

2015 Trail to Eagle Camper Guide

Camp Workcoeman



August 9-14, 2015



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. For 90 years, thousands of Scouts and Scouters have passed through the camp gates for a memorable Scout camping experience on their way to attaining the Eagle rank. The 2015 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 2015 T2E camp experience.

The 2015 Camp Staff is developing a safe and 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.

As part of the program, 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 Scouts' needs. Prior merit badge preparation may be required. Scouts will receive credit for all successful work completed successfully.

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 90 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 12:

- Your signed **Medical Form**. Be sure to use the 2015 form and complete ALL sections.
- Your **Trail to Eagle Merit Badge Registration Form**-
Registration may also be done by emailing the PProgram Director
- **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 followed by medical check-in.

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. 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:
campworkcoeman.org**

www.campworkcoeman.org

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 (shade & 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 at 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
Swat & Sheath Knives
Obscene Literature
Alcohol, tobacco, & drugs
bicycles, & skateboards

CD players
Aerosol Cans
Fireworks

Computer Games
Weapons of any kind

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-12:00 PM, 1:30-5 PM, 7-9 PM daily.

COURT OF HONOR & SATURDAY BBQ: Plan to join your son for a family barbecue and the closing Court of Honor on Friday evening. 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 those requirements which cannot be completed at 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. Those requirements which cannot be completed at camp are listed below.

Citizenship in the Nation - 2, 8

Camping - 8c,d, 9

Citizenship in the World - 7

Communication- 5, 7

Emergency Preparedness - 1, 2c, 9 First Aid- 2d

may be earned concurrently

Personal Management - 2, 8

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

Cooking - See Check-off sheet in Appendix



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

First Aid- Meets for a double session.

Swimming-

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.

Lifesaving-

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-

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

Personal Fitness- 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.

Personal Management-Eagle Merit Badge

SPECIAL NOTE- Only requirements completed at camp will be signed off by the counselor. No written requirements completed prior to camp will be accepted.

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 some weeks 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 August 9-14, 2015

Arrival Info - Sunday, August 9, **10-11 AM:**

Be sure to address the following:

- Completed and signed Medical Form (sent to camp by July 12)
- Medication Order Forms (if necessary)
- Scoutmaster Endorsement Form (required-sent to camp by July 12)
- 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 - Friday, August 14:

- **Flag Retreat - 5:50 PM**
- **Family Bar-B-Que - 6:00 PM**
- **Campfire and Awards - 7:15 P.M.**

MB Cards will be distributed at this time

Please note - Merit Badge cards will not be available to anyone prior to the Friday evening 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

9:15			
Swimming Energy Sports Camping Canoeing	First Aid* Citizenship In the Nation Digital Technology Emergency Preparedness* Orienteering	Rifle Shooting Lifesaving* Oceanography Textile	
10:15			
Personal Fitness Pioneering Geology Environmental Science Communication	Rowing Small Boat Sailing* Citizenship In the Nation Rifle Shooting Archery	Climbing Art Personal Management Mining in Society	
11:15			
Cooking- 2 Sections Swimming Camping Fish & Wildlife Management Citizenship in the Nation	Athletics Signs, Signals & Codes Shotgun Shooting Kayaking Citizenship in the World	Metalwork Nature Leatherwork	
Siesta - 1:15	2:15	3:15	8:00
Fishing Mammal Study	Emergency Preparedness* Wood Carving Space Exploration Citizenship in the World COPE*	Communication Leatherwork	Astronomy
<i>Others available on request * Denotes Double Session Bold Type- Eagle Required</i>			

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

Camp Workcoeman Off-Camp Activity Permission Form

Required for COPE Participation, Geocaching

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, Geocaching

I _____, as Parent/Guardian of

Scout _____, give permission

to take part in the off-camp activity _____

sponsored by Camp Workcoeman (date)_____.

SIGNATURE

DATE

Personal Health and the Annual Health and Medical Record



Find the current Annual Health and Medical Record by using this QR code or by visiting <http://www.scouting.org/HealthandSafety/ahmr.aspx>.

The Scouting adventure, camping trips, high-adventure excursions, and having fun are important to everyone in Scouting—and so are your safety and well-being. Completing the Annual Health and Medical Record is the first step in making sure you have a great Scouting experience. **So what do you need?**

All Scouting Events. All participants in all Scouting activities complete Part A and Part B. Give the completed forms to your unit leader. This applies to all activities, day camps, local tours, and weekend camping trips less than 72 hours. Update at least annually.

Part A is an informed consent, release agreement, and authorization that needs to be signed by every participant (or a parent and/or legal guardian for all youth under 18).

Part B is general information and a health history.

Going to Camp? A pre-participation physical is needed for resident, tour, or trek camps or for a Scouting event of more than 72 hours, such as Wood Badge and NYLT. The exam needs to be completed by a certified and licensed physician (MD, DO), nurse practitioner, or physician assistant. If your camp has provided you with any supplemental risk information, or if your plans include attending one of the four national high-adventure bases, share the venue's risk advisory with your medical provider when you are having your physical exam.

Part C is your pre-participation physical certification.

Planning a High-Adventure Trip? Each of the four national high-adventure bases has provided a supplemental risk advisory that explains in greater detail some of the risks inherent in that program. All high-adventure participants **must** read and share this information with their medical providers during their pre-participation physicals. Additional information regarding high-adventure activities may be obtained directly from the venue or your local council.

Prescription Medication. Taking 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 the BSA does not mandate or necessarily encourage the leader to do so. Standards and policies regarding administration of medication may be in place at BSA camps. If state laws are more limiting than camp policies, they must be followed. The AHMR also allows for a parent or guardian to authorize the administration of nonprescription medication to a youth by a camp health officer or unit leader, including any noted exceptions.

Risk Factors. Scouting activities can be physically and mentally demanding. Listed below are some of the risk factors that have been known to become issues during outdoor adventures.

- Excessive body weight (obesity)
- Cardiac or cardiovascular disease
- Hypertension (high blood pressure)
- Diabetes mellitus
- Seizures
- Asthma
- Sleep apnea
- Allergies or anaphylaxis
- Musculoskeletal injuries
- Psychological and emotional difficulties



More in-depth information about risk factors can be found by using this QR code or by visiting http://www.scouting.org/HealthandSafety/risk_factors.aspx

Questions?

Q. Why does the BSA require all participants to have an Annual Health and Medical Record?

A. The AHMR serves many purposes. Completing a health history promotes health awareness, collects necessary data, and provides medical professionals critical information needed to treat a patient in the event of an illness or injury. It also provides emergency contact information.

Poor health and/or lack of awareness of risk factors have led to disabling injuries, illnesses, and even fatalities. Because we care about our participants' health and safety, the Boy Scouts of America has produced and required the use of standardized health and medical information since at least the 1930s.

The medical record is used to prepare for high-adventure activities and increased physical activity. In some cases, it is used to review participants' readiness for gatherings like the national Scout jamboree and other specialized activities.

Because many states regulate the camping industry, this Annual Health and Medical Record also serves as a tool that enables councils to operate day and resident camps and adhere to state and BSA requirements. The Boy Scouts of America Annual Health and Medical Record provides a standardized mechanism that can be used by members in all 50 states.



For answers to more questions, use this QR code or visit the FAQ page at www.scouting.org/HealthandSafety/Resources/MedicalFormFAQs.aspx.

Download a free QR reader for your smartphone at scan.mobi.



Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any: ☐ None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont, Philmont Training Center, Northern Tier, Florida Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Second parent/guardian signature for youth: _____ Date: _____

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

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

Name: _____

Name: _____

Telephone: _____

Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____

Name: _____

Telephone: _____

Telephone: _____



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Part B: General Information/Health History

Full name: _____
DOB: _____

High-adventure base participants:
 Expedition/crew No.: _____
 or staff position: _____

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

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Unit leader: _____ Mobile phone: _____

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

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



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.



In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date:
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma	Last attack date:
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Behavioral/neurological disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures	Last seizure date:
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Excessive fatigue	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date:
		List any other medical conditions not covered above	



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Emergency Contact No.:

Allergies:

DOB:

Full Name:

Part B: General Information/Health History

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

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

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

☐ CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN.

☐ IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.

Medication	Dose	Frequency	Reason

☐ YES ☐ NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by:

_____/_____
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)



Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.



Immunization

The following immunizations are recommended by the BSA. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
			Tetanus	
			Pertussis	
			Diphtheria	
			Measles/mumps/rubella	
			Polio	
			Chicken Pox	
			Hepatitis A	
			Hepatitis B	
			Meningitis	
			Influenza	
			Other (i.e., Hib)	
			Exemption to immunizations (form required)	

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX

Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: ☐ Yes ☐ No

Reason: _____

Approved by: _____

Date: _____



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Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____



You are being asked to certify that this individual has no contraindication for participation inside a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient.



Examiner: Please fill in the following information:

		Yes	No	Explain	
Medical restrictions to participate					

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

Height (inches): _____ Weight (lbs.): _____ BMI: _____ Blood Pressure: _____ / _____ Pulse: _____

	Normal	Abnormal	Explain Abnormalities
Eyes			
Ears/nose/throat			
Lungs			
Heart			
Abdomen			
Genitalia/hernia			
Musculoskeletal			
Neurological			
Other			

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):

True	False	Explain
		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 his or her 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.
		For high-adventure participants, I have reviewed with them the important supplemental risk advisory provided.

Examiner's Signature: _____ Date: _____

Provider printed name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Office phone: _____

Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295



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Part D: Connecticut Rivers Council Addendum

Full Name: _____ Dates Attending: _____

Campsite: _____ Unit: _____

☐ Scout ☐ Scouter ☐ Staff

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

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

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

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

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

Name (print): _____ Relationship: _____

Comments:

Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel

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

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

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

Address of Child/Student _____ Town _____

Medication Name/Generic Name of Drug _____ Controlled Drug? ☐ YES ☐ NO

Condition for which drug is being administered: _____

Specific Instructions for Medication Administration _____

Dosage _____ Method/Route _____

Time of Administration _____ If PRN, frequency _____

Medication shall be administered: Start Date: ____/____/____ End Date: ____/____/____

Relevant Side Effects of Medication _____ ☐ None Expected

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

Plan of Management for Side Effects _____

Prescriber's Name/Title _____ Phone Number (____) _____

Prescriber's Address _____ Town _____

Prescriber's Signature _____ Date ____/____/____

School Nurse Signature (if applicable) _____

Parent/Guardian Authorization:

☐ I request that medication be administered to my child/student as described and directed above

☐ I hereby request that the above ordered medication be administered by school, child care and youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse, child care nurse or camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the school with no more than a three (3) month supply of medication (school only.)

☐ I have administered at least one dose of the medication with the exception of emergency medications to my child/student without adverse effects. (For child care only)

Parent/Guardian Signature _____ Relationship _____ Date ____/____/____

Parent /Guardian's Address _____ Town _____ State _____

Home Phone # (____) _____ - _____ Work Phone # (____) _____ - _____ Cell Phone # (____) _____ - _____

SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse (if applicable) in accordance with board policy. In a school, inhalers for asthma and cartridge injectors for medically-diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.

Prescriber's authorization for self-administration: ☐ YES ☐ NO _____
Signature Date

Parent/Guardian authorization for self-administration: ☐ YES ☐ NO _____
Signature Date

School nurse, if applicable, approval for self-administration: ☐ YES ☐ NO _____
Signature Date

Today's Date _____ Printed Name of Individual Receiving Written Authorization and Medication _____

Title/Position _____ Signature (in ink or electronic) _____

Note: This form is in compliance with Section 10-212a, Section 19a-79-9a, 19a-87b-17 and 19-13-B27a(v.)

Medication Administration Record (MAR)

Name of Child/Student _____ Date of Birth ____/____/____

Pharmacy Name _____ Prescription Number _____

Medication Order _____

Date	Time	Dosage	Remarks	Was This Medication Self Administered?	Signature of Person Observing or Administering Medication
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
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				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

*Medication authorization form must be used as either a two-sided document or attached first and second page.

☐ Authorization form is complete

☐ Medication is appropriately labeled

☐ Medication is in original container

☐ Date on label is current

Person Accepting Medication (print name) _____ 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.

Candidate Name:						Age:		Rank:	
Member ID #:				Email:					
Troop #:		Town, State:				Last Bd of Rvw Date:			
Current Leadership Position:				Previous Leadership:					
Scout owns a full Class "A" Uniform: Y N				Annual Attendance at Troop Mtgs:				%	
Annual Attendance at Campouts:				%		Last Date Attended Summer Camp:			
Number of MBs:		Special Awards / OA:							
Most recent 3 opportunities to show leadership and the outcome:									
Scout Spirit: 1 2 3 4 5					Last Troop Planning Session Attended:				
Your Suggestions at Last Scoutmaster's Conference for Growth:									
Progress on Above:									
Community Service Activities Attended:									
Other Comments:									
Do You Have Any Reservations Endorsing This Candidate:									
Scoutmaster Name (print):						Best Contact #:			
Scoutmaster Member ID #:				Email:					
Scoutmaster Signature:						Date:			

Scout's Name: _____ Troop: ____ Camping session: 9:15 or 11:15 Week: ____



Camping Merit Badge



Please initial the requirements that your scout has completed

- _____ Make a written plan for an overnight trek and show how to get to your camping spot using a topographical map and compass or a topographical map and a GPS receiver.
- _____ Present yourself to your Scoutmaster with your pack for inspection. Be correctly clothed and equipped for an overnight campout.
- _____ Prepare a camp menu. Explain how the menu would differ from a menu for a backpacking or float trip. Give recipes and make a food list for your patrol. Plan two breakfasts, three lunches, and two suppers. Discuss how to protect your food against bad weather, animals, and contamination.
- _____ Using the menu described above, cook at least one breakfast, one lunch, and one dinner for your patrol. At least one of these meals must be a trail meal requiring the use of a lightweight stove.
- _____ Camp a total of at least 20 days and 20 nights. Sleep each night under the sky or in a tent you have pitched. The 20 days and 20 nights must be at a designated Scouting activity or event. You may use a week of long-term camp toward this requirement. If the camp provides a tent that has already been pitched, you need not pitch your own tent.
- _____ On any of the above camping experiences, you must do two of the following, only with proper preparation and under qualified supervision:
 - _____ Hike up a mountain, gaining at least 1,000 vertical feet.
 - _____ Backpack, snowshoe, or cross-country ski for at least 4 miles.
 - _____ Take a bike trip of at least 15 miles or at least four hours.
 - _____ Take a nonmotorized trip on the water of at least four hours or 5 miles.
 - _____ Plan and carry out an overnight snow camping experience.
 - _____ Rappel down a rappel route of 30 feet or more.

Signature: _____

Date: _____

Name (Please Print): _____

Position: _____

Scout's Name: _____

Troop: _____

Week: _____

2015



Cooking Merit Badge



Please initial the requirements that your scout has completed

- _____ Using the MyPlate food guide, plan a menu for three full days of meals (three breakfasts, three lunches, and three dinners) plus one dessert. Your menu should include enough to feed yourself and at least one adult, keeping in mind any special needs (such as food allergies) of those to be served. List the equipment and utensils needed to prepare and serve these meals. Then do the following:
- _____ Create a shopping list for your meals showing the amount of food needed to prepare and serve each meal, and the cost for each meal.
 - _____ Prepare and serve yourself and at least one adult, one breakfast, one lunch, one dinner, and one dessert from the meals you planned using at least five of the following methods: baking, boiling, pan frying, simmering, steaming, microwaving, and grilling.
 - _____ Time your cooking to have each meal ready to serve at the proper time.
 - _____ After each meal, ask a person you served to evaluate the meal on presentation and taste, then evaluate your own meal.
- _____ Using the MyPlate food guide, plan a menu for trail hiking or backpacking that includes one breakfast, one lunch, one dinner, and one snack. These meals must not require refrigeration and are to be consumed by three to five people (including you). List the equipment and utensils needed to prepare and serve these meals. Then do the following:
- _____ Create a shopping list for your meals, showing the amount of food needed to prepare and serve each meal, and the cost for each meal.
 - _____ While on a trail hike or backpacking trip, prepare and serve two meals and a snack from the menu you planned. At least one of those meals must be cooked over an approved trail stove.
 - _____ For each meal prepared, use safe food handling practices. Explain how you kept foods safe and free from cross-contamination. Clean up equipment, utensils, and the site thoroughly after each meal. Properly dispose of dishwater, and pack out all garbage.
 - _____ After each meal, have those you served evaluate the meal on presentation and taste, then evaluate your own meal. Tell how better planning and preparation help ensure successful trail hiking or backpacking meals.

The meals prepared for Cooking merit badge can only count towards fulfilling those requirements and will not count toward rank advancement. Meals prepared for rank advancement cannot be used to complete Cooking merit badge. Please refer to the Cooking Merit Badge book for more information.

Signature: _____

Date: _____

Name (Please Print): _____

Position: _____

Scout's Name: _____

Troop: ____

Week: ____

2015



Emergency Preparedness Merit Badge

Please initial the requirements that your scout has completed



____ Earn the First Aid merit badge.

____ Prepare a written plan for mobilizing your troop when needed to do emergency service. If there is already a plan, explain it. Tell your part in making it work.

____ Take part in at least one troop mobilization. Before the exercise, describe your part to your counselor. Afterward, conduct an "after-action" lesson, discussing what you learned during the exercise that required changes or adjustments to the plan.

Signature: _____

Date: _____

Name (Please Print): _____

Position: _____

Emergency Preparedness Merit Badge Prerequisites

In addition to the requirements listed above, scouts should complete the following and bring the materials to camp

- ✿ Identify the government or community agencies that normally handle and prepare for the following emergency services:
 1. Crowd and traffic control
 2. Messenger service and communication
 3. Collection and distribution services
 4. Group feeding, shelter, and sanitation
- ✿ Find out who is your community's emergency management director and learn what this person does to prepare, respond to, recover from, and mitigate and prevent emergency situations in your community.

Scout's Name: _____ Troop: ____ Session: _____ Week: ____



Athletics Merit Badge

Please initial the requirements that your scout has completed



_____ Complete the activities in FOUR of the following groups and show improvement over a three-month period.

1. Sprinting: 100-meter dash, 200-meter dash
2. Long-Distance Running: 3k run, 5k run
3. Long Jump OR High Jump: Running (or standing) long jump or high jump
4. Swimming: 100-meter swim, 200-meter swim
5. Pull-ups AND Push-ups: Pull-ups in two minutes, Push-ups in two minutes
6. Baseball Throw: For accuracy (10 throws), For distance (5 throws)
7. Basketball Shooting: 10 Free-throw shots, Skill and agility (see merit badge pamphlet)
8. Football OR Soccer kick: Goals from the 10-yard line, distance
9. Weight Training: Chest/bench press, Leg curls (two sets of 15 repetitions each)

_____ Select an athletic activity to participate in for one season. Establish a personal training program suited to the activity chosen. Organize a chart for this activity and monitor your progress during this time.

Signature: _____

Date: _____

Name (Please Print): _____

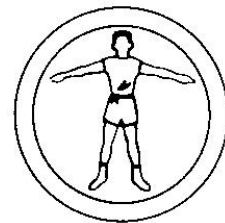
Position: _____

Scout's Name: _____ Troop: ____ Session: 9:15 or 11:15 Week: ____



Personal Fitness Merit Badge

Please initial the requirements that your scout has completed



- _____ Have your health-care practitioner give you a physical examination, using the Scout medical examination form.
- _____ Have a dental examination. Get a statement saying that your teeth have been checked and cared for.
- _____ Complete the aerobic fitness, flexibility, and muscular strength tests, along with the body composition evaluation as described in the *Personal Fitness* merit badge pamphlet. Record your results and identify those areas where you feel you need to improve.
- _____ Outline a comprehensive 12-week physical fitness program using the results of your fitness tests. Be sure your program incorporates the endurance, intensity, and warm-up guidelines discussed in the *Personal Fitness* merit badge pamphlet. Before beginning your exercises, have the program approved by your counselor and parents.
- _____ Complete the physical fitness program you outlined in requirement 7. Keep a log of your fitness program activity (how long you exercised; how far you ran, swam, or biked; how many exercise repetitions you completed; your exercise heart rate; etc.). Repeat the aerobic fitness, muscular strength, and flexibility tests every two weeks and record your results. After the 12th week, repeat all of the required activities in each of the three test categories, record your results, and show improvement in each one. For the body composition evaluation, compare and analyze your preprogram and post-program body composition measurements.

Signature: _____

Date: _____

Name (Please Print): _____

Position: _____

Scout's Name: _____ Troop: ____ Session: _____ Week: ____



Sports Merit Badge

Please initial the requirements that your scout has completed



_____ Take part for one season (or four months) as a competitive individual or as a member of an organized team in TWO of the following sports: baseball, basketball, bowling, cross-country, field hockey, football, ice hockey, lacrosse, soccer, softball, table tennis, tennis, volleyball, water polo, or sport otherwise approved in advance by the Camp Workcoeman Program Director.

Sport: _____ Participation dates: _____

Sport: _____ Participation dates: _____

_____ Establish a personal training program suited to the sports chosen. Organize a chart to track training, practice, and development in each sport for one season (or four months).

Signature: _____

Date: _____

Name (Please Print): _____

Position: _____