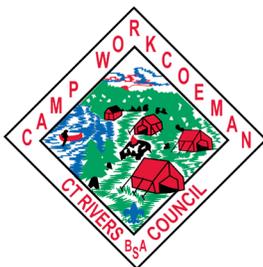


2012 Trail to Eagle Camper Guide

Camp Workcoeman



July 29- August 4, 2012



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 2012 Camp Workcoeman summer 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 2012 T2E camp experience.

The 2012 Camp Staff is developing a safe, challenging program of adventure and advancement for you. In the pages of this guide you will find that an integral part of the T2E experience is leadership development. The Trail to Eagle program has been significantly revised to address making potential Eagle Scouts responsible leaders.

New this year, we are requesting all Trail to Eagle participants to submit a ***Scoutmaster Endorsement***. This form is located in the Forms section of this guide.

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

Gary Aber
T2E Scoutmaster

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.

Leadership ability is an important aspect of being an Eagle Scout. Several sessions have been scheduled during the week to address leadership development.

Guidance on how to select, plan, and complete your Eagle Service Project will be featured during your week at camp along with understanding the new Eagle Scout application process.

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 87 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 the following forms by July 22:

- Your signed medical form. Be sure to use the 2012 form and complete ALL sections.
- Your Trail to Eagle Merit Badge Registration Form
- Scoutmaster Endorsement Form

Mail these forms to:

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

SUNDAY AFTERNOON CHECK-IN *NOTE SPECIAL 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.

Parents must stay until the Scouts have cleared the medical check-in.

2. Upon arrival you will check in at the pavilion located in the main parking lot. You will be given your campsite location and then proceed to medical check-in.

3. You will then proceed to your campsite where you will be greeted by your Trail to Eagle Scoutmaster. Here you will hand in forms and make payment for the Saturday BBQ (\$8.00 for adult, \$5.00 for kids under age 11)

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

WHAT TO BRING TO CAMP

CLOTHES:

Full Class A uniform
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
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
Misquito netting
Scout Handbook
Merit Badge Pamphlets

PACK ALL GEAR WITH 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 | Aerosol Cans | Weapons of any kind |
| Obscene Literature | Fireworks | |
| Alcohol, tobacco, & drugs | bicycles, & skateboards | Cell phones (no service at camp) |

When packing clothing, leave inappropriate shirts, and camouflage gear at home. Cell phones, 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.

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.

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- Eagle 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.

Lifesaving Merit Badge- Eagle 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.

Camping Merit Badge- Eagle Merit Badge.

Bring a list of 20 days and nights of camping signed by your Scoutmaster

Personal Fitness Merit Badge- Eagle 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. -

Daily Camp Schedule

| | |
|----------------------|---|
| 6:00 | POLAR BEAR SWIM (M-F) |
| 7:15 | REVEILLE |
| | CAMPSITE MERIT BADGE SESSION |
| 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 T2E SWIM |
| 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 SHOWERS |
| 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 29- August 4, 2012**

Arrival Info - Sunday, July 29, **10-11 AM:**

Be sure to have the following upon arrival:

- Completed and signed Medical Form
- Medication Order Forms (if necessary)
- Scoutmaster Endorsement Form (required)
- 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 4:

- **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*
- *Scoutmaster Endorsement Form*
- *Off Camp Activity Permission Form*
- *Bar-B-Que 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 |
| 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 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 Personal Management | Climbing Scouting Heritage Emergency Prep Cit. in Nation | Project COPE M-Th 1:30-3:30 |

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

BOLD: Eagle Required MB

Bar-B-Que Reservation Form

Name _____ Troop _____

Address _____ Phone _____

Please reserve the following:

Qty. _____ 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**

- Bar-b-que tickets will be available from the Scoutmaster on Saturday morning

Camp Workcoeman Off-Camp Activity Permission Form

Required for COPE Participation

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

Required for COPE Participation

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 _____

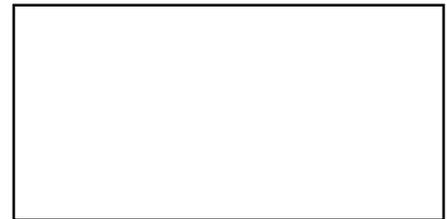
*This medication is an emergency medication and NOT a controlled substance, and the camper is authorized to carry and self-administer the above prescribed medication: Yes ___ No ___

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)

Policy on Use of the Annual Health and Medical Record

In order to provide better care for its members and to assist them in better understanding their own physical capabilities, the Boy Scouts of America recommends that everyone who participates in a Scouting event have an annual medical evaluation by a certified and licensed health-care provider—a physician (MD or DO), nurse practitioner, or physician assistant. Providing your medical information on this four-part form will help ensure you meet the minimum standards for participation in various activities. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

Parts A and B are to be completed at least annually by participants in all Scouting events. This health history, parental/guardian informed consent and hold harmless/release agreement, and talent release statement is to be completed by the participant and parents/guardians.

Part C is the physical exam that is required for participants in any event that exceeds 72 consecutive hours, for all high-adventure base participants, or when the nature of the activity is strenuous and demanding. Service projects or work weekends may fit this description. Part C is to be completed and signed by a certified and licensed health-care provider—physician (MD or DO), nurse practitioner, or physician assistant. It is important to note that the height/weight limits must be strictly adhered to when the event will take the unit more than 30 minutes away from an emergency vehicle-accessible roadway, or when the program requires it, such as backpacking trips, high-adventure activities, and conservation projects in remote areas. See the FAQs for when this does not apply.

Part D is required to be reviewed by all participants of a high-adventure program at one of the national high-adventure bases and shared with the examining health-care provider before completing Part C.

- **Philmont Scout Ranch.** Participants and guests for Philmont activities that are conducted with limited access to the backcountry, including most Philmont Training Center conferences and family programs, will not require completion of Part C. However, participants should review Part D to understand potential risks inherent at 8,700 feet in elevation in a dry Southwest environment. Please review specific registration information for the activity or event.
- **Northern Tier National High Adventure Base.**
- **Florida National High Adventure Sea Base.** The PADI medical form is also required if scuba diving at this base.

Risk Factors

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

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

For more information on medical risk factors, visit **Scouting Safety** 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.

Frequently Asked Questions (FAQs)

- **Philmont Scout Ranch:** www.philmontscout ranch.org or 576-376-2261
- **Northern Tier National High Adventure Base:** www.ntier.org or 218-385-4811
- **Florida National High Adventure Sea Base:** www.bsaseabase.org or 305-884-5812
- **National Scout Jamboree:** www.bsajamboree.org

For frequently asked questions about this Annual Health and Medical Record, see **Scouting Safety** 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

Annual BSA Health and Medical Record Part A

GENERAL INFORMATION

High-adventure base participants:

Expedition/crew No.: _____
or staff position: _____

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. 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 _____

HEALTH HISTORY

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

| Yes | No | Condition | Explain |
|-----|----|---|--|
| | | Asthma Last attack: _____ | |
| | | Diabetes Last HbA1c: _____ | |
| | | Hypertension (high blood pressure) | |
| | | Heart disease (e.g., CHF, CAD, MI) | |
| | | Stroke/TIA | |
| | | Lung/respiratory disease | |
| | | Ear/sinus problems | |
| | | Muscular/skeletal condition | |
| | | Menstrual problems (women only) | |
| | | Psychiatric/psychological and emotional difficulties | |
| | | Behavioral disorders (e.g., ADD, ADHD, Asperger syndrome, autism) | |
| | | Bleeding disorders | |
| | | Fainting spells | |
| | | Thyroid disease | |
| | | Kidney disease | |
| | | Sickle cell disease | |
| | | Seizures Last seizure: _____ | |
| | | Sleep disorders (e.g., sleep apnea) | Use CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | Abdominal/digestive problems | |
| | | Surgery | |
| | | Serious injury | |
| | | Other | |

Allergies or Reaction to:

Medication _____

Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by the BSA. **Tetanus immunization is required and 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 (form required).

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.

| | | |
|---|---|---|
| Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ | Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ | Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ |
| Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ | Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ | Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ |

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

Administration of the above medications is approved by (if required by your state): _____ / _____
Parent/guardian signature and/or MD/DO, NP, or PA signature

Be sure to bring medications in sufficient quantities and the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Emergency contact No.:

Allergies:

DOB:

Full name:

Part B

INFORMED CONSENT AND HOLD HARMLESS/RELEASE AGREEMENT

High-adventure base participants:

Expedition/crew No.: _____
or staff position: _____

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

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 protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. 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.

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.

Without restrictions.

With special considerations or restrictions (list) _____

TALENT RELEASE AGREEMENT

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 EVENTS:

You must designate at least one adult. Please include a telephone number.

1. Name _____ Telephone _____

2. Name _____ Telephone _____

3. Name _____ Telephone _____

Adults NOT authorized to take youth to and from events:

1. Name _____

2. Name _____

3. Name _____

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

If I am participating at Philmont, Philmont Training Center, Northern Tier, or Florida Sea Base: I have also read and understand the risk advisories explained in Part D, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider.

Participant's name _____

Participant's signature _____ Date _____

Parent/guardian's signature _____ Date _____

(if participant is under the age of 18)

Second parent/guardian signature _____ Date _____

(if required; for example, CA)

This Annual Health and Medical Record is valid for 12 calendar months.

Part B Full name: _____ **DOB:** _____

High-adventure base participants:

Expedition/crew No.: _____
 or staff position: _____

Part C

TO THE EXAMINING HEALTH-CARE PROVIDER (Certified and licensed physicians [MD, DO], nurse practitioners, and physician's assistants)

You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program at one of the national high-adventure bases, please refer to Part D for additional information.

(Part D was made available to me. Yes No)

PHYSICAL EXAMINATION

Height (inches) _____ Weight (pounds) _____ Maximum weight for height _____ Meets height/weight limits Yes No
 Blood pressure _____ Pulse _____ Percent body fat (optional) _____

If you exceed the maximum weight for height as explained on this page and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle-accessible roadway, you **will not** be allowed to participate. At the discretion of the medical advisors of the event and/or camp, participation of an individual exceeding the maximum weight for height may be allowed if the body fat percentage measured by the health-care provider is determined to be 20 percent or less for a female or 15 percent or less for a male. (Philmont requires a water-displacement test to be used for this determination.) Please call the event leader and/or camp if you have any questions. Enforcing the height/weight guidelines is strongly encouraged for all other events.

| | Normal | Abnormal | Explain Any Abnormalities | Range of Mobility | Normal | Abnormal | Explain Any Abnormalities |
|--|--------|----------|---------------------------|--|------------|-----------|---------------------------|
| Eyes | | | | Knees (both) | | | |
| Ears | | | | Ankles (both) | | | |
| Nose | | | | Spine | | | |
| Throat | | | | | | | |
| Lungs | | | | | | | |
| Neurological | | | | 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): _____

Restrictions (if none, so state) _____

EXAMINER'S CERTIFICATION

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions above)

True False

- Meets height/weight requirements
- Does not have uncontrolled heart disease, asthma, or hypertension
- Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from their orthopedic surgeon or treating physician
- Has no uncontrolled psychiatric disorders
- Has had no seizures in the last year
- Does not have poorly controlled diabetes
- If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures

Provider printed name _____

Address _____

City, state, zip _____

Office phone _____

Signature _____

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 |
| 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 | 241-295 | 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.

DO NOT WRITE IN THIS BOX

REVIEW FOR CAMP OR SPECIAL ACTIVITY
 Reviewed by _____ Date _____
 Further approval required Yes No Reason _____
 By _____ Date _____

Part C Full name: _____ **DOB:** _____

| | | | |
|--|--------------------------------|---------------------------------|---------------------------------|
| 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.

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

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

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

Name (print): _____

Relationship: _____

Comments:

