

**ONE DAY PROGRAM HEALTH HISTORY AND CONSENT FORM**  
**(Pack 172 Adventures and Fall Cub Events at Howard H. Cherry Scout Reservation)**

Your child is about to take part in a one-day program offered through the Hawkeye Area Council, BSA.

While participating in the activities they will undertake a wide variety of physical challenges that are comparable to activities with which you may be more familiar. Much of the time, they will be engaged in activity of "moderate exertion," which is comparable to normal walking, golfing on foot, raking leaves, calisthenics, or slow dancing. For short periods of time, they may engage in activity of "vigorous exertion," which is comparable to fast walking, slow jogging, or heavy gardening.

If any of the above activities are difficult for your child, discuss their participation in the activity with their physician. If these are activities in which they regularly engage without difficulty, they should be fit for participation in the program.

If you or your physician has any questions about the physical requirements of the program, feel free to contact the Hawkeye Area Council, BSA at (319) 862-0541.

**HEALTH HISTORY**

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

Personal Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

List known allergies: \_\_\_\_\_

List required medications: \_\_\_\_\_

If you are allergic to insect stings, do you have an insect sting kit (e.g. EpiPen)? \_\_\_\_\_

Have you had or do you now have (circle if yes):                      Diabetes                      Asthma                      Surgery

High Blood Pressure                      Drug Reactions                      Heart Murmur                      Epilepsy

If you answered "yes" to any of the above, explain and include date:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any other medical conditions that we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_

Parent/guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Assumption of Covid Risk and Agreement

As a parent/guardian, I understand that those participating in in-person programs are at a higher risk of exposure to the COVID-19 virus; due to increase physical contact, shared equipment, and ventilation. In order to participate in sports, the student-athlete and parent/guardian of the student-athlete must read and sign the following assumption of risk and waiver.

1. As a parent/guardian, I understand that COVID-19 is extremely contagious and has been declared a worldwide pandemic by the World Health Organization.
2. As a parent/guardian, I understand that by participating in programs and by utilizing the associated facilities my child may knowingly, or unknowingly, transmit the virus to family, friends, volunteers, and/or others he/she may encounter. This may include the elderly, immunocompromised, young children, and others that are at higher risk to contract the virus.
3. As a parent/guardian, I understand that there is an increase in exposure during in person programs.
4. As a parent/guardian, I understand that although every attempt is made by the Hawkeye Area Council, BSA to minimize chances of exposure, there is no guarantee that can be made.

To do my part to limit the exposure to/transmission of COVID-19, I, as a parent/guardian, agree that my child will follow the recommendations of the CDC which include, but are not limited to:

- Proper general hygiene
- Proper handwashing techniques
- Use of hand sanitizer when handwashing is unavailable
- Proper use of personal protective equipment (masks)
- Not sharing any personal items

As a parent/guardian, I voluntarily agree to assume all risks and accept sole responsibility for any injury to my child. I hereby release, covenant not to sue, discharge and hold harmless Hawkeye Area Council, their administration, staff, volunteers, employees, other participants, sponsoring agencies, with respect to any and all injury, illness, or disability, loss or damage to person or property, expenses, and/or death; arising out of or relating to COVID-19. I understand this release includes any claims based on actions, omissions, or negligence of the releases, and whether a COVID-19 infection occurs before, during or after my participation.

In the interest of health and public safety during the COVID-19 pandemic, I acknowledge that I have truthfully and accurately disclosed the above information regarding my child's health status and history, including any symptoms/exposure to COVID-19.

**By signing this form, I acknowledge that all participants and members of your household(s) DO NOT currently have the following symptoms: sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, new loss of smell, loss of taste, fever, temperature at or greater than 100 degrees Fahrenheit.**

Parent/guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_