09/25 - 09/27

WEBELOS WOODS 2026

A PROGRAM FOR WEBELOS & ARROW OF LIGHT SCOUTS

250

CAMP WORKCOEMAN

PROGRAM GUIDE

Welcome to Webelos Woods!

A Program for Webelos & Arrow of Light Scouts

Dear Cub Scout Families and Leaders,

Thank you for registering for one of Camp Workcoeman's signature fall camping experiences! The Camp Workcoeman staff and dedicated volunteers from across the Connecticut Rivers Council are excited to welcome you for an unforgettable weekend of outdoor adventure from September 25–27, 2026.

Designed specifically for Webelos and Arrow of Light Scouts, *Webelos Woods* introduces Scouts to the excitement of Scouts BSA through hands-on outdoor activities, Adventure advancement, and experiences that build confidence, teamwork, and leadership. Whether attending with a Den or alongside a parent, every Scout will have the opportunity to challenge themselves, make new friends, and create lasting memories while preparing for the next step in their Scouting journey.

This guide contains everything you need to know before arriving at camp, including answers to frequently asked questions, schedules, packing lists, activity information, and other important details. We look forward to welcoming you to Camp Workcoeman for an outstanding weekend of Scouting!

Yours in Scouting,

Jeff Seiser
Camp Director
jseiser@campworkcoeman.org

Aline Souza
Cub Scout Program Director
cubscouts@campworkcoeman.org

Why Webelos Woods?

- Complete outdoor Adventure requirements
- Experience a Scouts BSA style weekend
- Meet Scouts from across Connecticut
- Learn from experienced volunteers
- Enjoy climbing, BBs, archery, and fishing
- Sleep under the stars
- Prepare for crossing over into a Troop

Frequently Asked Questions (FAQ)

What is Webelos Woods?

Webelos Woods is Camp Workcoeman's premier outdoor experience for Webelos and Arrow of Light Scouts. Throughout the weekend, Scouts will camp with their families or Dens, participate in exciting outdoor activities, work toward Adventure requirements, and experience many of the traditions of Scouts BSA. The weekend is designed to build confidence, strengthen outdoor skills, and prepare Scouts for the transition into a Scouts BSA Troop.

Experienced volunteers and Camp Workcoeman staff will teach Adventure requirements and specialty programs that focus on the portions of each Adventure best completed in an outdoor setting. A complete listing of the adventure badges and specialty programs that can be signed up for, along with a full weekend schedule can be found later in this program guide.

How do I select the adventure badges and specialty activities for my Scouts?

Prior to camp, Den Leaders (or another designated unit representative) will receive an online activity selection form. Each Den will choose five program sessions from a variety of Adventure requirements and specialty activities. A complete listing of available programs appears later in this guide.

How can I register for Webelos Woods?

Registration is available through the Connecticut Rivers Council website. A registration link is also available on the Camp Workcoeman website. Since some packs coordinate registrations as a group, please check with your pack leadership before registering individually.

What is the cost to attend Webelos Woods?

$50 per Scout
$25 per adult
$25 per Den Chief

How is food coordinated?

Your registration includes three meals on Saturday: breakfast, lunch, and dinner—these meals are included as part of your registration fee. Participants should plan on arriving on Friday with dinner or having already eaten. Participants should also plan with their unit for a 'Get up and Go' breakfast on Sunday. All camp provided meals will be served out of the Camp Kitchen and Dining Hall within the guidelines of camp food services.

Food allergies should be listed in the related field available when registering online. This information will be forwarded to the lead chef once your registration is completed.

FAQ (Continued)

What will the check-in process be like?

Check-in will begin Friday, September 25th at Camp Workcoeman at 6:00 PM and run until 8:00 PM. Every adult and Scout participant will need to check-in with the health team stationed at the Camp Chapel (large pavilion next to the parking lot). Required forms include parts A, B, and D of the medical form for **both Scouts and adults**. Forms are included with this program guide.

What are the campsite amenities?

Drinking water will be available in the camp latrines located at each campsite. Units are expected to keep their latrines clean; toilet paper is provided. Campsites have fire rings and platforms. Personal tents may be set up on platforms or on the ground, whichever the participants prefer. The traditional canvas summer camp tents are not provided.

Can my Scout come for Saturday only, with no overnight?

Although we recommend the overnight experience, 'day only' participation is allowed. Check-in for any Scouts and adults coming for the day will be held from 7:00 AM to 8:00 AM on Saturday morning at the Camp Chapel; Scouts looking to have breakfast should plan on arriving before 7:30 AM. The same health forms and registration required for overnight participants will be required from day participants.

Can younger Cub Scouts or non-Scout siblings attend Webelos Woods?

No, this event is only for Webelos and Arrow of Light Scouts and their parents, leaders, and Den Chiefs.

What happens if it rains?

Webelos Woods operates rain or shine. Participants should pack appropriate rain gear. In the event of severe weather, program adjustments will be made to ensure everyone's safety.

Pre-Camp Meeting for All Den Leaders

There will be an online pre-camp meeting for all Den Leaders for Webelos Woods on Tuesday, September 1st at 7:00 PM. It is critical for all leaders to attend this meeting to communicate with the staff about the program for the weekend; receive the Google form in which to register Scouts for activities; and discuss information relating to campsite assignments, dining hall function, and much more.

The link for this meeting will be emailed to all registered Den Leaders a few days prior or can be obtained by emailing Jeff Seiser prior to September 1st.

Webelos Woods Schedule

Friday

6:00–8:00 PM	Arrival and Check-In, Campsite Set Up	Chapel & Campsites
8:00–8:30 PM	Den Leaders Meeting, Cracker Barrel	Dining Hall
9:30 PM	Taps & Lights Out	Campsites

Saturday

7:00 AM	Reveille & Wake Up	Campsites
7:00–8:00 AM	Check-In for Day Participants	Chapel
7:30–9:00 AM	Breakfast & Shooting Sports Orientation	Dining Hall & Amphitheater
	Scouts eat in two shifts and participate in shooting sports orientation when not eating.	
9:00–9:15 AM	Opening Ceremony	Parade Field
9:30–10:30 AM	Activity Session #1	As Assigned
10:45–11:45 AM	Activity Session #2	As Assigned
12:00–1:00 PM	'Grab and Go Style' Lunch	Dining Hall
1:15–2:15 PM	Activity Session #3	As Assigned
2:30–3:30 PM	Activity Session #4	As Assigned
3:45–4:45 PM	Activity Session #5	As Assigned
5:00–5:30 PM	Den Time	Campsites
5:30 PM	Flag Retreat	Parade Ground
5:45–7:15 PM	Dinner & 'Special Program'	Dining Hall & Amphitheater
	Scouts eat in two shifts and participate in a 'special program' when not eating.	
7:30–8:30 PM	Campwide Campfire	Amphitheater
9:00–9:30 PM	Leader Cracker Barrel	Dining Hall
9:30 PM	Taps & Lights Out	Campsites

Sunday

7:00 AM	Reveille	Campsites
7:30 AM	'On the Go' Breakfast	Campsites
8:00–10:00 AM	Campsite Check-Out	Campsites
10:30 AM	All Have Departed	

Schedule Subject to Change

What to Wear? What to Pack?

Plan for all types of weather! Webelos Woods is an outdoor camping experience that takes place rain or shine. Be sure to pack clothing suitable for cool mornings, warm afternoons, and the possibility of rain.

For All Cub Scouts

Wear the Following on Saturday of Webelos Woods:

- Scouting T-Shirt (Pack T-Shirt or Other Scouting Shirt)
- Shorts/Pants
- Socks and Outdoor Shoes (No Crocs or Flip-Flops)
- Hat

Pack the Following in a Backpack:

- Filled Water Bottle
- Poncho or Raincoat
- Pen or Pencil and (Optional) Notebook
- Sunscreen
- Pump Bug Spray (Optional)
- Spending Money ($25 limit)

For the Evening Program (Flag Retreat, Dinner, and Campfire):

- "Class A" Field Uniform (Tan or Blue Scout Shirt, Neckerchief, and Hat)
- Flashlight

For the Overnight Experience

Pack the Following in a Foot Locker, Tote, or Large Duffel:

- Extra Clothing
- Socks
- Underwear
- Pajamas
- Jacket or Sweatshirt
- Bath Towel
- Toothbrush and Toothpaste
- Soap
- Shampoo
- Camp Chair (Optional, but nice to have)

Bedding:

- Sleeping Bag
- Pillow
- Sleeping Pad or Air Mattress
- Tent (Coordinate with your Pack or a Scouts BSA Troop if you need to borrow one)

Prohibited at Camp

- Inappropriate Materials
- Bikes & Skateboards
- SWAT & Sheath Knives
- Alcohol, Tobacco, Drugs
- Cell Phones, Video Games (Scouts)
- Fireworks

Activity Selection

The heart of the Webelos Woods experience is a variety of **Webelos and Arrow of Light Adventure requirements** and **specialty outdoor activities**. Because Webelos and Arrow of Light Scouts work on different Adventures, the program offerings are tailored to each rank and aligned with the current Cub Scout advancement program.

During the weekend, Scouts will focus on the Adventure requirements that are best completed in an outdoor setting. While some Adventures may not be completed in their entirety, participants will make significant progress toward earning their Adventure badges while enjoying a fun and engaging outdoor experience.

Prior to the event, each Den will select **five program sessions** from the list below using an online activity selection form that will be emailed directly to Den Leaders. This allows each Den to customize its weekend based on the interests and advancement goals of its Scouts.

For Webelos

Activity Pins
Webelos Walkabout
My Community
Let's Camp
Earth Rocks
Champions for Nature
Catch the Big One
Aware and Care
Chef's Knife

Specialty Activities
Archery
BB Shooting
Climbing
Cooking Demonstration

For Arrow of Light

Activity Pins
Outdoor Adventurer
Duty to God (Family & Reverence)
First Aid (Personal Safety Awareness)
Champions for Nature
Fishing
Into the Woods
Into the Wild
High Tech Outdoors

Specialty Activities
Archery
BB Shooting
Climbing
Cooking Demonstration

Campwide Campfire

Join us on Saturday evening for one of the highlights of Webelos Woods—our campwide campfire! Scouts and staff will come together for an evening of songs, skits, cheers, and plenty of laughter as we celebrate the spirit of Scouting. Dens are encouraged to join in the fun by preparing a song, skit, cheer, or other appropriate performance before arriving at camp. Scouts and leaders who would like to perform will have the opportunity to sign up prior to the campfire. Additional details about the sign-up process will be shared during Webelos Woods.

Special Program—Saturday Night Magician!

Camp Workcoeman is proud to welcome acclaimed magician Tom O'Brien to Webelos Woods. Tom will be performing two separate shows on Saturday night, one during each of our dinner shifts. Tom brings a combination of magic, comedy, and audience engagement to a show that will be a highlight of the weekend program.

Our Trading Post is a Scouting America Scout Shop

Order the awards your Scouts earn during Webelos Woods here!

The Camp Workcoeman Trading Post is an *official Scouting America Scout Shop*, offering uniforms, hats, neckerchiefs, camping supplies, souvenirs, and advancement items—including *Webelos and Arrow of Light Adventure Pins and Rank Badges*. All tax-exempt and unit account policies accepted at other Scout Shops are also honored at Camp Workcoeman.

To make recognizing your Scouts as easy as possible, Den Leaders will have the opportunity to order the Adventure Pins and Rank Badges earned during Webelos Woods through the online activity selection form distributed prior to the event. Simply indicate your pack's interest on the form, and our Trading Post staff will coordinate your advancement order.

If you have any questions about Trading Post operations or placing an order, please contact us at *scoutshop@campworkcoeman.org*.

Some images from https://www.tomobrienmagic.com/

Weekend Policies and Procedures

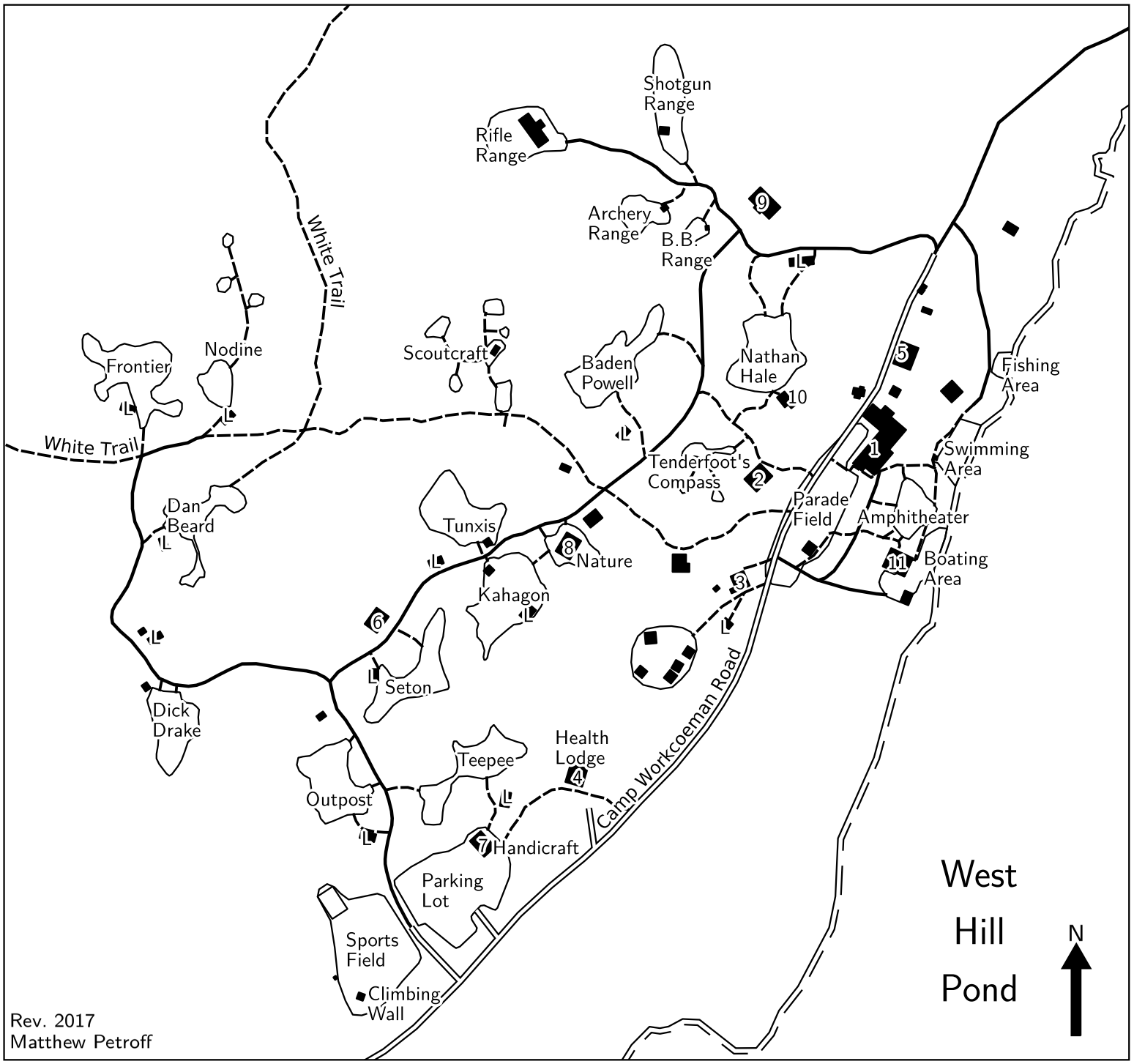
- **Health Services:** A nurse, EMT, or other qualified medical professional will be on-site throughout the weekend and stationed at the Camp Health Lodge.
- **Parking:** All vehicles must be parked in the main parking lot. Each Pack will be permitted one vehicle to transport gear to its campsite prior to check-in on Friday. This vehicle must be returned to the main parking lot by 6:00 PM.
- **Campsite Check-Out:** Campsites must be cleaned, packed, and ready for inspection between 8:00 AM and 10:00 AM on Sunday.
- **Medications:** All prescription and over-the-counter medications must be in their original containers and remain in the possession of a parent or guardian, or they must be checked into the Camp Health Lodge, in accordance with Scouting America policies.
- **Buddy System:** Scouts and adults should always use the Buddy System while participating in camp activities.
- **Trading Post:** The Camp Workcoeman Trading Post will be open throughout the weekend, offering Scout merchandise, snacks, souvenirs, camping essentials, and advancement items.
- **Uniforms:** The Activity Uniform (Pack or Scouting T-shirt) should be worn throughout the day on Saturday. Scouts and leaders should change into their Field Uniform (Scout shirt, neckerchief, and hat) for the Saturday evening program, including the flag retreat, dinner, and campfire.
- **Trash Disposal:** Please place all trash in the designated receptacles. Camp staff will collect and remove trash each evening.
- **Smoking and Vaping:** To provide a healthy environment for all participants, smoking and vaping are discouraged and are permitted only in the main parking lot, out of the sight of Scouts and other youth participants.

Additional Opportunities

Did you know that Camp Workcoeman offers activities for Cub Scouts and Scouts BSA throughout the year? This includes weekend activities during the fall, winter, and spring and an expanded program during the summer (including Cub Scout Resident Camp). Camp is open for unit camping year-round with campsites and cabins available. Check out https://campworkcoeman.org/ for more information and to register.

Workcoeman Cub Scout Autumn Adventure — November 14, 2026

Calling all Cub Scouts and parents for a day of outdoor fun at Camp Workcoeman. Cub Scouts with the pack will travel to various stations, where they will participate in activities such as BB shooting, archery, nature activities, sports, and more.



Camp Workcoeman

Connecticut Rivers Council, BSA

Scale 1:3200

Buildings

1. Dining Hall
2. Camp Office
3. Trading Post
4. Bailey Building
5. Maintenance Shop
6. Showers
7. Chapel
8. Griffin Lodge
9. Weed Lodge
10. Scoutmasters' Cabin
11. Boathouse

0 100 200 300 ft

campworkcoeman.org

Camp Workcoeman
Part A: Informed Consent, Release Agreement, and Authorization

2019 A

Full name: _____

Date of birth: _____

☐ Pack ☐ Troop ☐ Crew #_____
Council: ☐ CRC ☐ TRC ☐ Other: _____
☐ Camp Staff

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: _____

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680-001
2019 Printing

Part B1: General Information/Health History

Full name: _____

Date of birth: _____

☐ Pack ☐ Troop ☐ Crew #_____
Council: ☐ CRC ☐ TRC ☐ Other: _____
☐ Camp Staff

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

Address: _____

City: _____ State: _____ ZIP code: _____ Phone: _____

Unit leader: _____ Parent's Mobile #: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____

If you do not have medical insurance, enter "none" above. Copies of insurance cards are no longer required.

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** ☐ **No** ☐
☐	☐	Hypertension (high blood pressure)	
☐	☐	Adult or congenital heart disease/heart attack/chest pain (angina)/ 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** ☐ **No** ☐
☐	☐	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: _____

☐ Pack ☐ Troop ☐ Crew #_____
Council: ☐ CRC ☐ TRC ☐ Other: _____
☐ Camp Staff

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

If yes (above or below), an Emergency Treatment Plan for Allergic Reactions form is required.

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain
☐	☐	Medication	
☐	☐	Food	

Yes	No	Allergies or Reactions	Explain
☐	☐	Plants	
☐	☐	Insect bites/stings	

List all medications currently used, including any over-the-counter medications. An Authorization for the Administration of Medication form is required for EACH medication.

☐ 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)
☐	☐		Tetanus	
☐	☐		Pertussis	
☐	☐		Diphtheria	
☐	☐		Measles/mumps/rubella	
☐	☐		Polio	
☐	☐		Chicken Pox	
☐	☐		Hepatitis A	
☐	☐		Hepatitis B	
☐	☐		Meningitis	
☐	☐		Influenza	
☐	☐		Other (i.e., HIB)	
☐	☐		Exemption to immunizations **(form required)**	

☐ I certify all immunizations are up to date. (Physician's Signature/Stamp)

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

Reviewed by: _____

Date: _____

Further approval required: ☐ Yes ☐ No

Reason: _____

Approved by: _____

Date: _____

Part D: Connecticut Rivers Council Addendum

Full Name: _____ Dates Attending: _____

Campsite: _____ Unit: _____

☐ Scout ☐ Scouter ☐ Staff

This addendum to the Annual BSA Health and Medical Records is for youths and adults who are participating in a CRC camp program. This is required to meet Connecticut Department of Public Health requirements. Please read and sign the form at the bottom of the page.

If you disagree with any statements here, please cross out that section and initial it. Explain your wishes in the comment section, attaching an additional sheet if necessary.

- This medical form is correct so far as I know, and the person named in Part A has permission **to participate in all camp activities** except as noted on the form by me or by the doctor in Part C.
- I hereby request that the camp's Health Officer administer the **prescription and/or over-the-counter medication(s)** ordered by my child's doctor/dentist. I understand that I must supply the camp with the prescribed medication in the original container as dispensed and properly labeled by a doctor or a pharmacist and will provide no more than is appropriate for my child's camp stay. I understand that this medication will be destroyed if not picked up within one week after my child leaves camp.
- I also give permission for my child to **participate in trips** sponsored by the camp and approved by the adult/unit leader in charge. Examples of these trips are whitewater merit badge, orienteering merit badges, or trips for rock climbing or mountain biking.
- I give my permission for the Camp Health Officer to administer over-the-counter medications as directed for conditions as directed by the Camp Physician. Over-the-counter medications may include **WOUNDS:** Hydrogen Peroxide, Neosporin, Bacitracin **POISON IVY:** Tecnu, Benadryl cream **CANKER SORES:** Benzocaine cream **PAIN:** Tylenol, Ibuprofen **DYSMENORRHEA:** Ibuprofen **ABDOMINAL DISCOMFORT:** Tums, Maalox **HEADACHE:** Tylenol, Ibuprofen **HYPOGLYCEMIA:** Glucose Gel, Glucagon **ALLERGIC REACTION:** Benadryl or generic, Epipen **ATHLETE'S FOOT:** Tinactin **INSECT STING/BITE:** Benadryl Cream, Hydrocortisone cream, Caladryl or Calagel, Epipen **TICK BITES:** Alcohol or Hydrogen Peroxide **1st DEGREE BURNS:** Burn Jel, Aloe Spray **EMERGENCIES:** Oxygen. Generics may be substituted.

This section must be signed to indicate acceptance of conditions above.

Signature: _____ Date: _____
(Adults over 18 sign here. Parent/Guardian signs for camper.)

Name (print): _____ Relationship: _____

Comments:

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL, CHILD CARE, AND YOUTH CAMP PERSONNEL

This form is for both prescribed and over-the-counter medications.

If camper is only taking emergency medications (epinephrine or rescue inhaler) only the allergy treatment form is required.

In Connecticut schools, licensed Child Day Care Centers and Group Day Care Homes, licensed Family Day Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):

Name of Child/Student: _____ Date of Birth: _____ Today's Date: _____

Address of Child/Student: _____ Town/State: _____

Medication Name/Generic Name of Drug: _____ Controlled Drug? YES ____ NO ____

Condition for which drug is being administered: _____

Specific Instructions for Medication Administration: _____

Dosage: _____ Method/Route: _____

Time of Administration: _____ If PRN, frequency: _____

Medication shall be administered: Start Date: _____ End Date: _____

Relevant Side Effects of Medication: _____ None Expected: ____

Explain any allergies, reaction to/negative interaction with food or drugs: _____

Plan of Management for Side Effects: _____

Prescriber's Name/Title: _____ Phone Number: _____

Prescriber's Address: _____ Town/State: _____

Prescriber's Signature: _____ Date: _____

Parent/Guardian Authorization: I request that medication be administered to my child as described and directed above. I hereby request that the above ordered medication be administered by youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse/camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the camp with no more than a supply of medication to cover all doses while in attendance plus one dose. I have administered at least one dose of the medication with the exception of emergency medications to my child without adverse effects.

Parent/Guardian Signature: _____ Relationship: _____ Date: _____

Parent/Guardian's Address: _____ Town/State: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

SELF ADMINISTRATION OF MEDICATION: With the exception of Emergency Medicines such as Epi-Pens and Rescue Inhalers, *no medications*, prescribed or over the counter, may be self-administered by *any person under 18 years of age*.

..... FOR OFFICE USE ONLY .....

Printed Name of Individual Receiving Written Authorization and Medication: _____

Title/Position: _____ Signature: _____ Date: _____

NOTE: This form follows Section 10-212a, Section 19a-79-9a, 19a-87b-17 and 19-13-B27a(v.)

EMERGENCY TREATMENT PLAN FOR ALLERGIC REACTIONS AND ACUTE RESPIRATORY DISTRESS AND THE PERMISSION TO ADMINISTER MEDICATIONS BY CAMP PERSONNEL

_____ Food Allergy _____ Asthma _____ Bee/Wasp Stings _____ Other

Patient's Name: _____ DOB: _____

Physician's Name: _____ Phone Number: _____

Specific Allergy: _____

If the patient thinks he/she has been exposed to the above named allergen:

_____ Observe patient for symptoms of anaphylaxis X 2 hours

_____ Administer Epinephrine before symptoms occur, IM: _____ EPIPEN Adult _____ EPIPEN JR

_____ Administer Epinephrine if symptoms occur, IM: _____ EPIPEN Adult _____ EPIPEN JR

_____ Administer Benadryl per appropriate age/weight dose

_____ Call 911, transport to ER

If the patient is experiencing respiratory distress (shortness of breath, wheezing, coughing):

_____ Administer _____ PUFFS of _____ INHALER, REPEAT _____

_____ Call 911, transport to ER

Side effects, if any, to be observed: _____

CAMPER IS TO CARRY & MAY SELF-ADMINISTER EPIPEN / INHALER WHILE AT CAMP:

_____ Yes _____ No

Physician's Stamp:

Physician's Signature: _____ Date: _____

- I REQUEST THAT MEDICATION BE ADMINISTERED TO MY CHILD AS DIRECTED AND DESCRIBED ABOVE BY CAMP PERSONNEL AND GIVE PERMISSION FOR THE EXCHANGE OF INFORMATION BETWEEN THE PRESCRIBER AND CAMP NURSE AS NECESSARY TO ENSURE THE SAFE ADMINISTRATION OF THIS MEDICATION. I UNDERSTAND I MUST SUPPLY THE CAMP WITH THE NECESSARY MEDICATION.
- IF APPROVED BY THE PHYSICIAN ABOVE, I REQUEST AND GIVE MY PERMISSION FOR MY CHILD TO CARRY AND SELF ADMINISTER THE MEDICATION.

Parent/Guardian Signature: _____ Relationship: _____ Date: _____

Parent/Guardian's Address: _____ Town/State: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____