



**Camp Workcoeman
Connecticut Rivers Council
Boy Scouts of America**

2012 Summer Camp Information Guide for Provisional Campers



www.campworkcoeman.org

Camp Workcoeman Provisional Camper Guide



Camp Workcoeman is located on 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 had unforgettable Scouting experiences at Camp Workcoeman. This fine tradition of Scouting continues today.



The Camp Workcoeman Staff is chosen by a Camp Director with 32 years experience. The staff is highly skilled and trained with all key staff trained by the Boy Scouts of America at their National Camping Schools.

The Summer Camp Program at Camp Workcoeman

contains valuable opportunities of skill, advancement and FUN and are available to every troop and Scout. Use this program guide to become informed of the camp procedures and policies and for all Scouts and parents.

Camp Workcoeman Provisional Camper Guide

Summary of Important Times and Information

2012 Camp Schedule:

Week 1- July 1-7

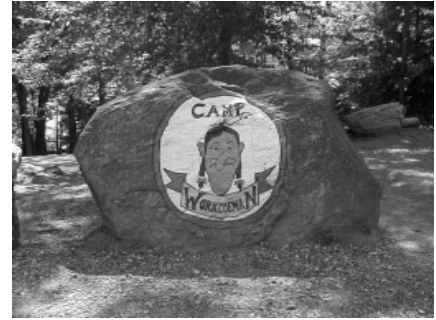
Week 2 - July 8-14

Week 3 - July 15-21

Week 4 - July 22-28

Week 5 - July 29-Aug. 4 (Trail to Eagle Week)

Week 6 - Aug.5-11 (& PADI Certification course)



Arrival Info - Sunday:

- **Scout Arrival Time - 2 P.M.**

Be sure to have the following upon arrival:

- Completed and signed Medical Form
- *Bar-B-Que & Troop Photo Form*

*Bar-B-Que - \$8.00 for adults and \$5.00 for children
Photo - \$10*

Departure Info - Saturday:

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

All blue MB Cards will be distributed at this time

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

Sunday Check-in Procedures

NOT BEFORE 2:00 P.M.

1. IMMEDIATELY UPON ARRIVAL check in at the Parade Ground Pavilion. You will be greeted and told what your campsite will be.

2. In your campsite your Scoutmaster will greet you and collect all bar-b-que and photo money. Your troop will check-in with the camp nurse at a designated time. Be sure that the medical form is signed and dated including any written orders required for medications. Be sure that all needed medications have been given to the Health Officer.

****A Health Screening Sheet must be completed for every Scout upon arrival. The form is included in this guide. You will receive buddy tag once the sheet is submitted.**

Sunday After Check-in

5:40 *Parade Ground for Camp-wide Retreat and Staff Introductions*

6:00 *Dinner*

AFTER DINNER....



7:30 Camp Orientation - A review of Aquatic and Shooting Sports procedures and General Camp Rules will be given at specific locations to be announced.
A Merit Badge Sign-Up Session will be held outside the Dining Hall for any late changes. Merit badge books will be on sale in the Trading Post.

8:30 Opening Campfire hosted by the Camp Staff

Camp Medical Form Information

Who Needs a Completed Medical Form?

**** All Scouts and adults MUST have a medical examination dated within the last 12 months prior to arrival at camp. The form must be signed AND DATED by a licensed physician.**

Be sure to use the Medical Form, Medication Authorization Form and Allergy Treatment Plan found in the Forms Section of this guide or on the camp website.

Check the following items BEFORE submitting all Medical Forms:



- **IMMUNIZATION SECTION**, with latest tetanus date.
 - **Be sure that all personal information, including emergency phone numbers and insurance information is current and accurate.** If parents will be away while the Scout is at camp, be sure a person who can make decisions for the child is listed. It is recommended to include a copy of both sides of your insurance card.
 - **ALL MEDICATIONS, INCLUDING OVER-THE-COUNTER, REQUIRE WRITTEN DOCTOR'S ORDERS**
Use the "Authorization for Medication" form for EACH medication required. This form is found in the Forms Section of this guide or download a form from www.campworkcoeman.org.
*This form **MUST** be signed by BOTH the medical practitioner AND a parent.*
 - **All medications must be in original pharmacy containers.** They must be given to the Health Officer during your assigned medical check-in time. This includes any non-prescription medications such as Claritin or vitamins. Be sure that Scouts bring only the quantity of medication required for the time they will be at camp. Inhalers and epipens used for emergency conditions may be carried by the camper with a pharmacy label, and appropriate orders after they are logged in by the camp Health Officer.
- ** No medications maybe kept by, or administered to Scouts by an adult leader unless the leader is the parent of the Scout. Otherwise, the Camp Health Officer is the only designated person to dispense medications.**
- A school physical form is acceptable BUT a BSA form with Parts A, C & D must be completed and accompany the school form.

Upon arrival, all Scouts must fill out a medical survey. The survey form is found in the "Camp Forms" section of this guide. These surveys are to be turned in to the Health Officers during your Sunday medical check-in. You will be given a time for your Sunday check-in with the Health Officers. Failure to follow this procedure will negatively effect the check-in schedule of all troops in camp.

All Medical Forms should be sent to camp at least 3 weeks prior to your week at camp. Please include a roster of those Scouts and Leaders attending camp when sending medical forms.

Our Health Officers will review them and contact you with any problems that are found. Please mail them at least 3 weeks prior to your week of camp to:

**Camp Workcoeman
169 Camp Workcoeman Rd.
New Hartford, CT 06057 Att: Camp Nurse**

Do not fax your forms to camp!

General Camp Information

Mail

Mail is received at camp and distributed daily. Outgoing mail is brought to the post office on a daily basis too. Stamps are available in the Trading Post. Incoming mail should be addressed as follows:

Camp Workcoeman
169 Camp Workcoeman Road
New Hartford, CT 06057
Scout's Name _____ Troop # _____
Campsite _____



Parking

Parking will be in designated areas only.

No vehicles may be taken into campsites, program areas or on camp roads.

Check-in/Check-out and Visitor Procedures

Anyone arriving or departing camp after Sunday check-in MUST sign in or out at the Camp Office. This includes all visitors and parents. Any Scouts leaving camp during the week for any reason must sign out in the camp office. Scouts cannot leave camp without a parent or guardian unless a special release form is completed and signed by a parent on Sunday arrival.

Wrist Bands

All campers, leaders, staff and visitors must wear a wrist band. Visitors must check-in at the camp office to obtain a wrist band.

Lanterns, Stoves and Fuels

No Scouts are permitted to bring stoves or lanterns that use liquid fuels.

No candles, lanterns or other flames are permitted in tents at any time!

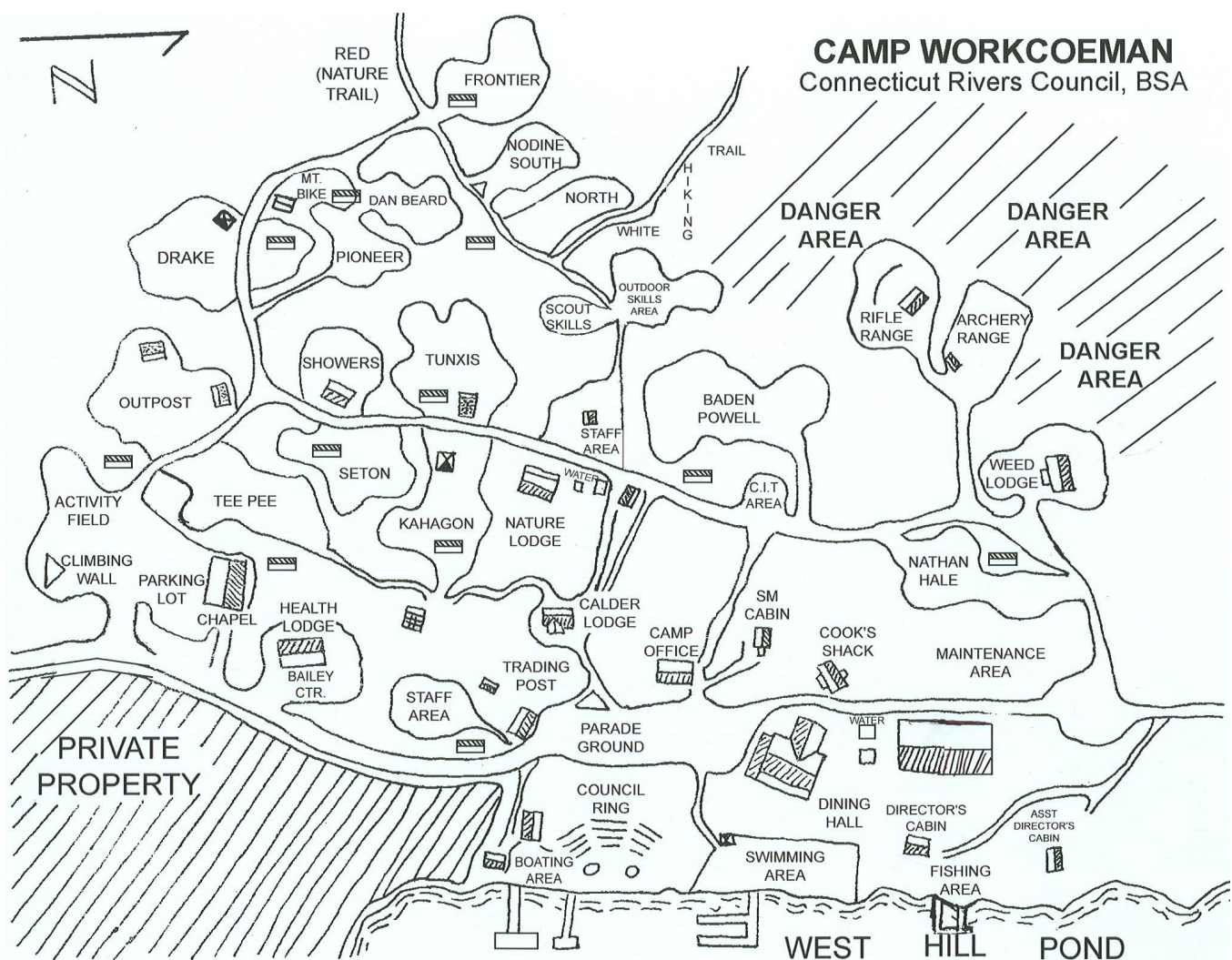
Disciplinary Policy

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,

Directions to Camp Workcoeman

Camp Workcoeman is located off West Hill Road in Winsted. From the south (Middletown, Waterbury, etc.) take Route 8 North to the Pinewoods Road Exit 46. Take a right at the end of the exit ramp past the Cornucopia Banquet Hall to the intersection of Route 183. Go left on Route 183 and take the next right onto West Hill Road. Follow the signs to Camp Workcoeman from there.

From the Hartford area, follow Route 44 to Winsted. Go left onto Route 183 and take a left onto West Hill Road. Follow the signs to Camp Workcoeman from there.



Saturday is Family Day at Camp Workcoeman

COURT OF HONOR and FAMILY BAR-B-QUE

A **Campwide Court of Honor & Awards Presentation** will be conducted in the council ring and begins at **11:00 AM**. Advancement and other awards, some goofy, as well as the CLASS "A" TROOP will be presented at this time.

Our Family Barbecue will follow in the Dining Hall for all Scouts, leaders, parents and visitors with reservations. **Serving time is approximately 12:00 noon**. Reservations are required for all visitors. Be sure to submit your "BAR-B-QUE RESERVATIONS FORM" found in the back of this manual. The cost for family and visitors is \$8 for adults and \$5 for children ten and under.

The Trading Post is open all morning for Scout badges like Mile Swim, Life Guard BSA and more and any other goodies that you've had your eyes on all week.



CHECK - OUT PROCEDURE

- Your scoutmaster will distribute merit badge cards after the Court of Honor.
- Please be sure to check out with your scoutmaster *with your parents*.
- Parents can pick up medications at the Health Lodge.

Remember, blue merit badge cards cannot be obtained before the Court of Honor

What to Bring to Camp

CLOTHING AND BEDDING

complete Scout uniform

comfortable hiking shoes
extra shorts or pants and shirts

daily change of underwear
daily change of socks
sleeping bag or 3 warm blankets
handkerchiefs

swim suit
rain suit
pajamas
sweater and/or jacket
sneakers
pillow
sheet or mattress cover

PERSONAL EQUIPMENT

tooth brush and paste
hand towels
beach towels
wash cloth
comb, brush, mirror
soap and shampoo

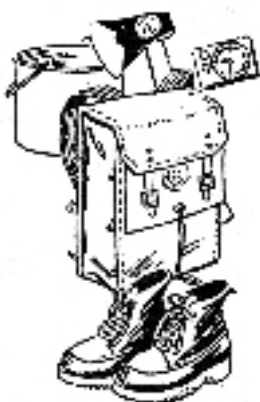
NOT TO FORGET!

flashlight with extra batteries
Scout Handbook
merit badge pamphlets
pen, pencil, pad, money

OPTIONAL

camera
insect repellent (non-aerosol)
mess kit & canteen
fishing tackle
sewing kit

PLEASE LEAVE HOME: sheath knives, SWAT knives, iPods, radios, comic books, walkmans, game boys, cd players, tvs, cell phones, laptops, and any clothing with Joe Camel, Jack Daniels, and similar inappropriate items.



LOST AND FOUND articles are kept at the trading post or at the waterfront. Inquiries should be made at these locations. Valuables and money should be kept locked. Camp Workcoeman is not responsible for lost property. Remember, **a Scout is Trustworthy.**

The Merit Badge Program

Your troop can sign up for merit badges by completing the **Pre-Camp Merit Badge Sign-up Form** found in the “Camp Forms” section of this guide or by using the **Merit Badge Sign-up spreadsheet** available on the Camp Workcoeman website. You may mail a copy to the camp, email your troop’s selections to the Program Director, or deliver the information at the pre-camp meeting. Please make sure your merit badge selections are sent to the camp at least *two weeks* prior to your arrival at camp.

GENERAL GUIDELINES

It is suggested that Scouts who have not attained the First Class rank utilize the “*Tenderfoot’s Compass Program*.” One part of this program will have younger Scouts take Swimming Merit Badge. Earning it opens the door to many challenging aquatic opportunities.

A limit of 3 merit badges is recommended for Scouts First Class and above, especially if difficult badges are being considered. If the advancement load of a Scout is too heavy, an otherwise fun week becomes one of disappointment.

PRE-CAMP PREPARATIONS

Some merit badges offered at camp may have prerequisites while others require double time sessions for completion at camp. The information in the following pages details the times at which merit badges are offered as well as information that should be considered when making merit badge selections.

The merit badge counselors have identified activities appropriate for Scouts with different experience levels and listed necessary prerequisite merit badge requirements that cannot be completed at camp. Scoutmasters and Scouts should review badge requirements ahead of time to make sure each Scout is signed up for ability appropriate merit badges and comes to camp with necessary materials.

We want Scouts to have an enjoyable time at camp and come away from the week with a feeling of accomplishment having earned merit badges towards which they have worked. The Workcoeman counselors encourage you to use your experience as a Scoutmaster to guide your unit towards a successful and fun week at camp!



Merit Badge Time Schedule

Merit badge instruction is held during morning periods and by special arrangement during Siesta and various other times.

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 meet at the Sturge Shields Camp Craft Area	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 for Tenderfoot's Compass Program only) 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 the Chapel	Leatherwork Woodcarving	Basketry Woodcarving	Leatherwork Metalwork	Art Indian Lore Space Exploration
Others		Climbing First Aid (Meets in the Dining Hall)	Climbing Scouting Heritage	Project COPE M-Th 1:30-3:30







All merit badge times are subject to change due to staff and equipment limitations. Any changes will be disclosed at the leader orientation meetings and will be posted on the website.


For up-to-date information, contact Program Director: Tom Leisten at tleisten@campworkcoeman.org





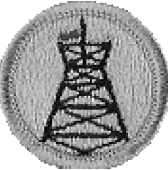



Merit Badge Info Guide








The following information suggests difficulty levels appropriate for a Scout's experience at camp. Prerequisites are requirements that **cannot** be met at camp. ***Please see the Camp Workcoeman website for up-to-date prerequisite information.*** (E) Indicates an Eagle required merit Badge.








Ecology and Conservation

<p>Environmental Science (E)</p> 	<p>Times: 9:15 – 10:00 – Scouts 14+ years 9:15 – 11:00 – Scouts less than 13 years Location: Henry Griffin Nature Center Prerequisites: None Recommended for 3rd year campers or older</p>
<p>Astronomy</p> 	<p>Times: 8:00 – 8:45 pm and other times for observations Location: Henry Griffin Nature Center Prerequisites: #6 Recommended for 2nd year campers or older</p>
<p>Bird Study</p> 	<p>Times: By appointment during Siesta Location: Henry Griffin Nature Center Prerequisites: None Recommended for 3rd year campers or older</p>
<p>Fish and Wildlife Management</p> 	<p>Times: 10:15 – 11:00 Location: Henry Griffin Nature Center Prerequisites: None Recommended for 2nd year campers or older</p>
<p>Fishing</p> 	<p>Times: 11:15-12:00 Location: Henry Griffin Nature Center Prerequisites: None Recommended for 2nd year campers or older</p>
<p>Forestry</p> 	<p>Times: 11:15 – 12:00 Location: Henry Griffin Nature Center Prerequisites: None Recommended for 2nd year campers or older</p>
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<p>Geology`</p> 	<p>Times: 10:15 – 11:00 Location: Henry Griffin Nature Center Prerequisites: None Recommended for 2nd year campers or older</p>
<p>Insect Study</p> 	<p>Times: By appointment during Siesta Location: Henry Griffin Nature Center Prerequisites: None Recommended for 3rd year campers or older</p>
<p>Mammal Study</p> 	<p>Times: By appointment during Siesta Location: Henry Griffin Nature Center Prerequisites: None Recommended for all Scouts</p>
<p>Nature</p> 	<p>Times: 11:15 – 12:00 Location: Henry Griffin Nature Center Prerequisites: None Recommended for all Scouts</p>
<p>Oceanography</p> 	<p>Times: 9:15 – 10:00 Location: Henry Griffin Nature Center Prerequisites: None Recommended for 3rd year campers or older</p>
<p>Plant Science</p> 	<p>Times: 10:15 – 11:00 Location: Henry Griffin Nature Center Prerequisites: None Recommended for 3rd year campers or older</p>
<p>Reptile & Amphibian Study</p> 	<p>Times: By appointment during Siesta Location: Henry Griffin Nature Center Prerequisites: #8 Recommended for 3rd year campers or older</p>
<p>Soil & Water Conservation</p> 	<p>Times: 9:15 – 10:00 Location: Henry Griffin Nature Center Prerequisites: None Recommended for 2nd year campers or older</p>

Weather` 	Times: 11:15 – 12:00 Location: Henry Griffin Nature Center Prerequisites: None Recommended for all Scouts
Scoutcraft	
Camping (E) 	Times: 9:15 – 10:00, 10:15 – 11:00, 11:15 – 12:00 Location: Sturge Shields Campcraft Area Prerequisites: #4b, #5e, #6b, #9a, #9b Recommended for 3rd year campers or older
Geocaching 	Times: 10:15 – 11:00 Location: Sturge Shields Campcraft Area Prerequisites: #7 Recommended to have completed Orienteering merit badge
Orienteering 	Times: 9:15 – 10:00 Location: Sturge Shields Campcraft Area Prerequisites: None Recommended for all Scouts
Pioneering 	Times: 9:15 – 10:00, 10:15 – 11:00 Location: Sturge Shields Campcraft Area Prerequisites: None Recommended for 2nd year campers or older
Wilderness Survival 	Times: 10:15 – 11:00, 11:15 – 12:00 Location: Sturge Shields Campcraft Area Prerequisites: #5 Recommended for 3rd year campers or older
Aquatics	
Lifesaving (E) 	Times: 9:15 – 11:00 Location: Waterfront Swimming Area Prerequisites: Successful completion of the BSA swimmer test Recommended for strong swimmers having already completed Swimming Merit Badge
Swimming (E) 	Times: 9:15 – 10:00, 11:15 – 12:00 (The 10:15 session is reserved for the Tenderfoot's Compss Program only) Location: Waterfront Swimming Area Prerequisites: None Recommended for all Scouts

<p>Canoeing</p> 	<p>Times: 9:15 – 10:00, 10:15 – 11:00 Location: Waterfront Boating Area Prerequisites: Successful completion of the BSA swimmer test Recommended for 3rd year campers or older</p>
<p>Rowing</p> 	<p>Times: 11:15 – 12:00 Location: Waterfront Boating Area Prerequisites: Successful completion of the BSA swimmer test Recommended for 2nd year campers or older</p>
<p>Small Boat Sailing</p> 	<p>Times: 10:15 – 12:00 Location: Waterfront Boating Area Prerequisites: Successful completion of the BSA swimmer test Recommended for 3rd year campers or older</p>
<h2>Shooting Sports</h2>	
<p>Archery</p> 	<p>Times: 9:15 – 10:00, 10:15 – 11:00, 11:15 – 12:00 Location: Archery Range Prerequisites: None Recommended for 2nd year campers or older</p>
<p>Rifle Shooting</p> 	<p>Times: 9:15 – 10:00, 10:15 – 11:00 Location: Shooting Range Prerequisites: None Recommended for 3rd year campers or older</p>
<p>Shotgun Shooting</p> 	<p>Times: 11:15 – 12:00 Location: Shooting Range Prerequisites: Must be age 13</p>
<h2>Handicraft</h2>	
<p>Basketry</p> 	<p>Times: 10:15 – 11:00 Location: Handicraft Chapel Prerequisites: None Additional material costs at the Trading Post (\$11-\$22 depending on the project kit) Recommended for all Scouts</p>

<p>Leatherwork</p> 	<p>Times: 9:15 – 10:00, 11:15 - 12:00 Location: Handicraft Chapel Prerequisites: None Additional material costs at the Trading Post (\$4-\$8 kit cost) Recommended for all Scouts</p>
<p>Woodcarving</p> 	<p>Times: 9:15 – 10:00, 10:15 – 11:00 Location: Handicraft Chapel Prerequisites: Totin' Chip Card Additional material costs at the Trading Post (about \$3 kit cost) Recommended for 2nd year campers and older</p>
<p>Art</p> 	<p>Times: By appointment during Siesta Location: Handicrafts Chapel Prerequisites: #4 Recommended for all Scouts</p>
<p>Indian Lore</p> 	<p>Times: By appointment during Siesta Location: Handicraft Chapel Prerequisites: None Recommended for 2nd year campers and older</p>
<p>Metalwork</p> 	<p>Times: 11:15 – 12:00 Location: Handicraft Chapel Prerequisites: None Additional material costs at the Trading Post (about \$15 kit cost) Recommended for 3rd year campers and older</p>
<p>Space Exploration</p> 	<p>Times: By appointment during Siesta Location: Handicraft Chapel Prerequisites: None Additional material costs at the Trading Post (about \$11 kit cost) Recommended for 2nd year campers and older</p>
Field Sports	
<p>Personal Fitness (E)</p> 	<p>Times: 9:15 – 10:00, 11:15 – 12:00 Location: Sports Field Prerequisites: #1, #8 Scouts must be prepared with proper footwear and clothing Recommended for 2nd year campers and older</p>

<p>Athletics</p> 	<p>Times: 9:15 – 10:00, 10:15 - 11:00 Location: Sports Field Prerequisites: #3, #5 Scouts must be prepared with proper footwear and clothing Recommended for all Scouts</p>
<p>Sports</p> 	<p>Times: 10:15 – 11:00, 11:15 – 12:00 Location: Sports Field Prerequisites: #4, #5 Scouts must be prepared with proper footwear and clothing Recommended for all Scouts</p>
<p>Others</p>	
<p>First Aid (E)</p> 	<p>Times: 10:15-11:00 Location: Dining Hall Prerequisites: #2d Recommended for 3rd year campers and older</p>
<p>Climbing</p> 	<p>Times: 10:15 – 11:00, 11:15-12:00 Location: Climbing Tower on Sports Field Prerequisites: None Scouts must be at least 13 years of age</p>
<p>Scouting Heritage</p> 	<p>Times: 11:15-12:00 Location: Parade Ground Pavilion Prerequisites: #4, #6 Recommended for 2nd year campers or older</p>
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The Tenderfoot's Compass Program

-Introducing young Scouts to what Scouting is all about-



Formerly known as the Scout Skills Program, the Tenderfoot's Compass program is designed for first year and all young Scouts new to the summer camp experience. By participating in the program, Scouts are introduced to camping at Workcoeman, have the opportunity to learn cooperatively using the patrol method, learn about the history of Scouting, and can even complete Swimming Merit Badge.

Program Highlights

- Patrol based activities at each program area
Show the Scouts what they have to look forward to in years ahead
- Cooperative patrol learning
Scouts develop and reinforce skills with their friends
- Scout skills instruction
learn how to be a true Boy Scout
- Swimming Merit Badge
Multiple counselors providing individualized instruction
- Rank requirements
Skill development so Scouts can work towards Tenderfoot, 2nd Class, and 1st Class ranks



Scouts spending their week in Tenderfoot's Compass will meet for all three periods of the morning merit badge sessions. The program is divided into three portions:

- 9:15-10:00 – Scouts learn about camp and essential skills necessary for rank advancement
- 10:15-11:00 – Participants meet at the waterfront for Swimming Merit Badge – this swimming class is only open to Scouts in the Tenderfoot's Compass program
- 11:15-12:00 – Scouts meet in the program area for skill instruction and patrol competition

The patrol method is an integral component of Scouting. During the week, Scouts will be learning and practicing skills within patrols composed of Scouts of their own and other troops. The teamwork and cooperative spirit will be an experience that Scouts can bring back to their own troops.



All Scouts participating in the Tenderfoot's Compass Program will receive a special patch!

Enroll your new Scouts into Tenderfoot's Compass. It will be an adventure that defines their Scouting experience for years! 🌲

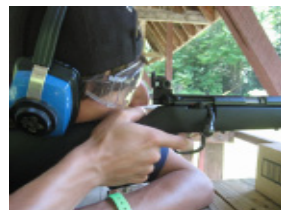
Program Area Highlights

Waterfront - The waterfront at Camp Workcoeman is the finest in the council! It has all the facilities for the best aquatic programs. The camp's fleet of boats and canoes includes many varieties of sail boats for beginners and experts. West Hill Pond is also a great place to try your hand at sailing and kayaking. The swimming opportunities are superb, offering a world of water fun and knowledge always under the utmost safety. Mile Swim, Snorkeling BSA, Kayaking BSA, and Life Guard BSA are among the special awards instructed by our trained aquatic staff.



Ecology/Conservation.... Camp Workcoeman is the location of the Henry Griffin Nature Lodge. It is the center of the outdoor laboratory for all of it's programs, an excellent demonstration area and example of wilderness management. Many displays and activities let Scouts experience the need for nature and conservation. Come see all of the live exhibits in the Nature Lodge.

Shooting and Field Sports.... This is the camp's center for fitness development. Activities are inter-troop, patrol and individually centered. Our basketball court is a real hit. Rifle and shotgun shooting are always popular activities. Muzzle loading rifle shooting is a great part of the Shawtown Wilderness Trek for older Scouts.



Scoutcraft.... The Sturge Shields Scoutcraft area offers patrols and troops a wide variety of programs, each of which seeks to encourage self-reliance, resourcefulness to develop skill sets, and foster an appreciation of the outdoors, while having fun. The Scoutcraft Staff offers some unique awards such as the Paul Bunyan Award and specialized training for troop leaders such as Trek Safely. Scoutcraft encompasses the Sturge B. Shields Campcraft Area and the Scout Skills Area, both of which are located at the start of the Red Trail. The Scout Skills Area gives boys the opportunity to learn the skills that are at the core of the Scouting program. The Campcraft area provides many demonstrations which show Scouts the techniques of camping, ranging from hiking to advanced survival.

Handicraft.... The Handicraft Area offers a choice of formal or informal programs for those Scouts who would like to try their hand at a specific craft. The Trading Post carries a large variety of craft supplies, in addition to the materials on hand in the Handicraft Lodge. You are always welcome to bring your own supplies and finished work to show others.



Climbing and Rappelling.... This 3 sided, 32' tall rock climbing wall for Scouts who want to test their strength and ability. "The Wall" is located at the Activities Field where Scouts are shown the proper use of technical climbing equipment, including climbing harnesses, ropes and belay devices.

Special Programs and Events

“The Spirit Stick”

The Spirit Stick is awarded every evening to the troop that shows the most spirit in camp. Winners of the Spirit Stick earn a right and a responsibility for the troop. The “right” is to be the first troop dismissed out of the dining hall after meals. The “responsibility” is that the troop must affix a small totem to the Spirit Stick which indicates they earned the stick for the day.

Shawtown Wilderness Trek

A challenging opportunity for older Scouts. It all happens in the back woods of Camp Workcoeman where Scouts will complete special tasks that test their skills in survival, pioneering and teamwork. The trek leads to the Shawtown Wilderness Area where all will spend the night learning about the Shawtown folklore. While there, Scouts will also try their hand at muzzle loading rifles. All Scouts who successfully complete the program will be awarded a special Wilderness Trek patch reserved only for them. Scouts depart Wednesday after lunch and return Thursday before Polar Bear swim.

Discover Scuba

Camp Workcoeman is entering new waters. Every Wednesday PADI certified instructors from Enfield Diving Company will come to camp and offer a full Discover Scuba course. The weekly course is open to Scouts and leaders age 13 and over and requires an extra fee of \$50 per-participant. Any one interested should sign up early as space is limited. Wednesday 2 pm.



Huck Finn Tube Ride

Your troop can arrange for a tubing trip down the Farmington River through Satan’s Kingdom, a great way to spend a hot summer afternoon! Reservations must be made in advance at your Tuesday planning meeting. Transportation to and from the river is up to the troop. An additional fee and a completed parental permission form is required for all youth participants. This form can be obtained by going to the following web site - www.farmingtonrivertubing.com. As this is considered an individual troop activity, a Tour Permit must be submitted. This can be done at the Camp Office.

Farmington River Kayak Trip

This trip on the Farmington River is a fun activity, especially for those working on Kayaking BSA. It’s a great way to use your kayaking skills. Scouts must be 13 years old and a blue tag swimmer. Scouts depart Thursday after lunch and return prior to dinner.

Buckskin Tomahawk Throw

Directly from Shawtown; this fun activity tests your ability to learn a special buckskin skill. This activity is offered by the Scoutcraft Staff during troop activity periods and during the 4 o’clock free period.

Weekly Contests

Camp Workcoeman Fishing Derby -

Each week a camp-wide fishing derby will be held. Scouts should have their fish measured at the waterfront. We encourage catch and release. The Scout that catches the biggest fish will be presented a prize.

Sailing Regatta Race -

This will take place on beautiful West Hill Pond during each week of the camp season. Each troop is eligible to enter one (2 man) team on a first come, first serve basis. A special award will be presented at the Saturday Court of Honor to the winning skipper and first mate.



Water Polo Tournament -

Held during the Wednesday Campwide Activities session, all troops are invited to assemble a team to compete in this action-packed competition.

Shooting Tournaments -

Each week archery and rifle shooting tournaments are scheduled for all the camp "Sharp Shooters." Various times are scheduled throughout the week.

Scavenger Hunt- You never know what you can find at Camp Workcoeman! The hunt runs all week and is coordinated by the Nature Lodge. A special ribbon is presented to the winner.



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 crackerbarrell 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.



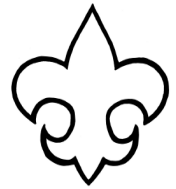


Veteran Camper Award

Camp Workcoeman, Connecticut Rivers Council, BSA

Each Scout Responsible For Securing Staff Signatures

COMPLETED SHEETS DUE AT CAMP OFFICE BY 2 PM, FRIDAY



Scout: _____ Troop: _____ Camp Site: _____

1st Week - Hiker

Have completed at least 10 requirements for TF, 2nd and/ or 1st Class Ranks **SM:** _____

Classify as a red tag swimmer **Aquatic Staff:** _____

Complete a camp service/conservation project (1 hour) **Project Director:** _____

Be an active member of your troop and patrol **SM:** _____

2nd Week - Camper

Complete at least 20 requirements for TF, 2nd and/or 1st Class Ranks **SM:** _____

Classify as a blue tag swimmer **Aquatic Staff:** _____

*Complete 3-hours in camp service/conservation projects **Project Director:** _____

Be an active member of troop and patrol **SM:** _____

3rd Week - Pioneer

Complete the 1st Class Rank (up to Board of Review) **SM:** _____

Earn Swimming and 1 other Aquatic merit badge **Aquatic Staff: _____

*Complete 5-hours in a camp service/conservation projects **Project Director:** _____

Hold a leadership position during camp **SM:** _____

4th Week - Frontiersman

Earn Cooking, Camping, and 3 other camp Merit Badges **SM:** _____

Earn Swimming and 2 other Aquatic Merit Badges **SM: _____

*Complete 8-hours in camp service/conservation projects **Project Director:** _____

Participate in at least one older boy activity in camp Program Director: _____

(Discover SCUBA, Shawtown, COPE, Kayak BSA)

5th Week- Indian Chief

Complete the Star Scout Rank **SM:** _____

Assist staff with instruction for 5 Merit Badge sessions **Program Director:** _____

Demonstrate satisfactory leadership during a troop or patrol camp project **SM:** _____

Participate in one in-camp training course **Staff Trainer:** _____

(Leave No Trace, Safe Swim/Safety Afloat, Trek Safety, Climb on Safely, BSA lifeguard)

*Service time is cumulative

**Alternate requirements for swimming related requirements for third and fourth week camper:

3rd week: Earn Sports MB and 1 other sports/shooting sports Merit Badge **SM:** _____

4th week: Earn Sports MB and 2 other sports/shooting sports Merit Badges **SM:** _____

Workcoeman Scout Reservation




Program Schedule



Boy Scouts of America

Troop # _____

Campsite _____

All Periods 45 min	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Set Times
9:15	Time Off For Staff	Merit Badge Instruction					Skill Mill	Reveille 7:15 Morning Colors 7:45 Breakfast 8:00 Lunch 12:30 Dinner 6:00
10:15	Staff Meeting 12:00	Merit Badge Instruction					Campwide Court of Honor 11:00 AM	Walters: 7:45, 12:15 and 5:45
11:15	Check-In: Health Check Swim Test	Merit Badge Instruction					Bar-B-Q 12:00 Noon	Health Corp, Campsite Clean-up 8:30
2:15						Camp- wide Game		Siesta 1:15 -2:00
3:15						Scoutmaster Shoot-Off		COPE Mon.-Thur. 1:30-3:30
7:00	Camp Orientation MB Sign-up			Campwide Activities Night	Scoutmaster Roundtable 4:15	Camp wide Campfire		4:00 Daily General Swim & Boating Open Rifle & Archery Shoot Tomahawk Throw (Mon-Fri.) Open Climbing Wall (Mon & Wed only)
8:00	Opening Campfire	Scoutmaster Roundtable						Flag Retreat 5:45 Taps 9:30

Camp Related Forms



- *Medical Form*
- *Camper Release Form*
- *Medical Screening Questionnaire*
- *Off-Camp Activity Permission Form*
- *Medication Order Form*

Must be completed for river Kayaking trip and COPE

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

Must be completed for river Kayaking trip and COPE

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

***Parent/Guardian Authorization for
Camper Release/Departure from Camp Facilities***

All campers that must leave the camp property, to return at a later time or day, must have this form completed in advance by a parent or guardian. This notice must be submitted to the camp office at time of initial check-in at the camp.

This notice must include the following: day, date, and time of personal event, indicating nature of activity; anticipated required departure and return to the camp facility; name, relationship, phone number, and address of individual authorized to pick up and transport camper. **Positive ID will be required for the individual authorized to pick up and transport camper.**

Please complete the below requested information for the camper, answer all questions and affix parent or guardian signature as authorization.

Camper Name _____ D.O.B. _____

Camp _____ Program _____ Unit# _____

is authorized to leave the scheduled camp to participate in the following personal activity event.

Activity/Event _____ Day _____ Date _____

Time of Departure _____ Tim of Return _____

The following individuals are authorized to pick up my camper. (please include your own name.)

1. Name _____ Relationship _____

Address _____ City/Town/State _____

2. Name _____ Relationship _____

Address _____ City/Town/State _____

3. Name _____ Relationship _____

Address _____ City/Town/State _____

Parent/Guardian Signature _____ Date _____

MEDICAL SCREENING QUESTIONNAIRE

This form must be completed by a ALL Scouts and leaders on the day of arrival at camp. It is to comply with BSA National Camping Standards. Please have the forms completed and bring them with you at your designated check-in time with the Camp Nurse.

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. <u>Any visit to a doctor or clinic since the last exam?</u>	_____	_____
2. <u>Any recent illness, injury, rash, or allergic reaction?</u>	_____	_____
3. <u>Any ongoing treatment or medication not handed into the nurse?</u>	_____	_____
4. <u>Any medication taken 30 days prior to camp, that you are not on now?</u>	_____	_____
5. <u>Do you feel fine and do they look fine at present?</u>	_____	_____

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.

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

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 ____/____/____

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/scoutsource/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
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension (high blood pressure)	
<input type="checkbox"/>	<input type="checkbox"/>	Heart disease (i.e., CHF, CAD, MI)	
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/TIA	
<input type="checkbox"/>	<input type="checkbox"/>	COPD	
<input type="checkbox"/>	<input type="checkbox"/>	Ear/sinus problems	
<input type="checkbox"/>	<input type="checkbox"/>	Muscular/skeletal condition	
<input type="checkbox"/>	<input type="checkbox"/>	Menstrual problems (women only)	
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric/psychological and emotional difficulties	
<input type="checkbox"/>	<input type="checkbox"/>	Learning disorders (i.e., ADHD, ADD)	
<input type="checkbox"/>	<input type="checkbox"/>	Bleeding disorders	
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells	
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	
<input type="checkbox"/>	<input type="checkbox"/>	Sickle cell disease	
<input type="checkbox"/>	<input type="checkbox"/>	Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	Sleep disorders (i.e., sleep apnea)	
<input type="checkbox"/>	<input type="checkbox"/>	GI problems (i.e., abdominal, digestive)	
<input type="checkbox"/>	<input type="checkbox"/>	Surgery	
<input type="checkbox"/>	<input type="checkbox"/>	Serious injury	
<input type="checkbox"/>	<input type="checkbox"/>	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 Safety on Scouting.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"/>
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"/>

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.odc.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				Contact			
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	208-246	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	241-295	295

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 16)

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
1325 West Walnut Hill Lane
P.O. Box 152079
Irving, Texas 75015-2079
<http://www.scouting.org>

SKU 34605



34605 2009 Printing

Part C

Last name: _____ DOB: _____

Rev. 9/2009

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: