Gerald R. Ford Council 2012 Adult Leader Application Form Gerber Scout Camp/Cub Scout & Webelos Adventureland

1.Please attach reply letter from DHS (Michigan Department of Human Services) to Health Form & mail to camp.	
2. The following information is required by the Michigan Departme Act 116 and Administrative Rule 127.1(1).	ent of Consumer and Industry Services pursuant to Public
The health and history contained herein is correct as far as I know, and the person described has permission to engage in all prescribed activities, except as noted by me and/or the medical provider. In the event I cannot be reached in an emergency, I hereby give permission to the medical provider selected by a designated representative of the Boy Scouts of America to authorize emergency medical or surgical treatment, routine, non-surgical medical care, hospitalize, secure proper anesthesia, or to order injection(s) for me. The person herein described is in good health, has all required immunizations current, and I assume the health responsibility for the individual.	
(*If for religious reasons you cannot sign this, contact the council for a legal waiver, which must be signed for attendance.)	
I have knowledge and understanding of the requirements for report abuse/neglect, as stated in the camp policy dealing with child abuse the best of my knowledge.	
Signature Date	
3. REFERENCES	
As the representative for the charting organization, I recommend the Scouts in camp.	he above-identified individual to serve as a leader of our
Signature	Date
As an individual who knows the good character of the above-ident leadership ability, educational background and experience to serve	•
Signature	Date
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