age during activity Edad al momento de realizar la actividad
Address Domicilio				
City Ciudad	State Estado		Zip Código postal	

Has approval to participate in (Name of activity, orientation flight, outing trip, etc.)
Tiene la aprobación para participar en (Nombre de la actividad, vuelo de orientación, excursión, etc.)

From _____ to _____
De _____ (Date) a _____ (Date)
(fecha) (fecha)

☐ Without restrictions
Sin restricciones

☐ Special considerations or restrictions:
Consideraciones o restricciones especiales:

HOLD HARMLESS AGREEMENT

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. 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.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge 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.

ACUERDO DE INDEMNIZACIÓN Y EXONERACIÓN DE RESPONSABILIDAD

Entiendo que la participación en actividades Scouting implica un cierto grado de riesgo y que pueden ser física, mental y emocionalmente agotadoras. He considerado cuidadosamente el riesgo involucrado y doy mi consentimiento para mi mismo o mi hijo para participar en la actividad. Entiendo que la participación en la actividad es completamente voluntaria y requiere que los participantes se acaten a las reglas y estándares de conducta pertinentes. Libero a Boy Scouts of America, al concilio local, a los coordinadores de la actividad y a todos los empleados, voluntarios, partes relacionadas u otras organizaciones asociadas con la actividad de cualquiera y todas las demandas o responsabilidades que surjan de esta participación.

En caso de una emergencia que tenga que ver con mi hijo, sé que se harán todos los esfuerzos necesarios para contactarme. En caso de que no me contacten, autorizo al proveedor médico seleccionado por el líder adulto encargado, de asegurarse de que se le ofrezca a mi hijo el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamento. Los proveedores médicos están autorizados para informar al adulto encargado los hallazgos de la exploración física, los resultados de pruebas y el tratamiento otorgado con el propósito de una evaluación médica del participante, seguimiento y comunicación con los padres o tutores del participante y/o la determinación de la capacidad del participante para continuar en las actividades del programa.

Participant's signature Firma del participante		Date Fecha
Parent/guardian printed name Nombre con letra de molde del padre de familia/tutor	Parent/guardian signature Firma del padre de familia/tutor	Date Fecha

Area code and telephone number (best contact and emergency contact)
Código de área y número telefónico (primer contacto y contacto de emergencia)

Email (for use in sharing more details about the trip or activity)
Correo electrónico (para más detalles sobre el viaje o actividad)

Contact the adult tour leader with any questions:
Póngase en contacto con el líder adulto de la excursión si es que tiene preguntas:

Name Nombre	Phone Teléfono	Email Correo electrónico
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BOY SCOUTS OF AMERICA®

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2012 Printing

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De _____ (Date) a _____ (Date)
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☐ Without restrictions
Sin restricciones

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Consideraciones o restricciones especiales:

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In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge 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.

ACUERDO DE INDEMNIZACIÓN Y EXONERACIÓN DE RESPONSABILIDAD

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En caso de una emergencia que tenga que ver con mi hijo, sé que se harán todos los esfuerzos necesarios para contactarme. En caso de que no me contacten, autorizo al proveedor médico seleccionado por el líder adulto encargado, de asegurarse de que se le ofrezca a mi hijo el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamento. Los proveedores médicos están autorizados para informar al adulto encargado los hallazgos de la exploración física, los resultados de pruebas y el tratamiento otorgado con el propósito de una evaluación médica del participante, seguimiento y comunicación con los padres o tutores del participante y/o la determinación de la capacidad del participante para continuar en las actividades del programa.

Participant's signature Firma del participante		Date Fecha
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Name Nombre	Phone Teléfono	Email Correo electrónico
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BOY SCOUTS OF AMERICA®

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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: _____

Name: _____

Phone: _____

Phone: _____

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

Name: _____

Name: _____

Phone: _____

Phone: _____



Prepared. For Life.®

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
<input type="checkbox"/>	<input type="checkbox"/>	Medication	
<input type="checkbox"/>	<input type="checkbox"/>	Food	

Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<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"/>	<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)	

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: _____





Pack 490, San Gabriel Valley District, Greater Los Angeles Area Council, BSA
Serving Sutherland, Willow, Washington, Arrow Montessori and Hope Lutheran

Mission Statement

The objectives of Pack 490 are to create a fun and engaging program using the values of Cub Scouting. Cub Scouting's values are embedded in the Scout Oath, the Scout Law, the Cub Scout motto, and the Cub Scout sign, handshake, and salute. These practices help establish and reinforce the program's values in Scouts and the leaders who guide them. Pack 490 was established in Glendora on July 1, 1965.

Cub Scouting is a year-round, family-oriented part of the Boy Scouts of America program designed for youth who are in kindergarten through fifth grades. Youth are grouped together by grade and put into dens. Our dens generally meet twice a month at the Glendora Scout Hut in Finkbiner Park. The dens work primarily on activities in the scout handbook for their grade and the material relates to character development, sportsmanship, fitness, citizenship, leadership, and outdoor skills and helps scouts work toward their rank badges. Our monthly pack meetings (for all dens and for all grades) are generally on the third Friday of the month either at Hope Lutheran on Foothill or Sutherland on Amelia. At each pack meeting we have some sort of fun program. We also distribute recognitions (awards for what each scout has earned) at pack meetings. The dens and the pack also having outings like fire station visits, hikes, service projects and campouts.

To begin to fulfill "Fun with a Purpose," our Cub Scouts go to Den Meetings (groups of scouts of the same grade) and Pack Meetings (all dens, once a month). These meetings are a balance of fun, structure, learning, crafts and responsibilities, put together in such a way that the youth just see the fun. All Den meetings are designed to help the Cub Scout advance in rank.

SPECIAL EVENTS: We also hold special events, such as the Blue-and-Gold Banquet, the Pine Wood Derby (a wooden model car race), the Rain Gutter Regatta (a model boat race), Lego Derby, and the Cubanapolis (scouts race in cardboard boxes they have decorated).

ROTARY CLUB of GLENDORA: With this esteemed group as our Charter Organization, we have many opportunities to participate in Service Projects within the community. In the past years, we have had multiple opportunities to work side by side, including local trail clean ups in the South Hills and Big Dalton Canyon. We also assisted at the Rotary's Movies in the Park series at Finkbiner Park.

GLENDORA CHRISTMAS PARADE: Glendora Cub Scout Packs generally participate in the Glendora Christmas Parade and either march or ride on their sponsor's "float." The Glendora Rotary has a unique tradition – the boys decorate the truck we ride in. It is undoubtedly their creation and becomes a matter of pride for them.

OUTTINGS: Each den will go on outings to either secure advancement towards rank or just have fun. As scouts, we often have more access than the general public. We also do about three camping events per year. There are also optional one-day day camps geared towards a den and put on by our Council, and a summer day camp for one week. As a pack, we have gone as a group to a Quakes game, Irwindale Speedway, Battleship IOWA, Los Angeles Zoo, Bowling, Snow Tubing, Sailing and Calico Ghost town (just to name a few).