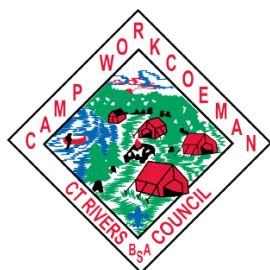


2011 Trail to Eagle Camper Guide

Camp Workcoeman



July 31 - August 6, 2011



Connecticut Rivers Council
BOY SCOUTS OF AMERICA



www.campworkcoeman.org



Trail to Eagle Camp at Camp Workcoeman

Welcome to the Trail to Eagle Program at Camp Workcoeman. Over the years, many Scouts and Scouters have passed through the camp gates for a memorable Scout camping experience on their way to attaining the Eagle rank. The 2011 Camp Workcoeman Program will continue that tradition.

This Program Guide has been assembled to provide you with the information needed to prepare yourself for the Trail To Eagle Camp and to serve as a handbook of camp information. Hopefully it will help you to begin planning your 2011 summer camp experience.

The 2011 Camp Staff is developing a safe, fun-filled program of adventure and advancement for you. If you have any special requests, please let us know, and we will try to accommodate you.

Working together, we can provide you with a week of valuable experience that will lead to achieving your goal of attaining the Eagle rank. We look forward to meeting you at camp.

Yours in Scouting,
Lou Seiser, Camp Director

Tom Leisten, Program Director

www.campworkcoeman.org

Trail to Eagle Camp at Camp Workcoeman



What is Trail to Eagle Camp?

The Trail to Eagle program is designed for the Scout who has reached the rank of First Class and set his goal on reaching the rank of Eagle Scout in the near future. It is a unique camping and advancement opportunity for you. The Trail to Eagle Camp Staff will support you in every way to reach this lifelong achievement.

The Trail to Eagle Staff are skilled merit badge counselors from the Connecticut Rivers Council and the Camp Workcoeman Staff. Emphasis will be placed on merit badge completion during the week with special attention given to each Scout's needs. Prior merit badge preparation may be required. Scouts will receive credit for all successful work completed.

Guidance on how to select, plan, and complete your Eagle Service Project will be featured during your week at camp.

About Camp Workcoeman... Camp Workcoeman is located on the shore of beautiful West Hill Lake in New Hartford, Connecticut. Established in 1924, it is one of the oldest, continuously operated scout camps in the country. For 86 years thousands of Scouts and Leaders have experienced Scouting at Camp Workcoeman during its fine history. In 1994 Camp Workcoeman was part of a study conducted by the National Boy Scout Council for exemplary Scout camps in the country. While many new additions have been added to Camp Workcoeman over the years, the same Scouting experiences remain today.



BEFORE CAMP

Please mail a copy of:

- Your signed medical form. Be sure to use the new 2011 form and complete ALL sections.
- Your Trail to Eagle Merit Badge Registration Form to:

**Camp Workcoeman
169 Camp Workcoeman Road
New Hartford, CT 06057
Trail To Eagle Camp
att: Program Director**

SUNDAY AFTERNOON CHECK-IN *NOTE NEW TIME!!*

1. Arrive at the main parking lot at **10-11 A.M.** and check-in with the staff. From here you will be directed to the Trail to Eagle troop campsite.

Please be sure that parents drop Scouts and gear in the parking lot and do not attempt to drive to the campsite.

2. Upon arrival at your campsite, check in with Trail to Eagle Scoutmaster upon. Hand in forms and payment for:

Saturday BBQ (\$8.00 for adult, \$5.00 for kids under age 11)

Troop photograph to be taken Tuesday afternoon \$10.00

3. Your T2E troop will check in with the nurse as a group.

Be sure that you use the new medical form and that all medications are in their original containers with labels. Bring only the amount of medication that will be required for your week at camp.

A Medication Authorization Form signed by a physician is required for ALL medications both prescription and over-the-counter. This form is included in this guide. All medications including over-the-counter medications are to be kept by the Health Officer except for emergency medications for severe medical conditions. Have these medicines with you when you check in with the Health Officer, asthma inhalers, bee sting kits and other urgent use medicines may be kept by the Scout or Leader. This arrangement must be approved by the Health Officer.

****A** Health Screening Survey must be completed for every Scout upon arrival. The form is included in this guide. Please complete it and submit it to the camp Health Officer at your medical check-in. You will receive buddy tag once the sheet is submitted.

All health related forms are available on the Camp Workcoeman web site

www.campworkcoeman.org

WHAT TO BRING TO CAMP

CLOTHES:

Scout shirt, neckerchief, hat
Sneakers or hiking boots
(2 pairs)
Socks (6-7 pairs)
Underwear
Pajamas or sweatsuits
Hat (shades & rain)
Raincoat or poncho
Sweater/warm shirt
T-shirts
Swimsuit
Beach towels
Long pants
Shorts (blue or khaki)
Mosquito repellent
(Non Aerosol)

A SCOUT IS CLEAN:

Towels (2 or 3)
Wash cloth
Comb or hair brush
Toothbrush & toothpaste
Soap
Shampoo
Bag for dirty laundry
Sunscreen
Shampoo
Handkerchiefs or Tissues

GEAR:

You'll need this stuff:
Sleeping bag or 2-3
Warm blankets & sheets
Pillow
Notebook & pencil
Fishing rod & tackle
Camera, film
Flashlight

Scout Handbook
Merit Badge Pamphlets

PACK ALL GEAR SO THAT SWIMSUIT, TOWEL, AND MEDICATION AT THE TOP OF THE GEAR SO THAT THEY CAN BE FOUND QUICKLY ON ARRIVAL AND CHECK IN

We cannot overstress the importance of bringing the Scout's Handbook and the Merit Badge pamphlets for the badges you will be working on.

The Trail to Eagle Uniform

The Trail to Eagle Camp is a program for those Scouts who aspire to become Eagle Scouts. It is expected that all participants will wear the Class A (field) and Class B (activity) uniforms during the week.

Class A (Field) Uniform - Tan Scout uniform shirt AND shorts with Scout socks. This uniform will be worn all campwide activities including assembly and flag ceremonies, dinner meals, and all campwide events.

Class B (Activity) Uniform - A Scout related t-shirt (from troop, camp, or other Scout activity) AND Scout shorts. This uniform will be worn when the Class A uniform is not worn.

WHAT TO LEAVE HOME

Radios or TVs	CD or tape players	Computer Games
Swat & Sheath Knives	Matches & Lighters	Aerosol Cans
Obscene Literature	Fireworks	Weapons of any kind
Alcohol, tobacco, & drugs	bicycles, & skateboards	Cell phones (no service at camp)

When packing clothing, leave inappropriate shirts, and camouflage gear at home. Sheath knives and SWAT knives are not permitted at camp!

LOST AND FOUND: Articles found will be turned in to the camp clerk at the office. Inquiries about lost articles should be made at the same place. Please be sure to secure all money and valuables while at camp. Remember a Scout is TRUSTWORTHY.

CAMP INFORMATION FOR PARENTS

Mail - The camp has a daily mail service. Mail should be addressed as follows:

Scout's Name: _____ **- Trail to Eagle Camp**
Camp Workcoeman
169 Camp Workcoeman Road
New Hartford, CT 06057

Mail will be picked up by Unit Leaders at the Camp Office daily. Outgoing mail may be deposited at the office. Postcards and stamps may be purchased at the Trading post. Parents should be cautioned that while letters from home may be a source of joy to Scouts at camp, they can also produce terminal homesickness, especially in younger boys.

TELEPHONE POLICY AND CELL PHONES: The Camp telephone number is (860) 379-2207. This line is for camp business and EMERGENCIES only.

CELL PHONES SHOULD NOT BE BROUGHT TO CAMP.

Parents are asked to refrain from calling Scouts at camp except in emergencies. When it is necessary to contact your son in camp, you should leave a number for a return call. A call from home almost never has a beneficial effect on homesickness.

TROOP PHOTOGRAPH: During the week, a professional photographer will come into camp to photograph each unit present. An 8" x 10" color print is available for a \$10.00 fee. Photo orders, with full payment, must be placed at Sunday arrival. A photo order form is included in this guide.

SPECIAL REQUIREMENTS: The camp and staff seek to satisfy any special requirements needed for health, safety, and comfort of campers and leaders. We can arrange special access to facilities, provide equipment, satisfy special dietary needs, etc. Advance notice of such needs will make it easier for staff and camper alike.

TRADING POST: The trading post carries handicraft supplies, Scouting materials, camp t-shirts, patches, refreshments, etc. It is open during normal program hours.....9AM-11:30 PM, 1:30-5 PM, 7-8 PM daily.

COURT OF HONOR & SATURDAY BBQ: Plan to join your son for a family barbecue and the closing Court of Honor on Saturday. The price for the BBQ is \$8.00 for adults, and \$5.00 for children under the age of 11. A BBQ reservation form is included in the back section of this guide

ILLNESS or INJURY: The Health Lodge is prepared to handle camp illnesses and injuries, and is staffed by a resident Health Officer (registered nurse) 24 hours a day. Arrangements have been made for emergencies at Charlotte Hungerford Hospital in Torrington.

DISCIPLINARY POLICY

The Scout Oath and Law are the elements of proper conduct in camp. Parents and Scouts should be aware that those who display severe misconduct will be removed from camp. The following actions will result in a Scout's immediate removal from camp: vandalism, theft, fighting, injury or harm to another (excluding accidents), leaving camp property without permission, and use or possession of alcohol, tobacco, drugs or fireworks.

THE MERIT BADGE PROGRAM

TO THE SCOUT ON EARNING A MERIT BADGE



Merit Badge work at camp is intense and time is limited. To ensure your successful completion of merit badges you select at camp, please be sure that you have a copy of the merit badge pamphlet and that you have read it. *"Be Prepared."*



You should be aware that earning a merit badge is an individual achievement involving study and testing of knowledge and skills required and the completion of all the requirements.



Attendance at classes does not in itself constitute the work required to earn a merit badge. On the other hand, if you can do the requirements and demonstrate the skills required, you may be tested by attending only those sessions during which testing is being done, or you may arrange with the counselor for testing another time.

You must not merely demonstrate an attempt to fulfill the requirements, but individually do each requirement and demonstrate each skill required. *"Show" means "show"; "Demonstrate" means "demonstrate."* Required collections should be organized and neatly labeled. Written reports should be well-thought out and legible.

You must bring proper certification for completion for any requirements which must be completed before camp and for which you want credit at camp. Certification may be in the form of reports, written statements or photos, drawings, completed projects, or collections, depending on what is involved. If you worked with a counselor, bring the blue card.

Partials

A Scout completing only a portion of a merit badge will be given a partial on his blue card. Partials will be given only for projects actually completed or skills actually demonstrated at camp. Partials will not be given for written work (or requirements that require "tell") because the Scout can take the written work home with him for the counselor with whom he will complete the badge.

Trail to Eagle Merit Badges

Merit badges offered as a part of the Trail to Eagle Program are listed below along with the numbered requirements that must be completed before coming to camp. Also, please bring along a blue card signed by your home troop Scoutmaster for each Eagle required merit badge that you plan to work on. Turn it into your Eagle Week Scoutmaster on arrival. Prerequisite requirements to complete the badge at camp are listed below.

Citizenship in the Nation Merit Badge - 2, 3, 8

Citizenship in the World Merit Badge - 7

Communication Merit Badge- 5, 7

Emergency Preparedness Merit Badge - 1, 8a, c

Personal Management - 2, 9

Personal Fitness - 1a, 1b, 7, 8, 9



The following Eagle merit badges are offered as part of the regular camp program. Times offered of these as well as other merit badges are shown on the Trail to Eagle Advancement Registration Form included in this guide. Complete the form by indicating your merit badge selections and send the form to camp.

Environmental Science Merit Badge- This is the ONE ECON merit badge you MUST complete for Eagle. Very demanding and requires field observing time outside of class.

First Aid Merit Badge- Meet at the Dining Hall. Eagle Merit Badge.

Swimming Merit Badge-

Fulfills an Eagle Scout requirement and opens the door to many other aquatic programs. No Scout, who qualifies as a "swimmer" should pass up the opportunity to earn Swimming Merit Badge at camp. Bring inflatable clothing-long pants and long sleeved, button-up shirt of tight woven fabric. Eagle Merit Badge.

Lifesaving Merit Badge-

This is a rigorous badge for strong swimmers. Must have earned Swimming Merit Badge and be qualified as "Swimmer". Bring inflatable clothing-long pants and long sleeved, button-up shirt of tightly woven fabric. Eagle Merit Badge.

Camping Merit Badge- Eagle Merit Badge.

Personal Fitness Merit Badge- Camp physical may be used for requirement (1a), bring report dental exam for(1b). Complete fitness program for requirements (7),(8) and (9) and bring record to camp. - Eagle Merit Badge.

Daily Camp Schedule

6:00	POLAR BEAR SWIM (M-F)
7:15	REVEILLE
7:45	WAITER'S CALL - Waiters report to set tables for breakfast.
7:50	MORNING COLORS
8:00	BREAKFAST - Assemble at door. Stand at table until after grace
8:30	SITE / AREA CLEAN UP - Clean campsite & prep for visitation.
9:15 - 10:00	ADVANCEMENT PROGRAM
10:15 - 11:00	ADVANCEMENT PROGRAM
11:15 - 12:00	ADVANCEMENT PROGRAM
12:15	WAITER'S CALL - Waiters report to set tables for lunch.
12:30	LUNCH - assemble at door. Stand at table until after grace.
1:00	SIESTA
2:15 - 3:00	TROOP ACTIVITIES at PROGRAM AREAS
3:15 - 4:00	TROOP ACTIVITIES at PROGRAM AREAS
4:00 - 5:00	GENERAL SWIM AND BOATING
5:45	WAITER'S CALL - Waiters report to set tables for dinner.
5:50	EVENING COLORS
6:00	DINNER - Assemble at door. Stand at table until after grace.
7:00 - 7:50	TROOP ACTIVITIES at PROGRAM AREAS
8:00 - 8:50	TROOP ACTIVITIES at PROGRAM AREAS
9:30	TAPS

Order of the Arrow...

OA members are encouraged to bring their sashes with them to camp and wear them on OA day. An OA service project will be conducted and all members are asked to participate. This can be used for credit on the Veteran Camper Award. Brotherhood Ceremonies will also be conducted each week for those Ordeal members wishing to advance their OA membership. A special crackerbarel is planned for Order of the Arrow members on Wednesday at 9 PM in the campfire circle. This is a great time to share lodge and chapter customs or otherwise socialize with OA members.



Camp Workcoeman Trail to Eagle Program



Summary of Important Times and Information

- **Dates of Camp: July 31- August 6, 2011**

Arrival Info - Sunday, July 31, 10-11 AM:

Be sure to have the following upon arrival:

- Completed and signed Medical Form
- Medication Order Forms (if necessary)
- Completed Troop Photo Form and fee - \$10.00*
- Bar-B-Que Reservation Form and fees*

(\$8.00 for adults and \$5.00 for children)* will be collected upon arrival at your campsite

**All camp forms can be found on the camp Workcoeman website -
www.campworkcoeman.org**

Departure Info - Saturday, August 6:

- **Court of Honor - 11:15 A.M.**

MB Cards will be distributed at this time

- **Family Bar-B-Que or Departure - 12:00 noon**

Please note - Merit Badge cards will not be available to anyone prior to the Saturday Court of Honor. Anyone departing early can obtain their completed or partial merit badge cards at the East Hartford Scout Office after August 20. There will be no exceptions to this policy.

Camp Related Forms



- *Medical Form*
- *Medical Screening Questionnaire*
- *Off Camp Activity Permission Form*
- *Bar-B-Que & Photo Sign-up Form*
- *Merit Badge Sign-up Form*

TRAIL TO EAGLE MERIT BADGE REGISTRATION FORM

Name _____ Age _____ Rank _____ Troop _____

- Circle or highlight your merit badge selections and mail this form to: **Camp Workcoeman**
169 Camp Workcoeman Rd.
New Hartford, CT 06057

Program Area	9:15	10:15	11:15	Siesta
Ecology/ Conservation All meet at <i>Henry Griffin Nature Lodge</i>	Oceanography Soil & Water Conservation Environmental Science (for Scouts 14+) Environmental Science - Double Session (for Scouts age 13 and younger)	Fish & Wildlife Management Geology Plant Science	Forestry Nature Weather Fishing	Astronomy (8pm) Bird Study Mammal Study Reptile & Amphibian Study Insect Study
Scoutcraft All badges meet at the <i>Sturge Shields Camp Craft Area</i>	Camping Pioneering Orienteering	Orienteering Geocaching Wilderness Survival	Camping Pioneering Wilderness Survival	
Aquatics All meet at the Waterfront	Canoeing Swimming Lifesaving - Double Session Lifeguard BSA - Must attend all 3 periods as well as additional time	Canoeing Swimming Small Boat Sailing - Double Session	Rowing Swimming Double Session	Snorkling, BSA Kayaking BSA
Shooting Sports All meet at the Shooting Ranges	Rifle Shooting Archery	Rifle Shooting Archery	Shotgun Shooting Archery	
Field Sports All meet at the Activities Field	Athletics Personal Fitness	Athletics Sports	Personal Fitness Sports	
Handicraft All meet at Chapel	Leatherwork Woodcarving	Basketry Woodcarving	Leatherwork Metalwork	Art Indian Lore Space Exploration
Others	Cit. in the Nation Communications Cit. in the World	Climbing First Aid Cit. in Nation	Climbing Scouting Heritage Emergency Prep Cit. in Nation	Project COPE M-Th 1:30-3:30

Personal Management - Monday, Tuesday & Thursday at 7:00-8:45 pm

Cit. in the World - 2:15, **Communications** - 3:15

BOLD: Eagle Required MB

Photo & Bar-B-Que Reservation Form

Name _____ Troop _____

Address _____ Phone _____

Please reserve the following:

Qty. _____ Troop Photograph(s) @ \$10.00 each _____

_____ Adult Bar-b-que tickets @ \$8.00 each _____

_____ Child Bar-b-que tickets @ \$5.00 each _____
(Age 10 and under)

Total amount paid _____

Make checks payable to: **Connecticut Rivers Council**

- Photos will be delivered to camp before departure.
- Bar-b-que tickets will be available from the Scoutmaster on Saturday morning

Camp Workcoeman Off-Camp Activity Permission Form

I _____, as Parent/Guardian of
Scout _____, give permission
to take part in the off-camp activity _____
sponsored by Camp Workcoeman (date)_____.

SIGNATURE

DATE

Camp Workcoeman Off-Camp Activity Permission Form

I _____, as Parent/Guardian of
Scout _____, give permission
to take part in the off-camp activity _____
sponsored by Camp Workcoeman (date)_____.

SIGNATURE

DATE

Authorization for the Administration of Medication by Camp Personnel

In Connecticut, licensed Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the CT State Statutes and Regulations. Parents/guardians requesting medication administration to their child from camp staff 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 the child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication will be destroyed within one week following the camper's departure at the end of camp.

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

Name of Child _____ Date of Birth ____/____/____ Today's Date ____/____/____

Medication Name _____ Controlled Drug? Yes ____ No ____

Dosage _____ Route _____ Time of Administration _____

Specific Instructions for Medication Administration _____

Medication Administration: Start Date ____/____/____ Stop Date ____/____/____

Relevant Side Effects of Medication _____

Plan of Management for Side Effects _____

Known Food or Drug Allergies: Yes ____ No ____ Reactions to? Yes ____ No ____ Interactions with? Yes ____ No ____

If "yes" to any of the above, please explain _____

*This medication is an emergency medication and NOT a controlled substance, and the camper is authorized to carry and self-administer the above prescribed medication: Yes ____ No ____

Prescriber's Name _____

Prescriber's Address _____

Phone Number (____) _____ Fax Number (____) _____

Prescriber's Signature _____



Use for Prescriber's Stamp

Parent/Guardian Authorization:

- ☐ I request that medication be administered to my child as described and directed above, and agree to provide the camp with the medication according to CT State Regulations described above, in a quantity appropriate for my child's stay at camp.
- ☐ If applicable, I authorize my child to carry and self-administer the above-prescribed emergency medication.
Yes ____ No ____

Parent/guardian

Signature _____ Relationship to Child _____ Date ____/____/____

Camper Agreement (only for emergency medications to be self-carried and administered):

- ☐ I have been trained and understand how and when to use my medications. I accept the responsibility to carry my medication with me at all times, to not share it with anyone else, and to inform the camp health staff when I have used it.

Camper Signature _____

Signature of Camp Personnel receiving Written Authorization and Medication _____

Title/Position _____ Date ____/____/____

MEDICAL SCREENING QUESTIONNAIRE

To be done on check-in day and
given to the camp nurse at your check in time.
(To be in compliance with BSA national standards)

SCOUT'S NAME _____

TROOP _____

SITE _____

Please ask the scout named above the following questions. This must be done by someone 21 years or older.

If any question is positive, briefly describe under the proper question.

YES

NO

1. Any visit to a doctor or clinic since the last exam?

2. Any recent illness, injury, rash, or allergic reaction?

3. Any ongoing treatment or medication not handed into the nurse?

4. Any medication taken 30 days prior to camp, that you are not on now?

5. Do you feel fine and do they look fine at present?

Adult Signature

Date

Print Name

This form is to be completed by the Scout and your troop leader at the time of your arrival at camp. Please be sure to bring it with you to camp.

Annual Health and Medical Record

(Valid for 12 calendar months)

Medical Information

The Boy Scouts of America recommends that all youth and adult members have annual medical evaluations by a certified and licensed health-care provider. In an effort to provide better care to those who may become ill or injured and to provide youth members and adult leaders a better understanding of their own physical capabilities, the Boy Scouts of America has established minimum standards for providing medical information prior to participating in various activities. Those standards are offered below in one three-part medical form. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

Parts A and C are to be completed annually by all BSA unit members. Both parts are required for all events that do not exceed 72 consecutive hours, where the level of activity is similar to that normally expended at home or at school, such as day camp, day hikes, swimming parties, or an overnight camp, and where medical care is readily available. Medical information required includes a current health history and list of medications. Part C also includes the parental informed consent and hold harmless/release agreement (with an area for notarization if required by your state) as well as a talent release statement. Adult unit leaders should review participants' health histories and become knowledgeable about the medical needs of the youth members in their unit. This form is to be filled out by participants and parents or guardians and kept on file for easy reference.

Part B is required with parts A and C for any event that exceeds 72 consecutive hours, or when the nature of the activity is strenuous and demanding, such as a high-adventure trek. Service projects or work weekends may also fit this description. It is to be completed and signed by a certified and licensed health-care provider—physician (MD, DO), nurse practitioner, or physician's assistant as appropriate for your state. The level of activity ranges from what is normally expended at home or at school to strenuous activity such as hiking and backpacking. Other examples include tour camping, jamborees, and Wood Badge training courses. It is important to note that the height/weight limits must be strictly adhered to if the event will take the unit beyond a radius wherein emergency evacuation is more than 30 minutes by ground transportation, such as backpacking trips, high-adventure activities, and conservation projects in remote areas.

Risk Factors

Based on the vast experience of the medical community, the BSA has identified that the following risk factors may define your participation in various outdoor adventures.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Sleep disorders
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit Scouting Safely on www.scouting.org.

Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.

For frequently asked questions about this Annual Health and Medical Record, see Scouting Safely online at <http://www.scouting.org/scoutsources/HealthandSafety.aspx>. Information about the Health Insurance Portability and Accountability Act (HIPAA) may be found at <http://www.hipaa.org>.



BOY SCOUTS OF AMERICA.

Emergency contact No.:

Allergies:

DOB:

Last name:

Annual BSA Health and Medical Record

Part A

GENERAL INFORMATION

Name _____ Date of birth _____ Age _____ Male ☐ Female ☐
 Address _____ Grade completed (youth only) _____
 City _____ State _____ Zip _____ Phone No. _____
 Unit leader _____ Council name/No. _____ Unit No. _____
 Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____
 Health/accident insurance company _____ Policy No. _____

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD (SEE PART C). IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."
In case of emergency, notify:

Name _____ Relationship _____
 Address _____
 Home phone _____ Business phone _____ Cell phone _____
 Alternate contact _____ Alternate's phone _____

MEDICAL HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____
 Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by the BSA. Tetanus immunization must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., Hib) _____

☐ Exemption to immunizations claimed.

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

(For more information about immunizations, as well as the immunization exemption form, see Scouting.Safely.org.)

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
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NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are **NOT expired, including inhalers and EpiPens. You **SHOULD NOT STOP** taking any maintenance medication.**

Part B**PHYSICAL EXAMINATION**

Height _____ Weight _____ % body fat _____ Meets height/weight limits ☐ Yes ☐ No
 Blood pressure _____ Pulse _____

Individuals desiring to participate in any high-adventure activity or event in which emergency evacuation would take longer than 30 minutes by ground transportation will not be permitted to do so if they exceed the height/weight limits as documented in the table at the bottom of this page or if during a physical exam their health care provider determines that body fat percentage is outside the range of 10 to 31 percent for a woman or 2 to 25 percent for a man. Enforcing this limit is strongly encouraged for all other events, but it is not mandatory. (For healthy height/weight guidelines, visit www.ode.gov.)

	Normal	Abnormal	Explain Any Abnormalities	Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Eyes				Knees (both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs				Other	Yes	No	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal hernia			Explain
Emotional adjustment				Medical equipment (i.e., CPAP, oxygen)			
Tuberculosis (TB) skin test (if required by your state for BSA camp staff) <input type="checkbox"/> Negative <input type="checkbox"/> Positive							

Allergies (to what agent, type of reaction, treatment): _____

I certify that I have, today, reviewed the health history, examined this person, and approve this individual for participation in:

- ☐ Hiking and camping ☐ Competitive activities ☐ Backpacking ☐ Swimming/water activities ☐ Climbing/rappelling
☐ Sports ☐ Horseback riding ☐ Scuba diving ☐ Mountain biking ☐ Challenge ("ropes") course
☐ Cold-weather activity (<10°F) ☐ Wilderness/backcountry treks

Specify restrictions (if none, so state): _____

Certified and licensed health-care providers recognized by the BSA to perform this exam include physicians (MD, DO), nurse practitioners, and physician's assistants.

To Health Care Provider: Restricted approval includes:

- Uncontrolled heart disease, asthma, or hypertension.
- Uncontrolled psychiatric disorders.
- Poorly controlled diabetes.
- Orthopedic injuries not cleared by a physician.
- Newly diagnosed seizure events (within 6 months).
- For scuba, use of medications to control diabetes, asthma, or seizures.

Provider printed name _____

Signature _____

Address _____

City, state, zip _____

Office phone _____

Date _____

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-285	285

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

Part B

Last name: _____ DOB: _____

Part C

Informed Consent and Hold Harmless/Release Agreement

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities 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.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. 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 to the adult in charge 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, including 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.

☐ Without restrictions.

☐ With special considerations or restrictions (list) _____

I hereby assign and grant to 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 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 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.

☐ Yes ☐ No

Adults authorized to take youth to and from the event: (You must designate at least one adult. Please include a telephone number.)

1. _____
2. _____
3. _____

Adults NOT authorized to take youth to and from the event:

1. _____
2. _____
3. _____

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.

Participant's name _____

Participant's signature _____

Parent/guardian's signature _____

(If under the age of 18)

Date _____

Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.



BOY SCOUTS OF AMERICA
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P.O. Box 152079
Irving, Texas 75015-2079
<http://www.scouting.org>

SKU 34605



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Part C Last name: _____ DOB: _____

Rev. 8/2009

Last Name: _____	First Name: _____	<input type="checkbox"/> Staff	<input type="checkbox"/> Leader	<input type="checkbox"/> Camper
Campsite: _____		Pack _____	Troop _____	Crew # _____
Dates Attending: _____				

Part D**Connecticut Rivers Council Addendum to Annual BSA Health and Medical Records**

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.

- o 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 B.
- o In case of **accident, injury or illness** while at camp, I hereby give my permission to the doctor selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medication.
- o 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.
- o 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.
- o 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**: Betadine, Hydrogen Peroxide, Bacitracin, Antibiotic ointment **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 Jell, Aloe Spray **EMERGENCIES**: Oxygen. Generics may be substituted.

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

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

Name (print): _____

Relationship: _____

Comments: