



CAMP **WORKCOEMAN**

A CONNECTICUT RIVERS COUNCIL SCOUT CAMP



CUB SCOUT |
SUMMER CAMP | **2018**
PROGRAM GUIDE



WELCOME TO CAMP WORKCOEMAN

Dear Cub Scout Leaders and Parents,

Welcome to the 2018 Summer Camp Season at Camp Workcoeman!

Thank you for choosing us as the place for your Scouts' summer camp experience! Camp Workcoeman is located on the shores of beautiful West Hill Pond in New Hartford, Connecticut. and it is here where your Scouts will meet new friends, learn outdoor skills, and make memories to last a lifetime.

The Camp Workcoeman staff has been working diligently throughout the year to plan a fun and safe program for all Scouts. The theme for this year is Hawaiian Paradise. Please see page 11 of this guide for more theme related information.

Like anything, preparation is essential for your Scouts to have a successful experience. To help with this, please read through this guide carefully as it contains valuable information about each of our programs as well as safety procedures and medical form guidelines. Also, see the schedule of Parent and Leader Meetings (Page 5) leading up to your Scouts' experience.

Once again, welcome to a summer of camping and fun at Camp Workcoeman. The entire camp staff is looking forward to meeting your Scouts and providing them with a rewarding summer experience. Please feel free to contact us with any questions that arise during your planing and preparation.

Yours in Scouting,

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CAMP WORKCOEMAN

CAMP WORKCOEMAN is located on beautiful West Hill Pond in New Hartford, Connecticut. Established in 1924, it is one of the oldest continuously operated Scout camps in the country. For 94 years, thousands of Scouts and Scouters have had unforgettable Scouting experiences at Camp Workcoeman. This fine tradition of Scouting continues today.

THE CAMP WORKCOEMAN STAFF is chosen by a Camp Director with 38 years experience. The staff is highly skilled and trained with all key staff trained by the Boy Scouts of America at their National Camping Schools. Camp Workcoeman's veteran staff has a positive impact on a quality program.



THE CUB SCOUT PROGRAM AT CAMP WORKCOEMAN

Fishing, hiking, astronomy, Scout skills, boating, campfires, cooking, and a wilderness trek are just a few of the programs that your Scout can participate in! Each year the program is centered around a theme. The program activities are designed to follow that theme, this summer transforming the camp into a Hawaiian Paradise. Scouts will also have time to work on advancement and make fast friends from all over Connecticut!

2018 CUB SCOUT CAMPING SCHEDULE

WEBELOS RESIDENT CAMP

July 1-6, 2018

August 5-10, 2018

CUB SCOUT MINI WEEK

July 1-4, 2018

August 5-8, 2018

CUB SCOUT FAMILY WEEKEND

July 7-8, 2018

CUB SCOUT RESIDENT CAMP

August 5-10, 2018

CUB SCOUT DAY CAMP

August 13-17, 2018



PRE-CAMP INFORMATION

PRE-CAMP MEETING

Leaders and parents of Scouts attending Camp Workcoeman are required to attend a pre-camp meeting prior to your camp session. The pre-camp meeting will provide an opportunity for camp staff to review campsite assignments, program schedules, and medical form requirements. The pre-camp meeting also provides an opportunity for leaders and parents to have any questions answered prior to your arrival at camp. Scouts are encouraged to attend and camp tours will be available following the meeting.

Please bring all completed medical forms to your pre-camp meeting. A member of the health services staff will be available to review all medical forms. Health officers will contact individual Scout parents with any additional or missing information that is needed so that information can be prepared and brought with you to camp.

2018 PRE-CAMP MEETING SCHEDULE

Sunday, June 10th, 2:00 p.m.	Full Week Resident Camp July 1-July 6 Cub Scout Mini-Week July 1-July 4
Tuesday, July 17th, 7:00 PM or Tuesday July 24th, 7:00 PM	Full Week Resident Camp August 5-10 Mini Week Resident Camp August 5-8
Monday, July 23rd, 7:00 PM or Monday, July 30th, 7:00 PM	Cub Scout Day Camp - August 13-17





MEDICAL FORM INFORMATION

WHO NEEDS A COMPLETED MEDICAL FORM?

All Scouts and Leaders staying more than 24 hours need parts A, B, C, and D of the BSA Annual Health & Medical Record form with a physical dated within the last 12 months completed and submitted along with any applicable Medication Administration and Food Allergy Treatment Plan forms. **All Scouts and Leaders attending Cub Scout Day Camp** must have a physical dated within the last three years.

**PLEASE ONLY USE THE MEDICAL FORMS FOUND IN THIS GUIDE OR ON:
CAMPWORKCOEMAN.ORG**

This site contains the appropriate forms that need to be completed. We can no longer accept forms that were published before the 2014 printing (located on lower right hand corner of form).

CHECK THE FOLLOWING ITEMS BEFORE SUBMITTING ALL MEDICAL FORMS:

Part A & B (both pages) completed with:

NOTE: Parts A & B must be completed even if submitting a State (School) Physical form.

- Emergency contact information
- Copy of insurance card
- Allergies
- Immunization history with dates or copy of immunization history from MD (Writing up-to-date is not acceptable.)
- Tetanus must be within 10 years (Scouts and Scouters)
- Medical History
- Part A SIGNED and DATED by parent or guardian
- MEDICATIONS: Connecticut has specific requirements for the administration of medications at camps. Part D includes a

list of medications that can be administered at camp without a physician's order. All other medications, both Prescribed and Over The Counter, require a MEDICATION ADMINISTRATION AUTHORIZATION FORM to be completed and signed by the physician and parent. A separate form is required for each medication.

Part C – Physical Examination:

- SIGNED and DATED by MD within 1 year of first day of camp
- Copy of school physical is acceptable if it is SIGNED and DATED within 1 year of first day of camp and parts A & B are completed.

Part D Connecticut Rivers Addendum required for all Scouts and Scouters:

- SIGNED and DATED by parent, guardian, or self

Medication Administration Form:

- Medication forms must be completed for all prescription and daily administered non-prescription medications (e.g. over the counter allergy medications) with name of medication, strength, and frequency.
- Medication forms need to be signed by **BOTH** MD and parent or guardian **OR** Standard School Authorization for Administration of Medication - signed by **BOTH** MD and parent or guardian.
- It is not necessary to bring or have medication forms for Over the Counter medications that are taken on an as needed basis such as Tylenol, Motrin, and Benadryl. These are on hand in the health lodge. See Part D for a list of available Over the Counter medications.
- All Scouts with medications in camp, and their parents, must see the Camp Nurse at check-in, including those with orders to self-carry (e.g. Inhalers, epipens). All self-carry meds must be seen by the nurse at check in!
- **All medications will be administered at the Health Lodge before meals. It will be the Scouters' responsibility to get the Scouts there.**
- Please only bring enough of each medication for the week plus **ONE** extra pill. Example - A once daily medication will require only seven (7) doses.

Food Allergy Treatment Plan:

- Completed as necessary



MEDICAL FORM INFORMATION

MAKE COPIES OF ALL MEDICAL FORMS PRIOR TO SUBMISSION!

All Medical Forms **MUST** be submitted prior to your scheduled week at camp.

- Bring all completed medical forms to the pre-camp meetings. A member of the health services staff will be available to review all medical forms. Health officers will contact individual Scout parents with any additional or missing information that is needed so that information can be prepared and brought with you to camp
- Any forms not turned in at pre-camp meetings and/or any additional items needed should be mailed to...

MAIL ALL FORMS TO:

Camp Workcoeman
169 Camp Workcoeman Road
New Hartford, CT 06057
Attn: Camp Nurse

Do not fax or email forms to camp!

Email all medical related questions to: nurse@campworkcoeman.org or call 860-379-1756





PLAGUE

What is “Plague?”

Plague is a word that the camp staff uses to describe homesickness. Nothing perpetuates homesickness more than hearing the word home. Camp staff refers to this phenomenon as plague because it can come on quickly and spread rapidly through a pack if not dealt with. Take advantage of the following tips from seasoned staff members on avoiding/dealing with homesickness.

Step 1: Educate and communicate with parents! Most parents want to know that their children are being cared for while not in their supervision. They also want to know that their scouts are having fun. Remind parents of other times they have left their child with someone new (grandparent) and reassure them that most children may experience some displacement at first, but often recover by dinner time the first day. If you have a reluctant parent/child combination, assure the parent that you can call during the week with an update about how the Scout is doing. We do not recommend letting Scouts call home.

Step 2: Prepare Scouts! Let Scouts know what to bring and where they will be staying. This can make a big difference for hesitant Scouts who do not know what to expect.

Step 3: Pack proper equipment. Often times, Scouts show signs of “plague” due to wet socks, damp clothing, or being cold. Be sure that scouts do not bring cell phones. No one likes a surprise visit from a parent because a Scout called home and nobody knew.

Step 4: At camp, encourage proper hygiene, adequate sleep, and healthy eating habits. These are all pitfalls that can lead to low morale and Scouts asking to go home. Often, a Scout remembers home as a place that is comfortable and more desirable when they are wet, cold, tired, or frustrated.

Step 5: Call on the staff. The camp staff is trained on how to approach and talk to a Scout who is showing signs of homesickness. Sometimes, all it takes is a different adult or staff member to tell a Scout it is bedtime for the sniffles to subside.

And lastly, Camp Workcoeman offers year round camping; take advantage of this by having your pack/den spend a weekend at camp during the fall, winter, or spring seasons. Cabins can be rented or you can rent a campsite and bring your own tents. The more exposure your Scouts have camping and to the outdoors, the less likely homesickness will set in.



GENERAL CAMP INFORMATION

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

Camp Workcoeman
169 Camp Workcoeman Rd
New Hartford, CT 06057
Scout's Name _____ Pack # _____
Campsite _____

TELEPHONE It is highly recommended that Scouts do not bring cell phones to camp. The cell service is limited, and charging is not available. Any important incoming messages can be made to the Camp Director's phone.

Camp Office: 860-379-2207 **Fax:** 860-379-1311 **Camp Health Lodge:** 860-379-1756

PARKING/AUTOMOBILE USE No vehicles may be taken into campsites, program areas, or on camp roads. Please see the Camp Director or Ranger if you have any need for the use of a vehicle to your campsite. Parking will be in designated areas only. **No passengers are ever to ride in the back of trucks.**

WRIST BANDS All Scouts, Leaders, staff, and visitors must wear a wrist band. Visitors must check-in at the camp office to obtain a wrist band.

CHECK-IN/CHECK-OUT AND VISITOR PROCEDURES Anyone arriving or departing camp after Sunday check-in **MUST** sign in or out at the Camp Office. This includes any temporary Leaders and ALL VISITORS. Visitor meal costs are: Breakfast \$4.00, Lunch \$5.00, Dinner \$6.00. Visitor meals can be paid for at the Camp Office before meals.

Any Scout leaving camp during the week for any reason with someone other than his parent or guardian must complete a special permission form. See the "Camp Forms" section of this guide for a sample of this form. This form must be completed and submitted at the time of arrival.

PACK/DEN PHOTOS will be taken each week. A photo order form can be found in the "Camp Forms" section of this guide. Orders and money for photos are due in the Camp Office by Monday at noon. Photos will be delivered to camp and distributed prior to departure. The cost of an 8x10 photo is \$10. Please be sure that all checks are made out to: Connecticut Rivers Council, BSA.

DINING HALL CONDUCT All meals are served family style and use the host system. **Every table in the dining hall should have at least one Leader sitting with the Scouts.** Leaders ensure proper table manners, safety and Scout-like behavior.

DIRECTIONS TO CAMP WORKCOEMAN Camp Workcoeman is located off West Hill Road in New Hartford.

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

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

LEADER NAME BADGES Leaders can place an order for a special Camp Workcoeman name badge. The cost of a name badge is \$5.00. Name badges can be worn throughout the year at all pack and district activities. To place an order, complete the form in the "Camp Forms" section and submit two weeks prior to your week at camp.



CAMP RULES & EMERGENCY PROCEDURES

Below is a list of camp rules and procedures that all Scouts are asked to follow.
Please review this list and be familiar with it before arriving at camp.

CAMP RULES

1. All campers, leaders, and staff will be issued a camp wristband that recognizes them as a weekly camper.
2. Walk at all times unless participating in an activity on the sports field.
3. Wear closed-toed shoes (sneakers or hiking boots).
Open toed shoes may be worn at the waterfront and showers.
4. No bathing suits or exposed underarms in the dining hall.
5. Remove hats and wash your hands before entering the dining hall.
6. Avoid climbing on any rocks at camp.
7. Please observe our quiet hours between 9:30 p.m. and 7:00 a.m.
8. No alcohol or fireworks may be brought into or consumed/used on camp property.
9. Do not spray bug spray in tents.
10. No flames in tents.
11. Use the buddy system! Each Scout must have a buddy at all times.
12. Do not hang wet items on the tent platforms. Bring cord to make a clothesline.
13. Report all injuries to the camp's health officer.

EMERGENCY PROCEDURES

- Alert the staff to any emergencies.
- An emergency procedure will start with an announcement on the camp's PA system.
- When you hear the announcement, walk to or remain at your designated activity area.
- Have a seat near your pack and wait for further instructions from the staff. (Leaders take a head count of Scouts, den chiefs, and leaders in the area. Report your pack number and your counts to a nearby staff member.)
- DO NOT DEPART THE AREA until the staff dismisses you. There will be a brief meeting following each drill or procedure.



2018 CAMP THEME

Aloha from Camp Workcoeman!

Break out the Hawaiian Shirts! This year come celebrate the summer with an adventure in the islands as Workcoeman hosts a week long Hawaiian Luau. Your week at camp will be a memorable experience of palm trees, grass skirts, and island games.

The spirit of the islands will come alive with skits and activities throughout the week. Your Scouts will be challenged and their skills put to the test with a variety of trials and tasks that tie in Polynesian cultures with Scouting fundamentals.



Your pack can further participate by decorating your campsite with Hawaiian props, shirts, grass skirts, and anything else to welcome the spirit of the islands at Workcoeman. It'll be a Luau your Scouts won't want to miss!

Mahalo and Aloha from Workcoeman!



2018 THEME DAYS

This is a fun way to enhance your week at camp. Come to morning colors dressed up for the day! An entirely frivolous way to have some fun and bond with your fellow Scouts.

Pack Shirt Monday – Start the week showing off your pack pride. Wear what you've got to show what sets your pack aside from everyone else.

Color Wars Tuesday – As a pack, pick a color and have everyone dress head-to-toe. See if your pack can outdo the others.

Waikiki Wednesday – Wear your Hawaiian gear!

Crazy Hat Day Thursday – Let go of your inhibitions as anything that fits on your head counts as a hat. Let's see who comes up with the wildest head gear in camp!

Workcoeman Shirt Friday – What better way to show you've had a great time at camp during the week than wearing a camp t-shirt!



FULL WEEK RESIDENT CAMP

July 1st – 6th (Webelos Only) & August 5th – 10th (Cub Scouts & Webelos)

Resident Camp is a six-day, five-night program. The full week program offered from July 1st-6th is for Webelos and held simultaneously with Boy Scout Camp. The program offered August 5th-10th is for all Cub Scouts and held in an exclusively Cub Scout setting.

SAMPLE DAILY SCHEDULE FOR CUB SCOUT & WEBELOS FULL WEEK RESIDENT CAMP

<u>Sunday: Arrival</u>	<u>MONDAY – THURSDAY</u>	<u>FRIDAY</u>
1:00 p.m. :: Scout arrival	6:00 :: Penguin Splash	6:00 :: Penguin Splash
1:00- 5:00 :: Check-in <i>settle into campsites</i> <i>Medical check & leader meeting</i> <i>Swim Tests</i>	7:15 :: Reveille	7:15 :: Reveille
	7:45 :: Flag Ceremony	7:45 :: Flag Raising
5:40 :: Staff Introductions and Flag Lowering	8:00 :: Breakfast	8:00 :: Breakfast
6:00 :: Dinner	9:15 – 10:00 :: Program Session 1	9:15 – 12:00 :: Program Sessions
7:30 :: Orientation Rotation	10:15 – 11:00 :: Program Session 2	12:30 :: Lunch
8:30 :: Opening Campfire	11:15- 12:00 :: Program Session 3	1:15 – 5:00 :: Program Sessions
9:20 :: Ice Cream Social	12:30 :: Lunch	5:45 :: Flag Retreat
9:30 :: Taps - Quiet time	1:15 – 2:00 :: Session 4	6:00 :: Family BBQ
	2:15 – 3:00 :: Session 5	7:00 :: Closing Campfire (Families Invited)
	3:15 – 4:00 :: Session 6	9:00 :: Departure
	4:15 – 5:00 :: Session 7	
	5:45 :: Flag Lowering	
	6:00 :: Dinner	
	7:00 :: Evening Program	
	9:30 :: Taps - Quiet Time	

IMPORTANT NOTES

- Scouts will have the opportunity to complete requirements towards adventure loops during the week. These activity badges may include:
 - Webelos: Aquanaut, Into the Woods, Game Design, Earth Rocks
 - Bear: Bear Necessities, Beat the Drum, Salmon Run, Bear Goes Fishing
 - Wolf: Paws of Skill, Spirit of the Water
- Scouts will also complete the BB shooting, archery shooting, and sports award for their rank and participate in fishing, sports, climbing, and more!
- There will be two camp-wide campfires taking place during the week where packs will be invited to participate: the first being on Tuesday evening and the second on Friday evening. Here, packs are invited to provide a song, skit, or cheer. On Friday night there will be a Family BBQ taking place. The cost is \$8 per adult, \$6 children, Scouts and leaders staying the week attend for free.



WEBELOS ADVENTURE TREK

ARROW OF LIGHT ADVENTURE TREK

The Arrow of Light Adventure Trek is designed to provide a preview of opportunities that will be available to Webelos after crossing over to Boy Scouts. Arrow of Light Scouts participating will have an opportunity to gut and cook a fish, cook foil dinners, participate in a geocaching adventure, make dessert over an open fire, and sleep away from camp for the night. Scouts participating should be able to work well with others in an adventure opportunity without an adult partner.

OVERVIEW OF TREK PROGRAM- FOR ARROW OF LIGHT SCOUTS ONLY

Sunday

7:00 p.m. - Sign ups due for Arrow of Light Adventure Trek

Day of Trek (Determined by # of Scouts Signed Up and Staff Availability)

4:15 p.m. - Scouts meet at Scoutcraft Area

4:30 p.m. - Gut and Cook Fish Demonstration

5:30 p.m. - Foil Dinners in Scoutcraft

6:30 p.m. - Geo-Hunt Adventure

8:00 p.m. - Set Up Campsite

9:00 p.m. - Dessert made over an open fire

9:30 p.m. - Taps

Scouts must bring a backpack and the below items to participate:

Poncho, Sweatshirt, Water Bottle/Canteen, Flashlight, Sleeping Bag, and Bug Spray.





CUB SCOUT MINI-WEEK

July 1st – 4th & August 5th – 8th

The Mini-Week program is a four-day, three-night program open to all Cub Scouts. The mini-week introduces Cub Scouts to the overnight camping experience and helps Cub Scouts gain confidence to spend a full week at camp.

SAMPLE DAILY SCHEDULE FOR CUB SCOUT MINI-WEEK RESIDENT CAMP

<u>Sunday: Arrival</u>	<u>MONDAY – TUESDAY</u>	<u>WEDNESDAY</u>
1:00 p.m. :: Scout arrival	6:00 :: Penguin Splash	6:00 :: Penguin Splash
1:00- 5:00 :: Check-in <i>settle into campsites</i> <i>Medical check & leader meeting</i> <i>Swim Tests</i>	7:15 :: Reveille	7:15 :: Reveille
5:40 :: Staff Introductions and Flag Lowering	7:45 :: Flag Ceremony	7:45 :: Flag Raising
6:00 :: Dinner	8:00 :: Breakfast	8:00 :: Breakfast
7:30 :: Orientation Rotation	9:15 – 10:00 :: Program Session 1	9:15 – 12:00 :: Program Sessions
8:30 :: Opening Campfire	10:15 – 11:00 :: Program Session 2	12:30 :: Lunch
9:20 :: Ice Cream Social	11:15- 12:00 :: Program Session 3	1:15 :: Closing Ceremony and Awards Ceremony (Families Invited)
9:30 :: Taps - Quiet time	12:30 :: Lunch	
	1:15 – 2:00 :: Session 4	
	2:15 – 3:00 :: Session 5	
	3:15 – 4:00 :: Session 6	
	4:15 – 5:00 :: Session 7	
	5:45 :: Flag Lowering	
	6:00 :: Dinner	
	7:00 :: Evening Program	
	9:30 :: Taps - Quiet Time	

IMPORTANT NOTES

- Scouts will participate in BB & archery shooting, fishing, sports, climbing, and more!
- Parents are invited to a closing ceremony and awards following lunch on Wednesday. Departure for mini-week will take place after this program. Arrangements can be made for any parents unable to make the Wednesday afternoon pick up time.
- Scouts attending this week from a particular pack, whether full week resident campers or mini week resident campers, will camp and dine together.



RESIDENT CAMP INFORMATION

FACILITIES

All Scouts and Leaders will stay in campsites in canvas wall tents on wooden platforms. You will sleep on metal cots with mattresses. Bring a sleeping bag or bedding. Insect nets are suggested and available in the trading post.

Washing and drinking water are in-site. Latrines are in-site. Centrally located showers with hot water are available. Restrooms with flush toilets are available for adults.

DINING HALL

Three balanced meals are served daily in a modern dining hall prepared by a food service professional and kitchen staff. The Class 'A' Field Uniform will be the proper attire for all evening meals.

MEDICAL STAFF

The resident camp has a medical officer on duty (24-7). **Camp Health Lodge:** 860-379-1756

ADVANCEMENT OPPORTUNITIES

Scouts attending Resident Camp will have the opportunity to complete requirements towards multiple adventures unique to their current rank. Please check out the page specific to the full week program for information on the activity badges that will be completed.

AKELA'S "STAVE"

Akela's Stave is awarded every evening to the resident camp den that shows the most spirit in camp. Winners of Akela's Stave earn a right and a responsibility for the group. The "right" is to carry Akela's Stave around camp showing that your den has shown the most spirit during the day. The "responsibility" is that the den must affix a small totem to the Stave that indicates they earned the stick for the day.

CAMPFIRES

On Tuesday and Friday evenings we will gather for a campwide campfire where all packs will have a chance to perform a song, skit, or cheer. The camp staff will join in the antics as well. Leaders should come to camp prepared with songs, skits, and cheers for the pack to perform.





RESIDENT CAMP CHECK-IN

1. Scout arrival is on Sunday starting at 1pm.
2. Leaders can settle their gear into their campsites before the designated arrival time, however, staff will not be on duty until the time listed above. ONE vehicle is allowed to move gear to the campsite. No vehicles will be allowed into the campsites after 11:00 a.m. and all vehicles must be out of the campsite and in the parking lot by 1:00 p.m. No lunch is provided on Sunday.
3. A member of the camp staff will be assigned to your pack beginning at 1:00 p.m. to act as a guide and assist with the arrival process.
4. Assign Scouts to Tents: Allow scouts to settle into their tents and unpack their gear (such as sleeping bag, etc.). Only two scouts per tent. Each campsite has a larger tent set up, usually designated for leaders. Members of your pack will be assigned specific tents to occupy in the campsite.
5. Before Parents Leave:
 - Collect photograph money. (\$10)
 - Be sure parents accompany their Scout to the medical check-in if there were any issues discovered on their medical form or they have medication to turn in.
 - **ALL** medications must be turned over to the Health Officer. All medications must be submitted in their original container with a label from the pharmacy.
6. Medical Check-In :: Your pack will be assigned a time for medical check-in.
Once your Scouts have settled into their tents, your staff guide will assist you in preparing for the medical check-in. Packs not submitting medical forms in advance will be assigned a time at the end of the check-in schedule.
7. Waterfront Swim Tests :: Following your medical check-in proceed to the waterfront
 - Buddy tags are issued by the medical staff at medical check-in
 - Tags are issued only to Scouts and leaders who have completed medical forms
8. Cubmaster Meeting with Camp Administration :: There will be a meeting for leaders in the Dining Hall on Sunday afternoon. One leader from each den/pack should attend. You will be given information regarding the number of dining hall waiters for meals your pack should send to the dining hall, as well as a review of the schedule for the rest of Sunday and the week ahead. Wristbands for ALL Scouts and leaders will be distributed at this time.



SUGGESTED GEAR LIST

Below is a suggested list of items that each scout attending resident camp should bring. Please note, due to the number of lost and found items each camp season, **it is highly recommended** that each personal item be labeled with the Scout's name and pack number. A few extra pairs of socks and a spare pair of sneakers can also make the difference between a great week and a cold, soggy week. Open-toed shoes or sandals without a back are not permitted in camp. Pack items in a footlocker or duffle bag.

CLOTHING & BEDDING

- ☐ Complete Scout Uniform
- ☐ Comfortable Hiking Shoes or Sneakers
- ☐ Water Shoes - waterfront and showers
- ☐ Extra Shorts or Pants
- ☐ Shirts
- ☐ Daily Change of Underwear and Socks
- ☐ Swim Suit
- ☐ Towel
- ☐ Raincoat or Poncho
- ☐ Pajamas
- ☐ Sweater or Jacket
- ☐ Sleeping Bag
- ☐ Pillow
- ☐ Wrist Watch

OTHER MUST HAVES

- ☐ Completed & Signed Medical Form
- ☐ Flashlight w/ extra batteries
- ☐ Toothbrush
- ☐ Toothpaste
- ☐ Comb or Brush
- ☐ Soap & Shampoo

OPTIONAL

- ☐ Camera
- ☐ Insect Repellent
- ☐ A Book to Read
- ☐ Fishing Pole
- ☐ Pencil, Pen, & Pad
- ☐ Money for the Trading Post
- ☐ Hat
- ☐ Bug Netting
- ☐ Sun Block

THINGS TO LEAVE HOME

- ☐ Radios
- ☐ Game Systems
- ☐ iPods
- ☐ **Cell Phone**
- ☐ Any Other Electronic Devices





FAMILY CAMPING WEEKEND

July 7th – 8th

The Family Camping Overnight is designed for Cub Scouts and parents to experience the outdoors and get a taste of the Scouting program. Family members will be able to choose and participate in the many activities offered at camp.

SAMPLE DAILY SCHEDULE FOR FAMILY CAMPING WEEKEND

SATURDAY: ARRIVAL

11:00 :: Check-in at the Chapel
Set Up Camp

12:00 – 1:00 :: BBQ Lunch

1:00 – 5:30 :: Program Area Rotations
Archery, BB, Nature
Swimming, Boating

5:45 :: Evening Colors (Flag Lowering Ceremony)

6:00 – 6:45 :: Dinner- Dining Hall

7:00 – 8:00 :: GAGA Dodgeball Competition

8:00 – 8:30 :: Campfire

8:30 – 9:30 :: S'mores over the Campfire

9:30 :: In Campsites, Quiet time

SUNDAY

7:15 :: Reveille

7:45 :: Morning Flag Ceremony

8:00 – 8:45 :: Breakfast in Dining Hall

9:00 – 10:45 :: Swimming & Boating

11:00 :: Closing Ceremony

IMPORTANT NOTES

- Medical forms with sections A, B, & D completed are required for all campers. Scouts or adults without medical forms are not allowed to participate in any camp activities.
- A camp health officer is on site during all camp hours of operation. All medications, including over the counter medications must have a medication authorization form and be in the original container. The health officer will dispense medications at the proper times - generally directly before or after breakfast and dinner as well as following evening program. Please contact us if special arrangements are needed.
- Scouts will have the opportunity to complete requirements towards certain adventures during the weekend's program.



DAY CAMP

August 13th – 17th

Cub Scout Day Camp is open to all Cub Scouts, yet is best suited for those entering Lion, Tiger, Wolf, or Bear years. Cub Scouts will enjoy many of the same facilities as resident camp, such as the waterfront, BB range, archery range, Scoutcraft, sports field, and Nature Lodge. Day Camp runs from 8am-5:30 daily.

SAMPLE DAILY SCHEDULE FOR CUB SCOUT DAY CAMP

8:00 – 8:15	Arrival and Activities in Den Areas
8:20 – 8:30	Opening Ceremonies
8:30 – 9:15	Program Session 1
9:30 – 10:15	Program Session 2
10:30 – 11:15	Program Session 3
11:30 – 12:15	Program Session 4
12:30 – 1:00	Lunch
1:00 – 1:30	Camp-wide Program
1:45 – 2:30	Program Session 5
2:45 – 3:30	Program Session 6
3:30 – 4:15	Program Session 7
4:30 – 5:15	Program Session 8
5:30	Closing & Parent Pick Up

IMPORTANT NOTES

- Punctuality is key! Day Camp begins each day promptly at **8:00 a.m. SHARP**.
- Be sure to pack a small daypack including: a bathing suit, towel, rain gear, hat, sunscreen, and water bottle. Although there is adequate shade it is recommended that Scouts bring a hat for additional protection.
- Scouts are required to bring a lunch. Be sure to label all personal items and lunches with your Scout's name and den number. Please mark if there are nut products in your child's lunch as well.
- Scouts will be placed in dens to travel to different program areas. Depending on the size of the pack attending, Scouts and adults may be with members of their pack only or with Scouts and adults from other packs. **It is expected that packs sending Scouts to camp will provide adult support.**
- Those attending will have the opportunity to complete requirements towards adventures during their week at camp. A guide listing these requirements will be made available prior to the week of camp.



HELPFUL HINTS DURING CAMP

This section lists helpful tips and suggestions from seasoned camp staff that will help your experience go smoothly.

- **Plan Ahead** - Be sure that you have a copy of the camp schedule in your back pocket. It is helpful to give copies of your schedule to other key leaders in your pack so that everyone in your pack knows where everyone is going. Extra copies of these items are always available at the camp office.
- **Know Your Schedule** - Have Scouts carry a bathing suit and towel, this may spare you some extra hiking and grumpy campers!
- **Keep Your Scouts Hydrated** - Often, Scouts forget to drink water or opt for juice first at meals. While juice is a liquid, it does contain sugar that is not favorable during extreme heat.
- **Avoid Scouts Buying Candy in Bulk** - It is better to stop a few times than to have them stock up and store it in their tents. Our furry friends will make friends with your Scouts at the cost of personal equipment.
- **Encourage Changing Socks Daily** - Most Scouts will try to wear the same pair all week. This often leads to blisters or poor mood in general. It is recommended that Scouts take off their socks while sleeping as well. (Changing underwear is also highly recommended.)
- If you aren't traveling with Scouts during a program period, pick a designated place where two leaders will be in case a scout has an emergency. If a place is not predetermined, many Scouts panic and head for the campsite that may be empty. Some packs create a free time board where Scouts sign in to an area so that the leaders who hang back in the site know roughly where everyone is at all times.
- If there is time, have your Scouts prepare the site for the daily site visitations prior to leaving for breakfast and opening flags. This way, there won't be a crunch time or late arrival to a program area.
- Try to avoid reminding Scouts of home, pets, or parents. This decreases the amount of homesickness you have to deal with.



DEN TIME

Den time is scheduled at night during resident camp weeks and periodically during day camp. This time gives dens a chance to tailor their own experience. Below is a list of suggested activities to help fill this time.

- ☐ Practice knot tying
- ☐ Practice a song, skit, or cheer for closing campfire in the council ring
- ☐ Take a nature hike
- ☐ Practice flag folding with a sheet or your site flags
- ☐ Bring Scouts to the showers
- ☐ Work on a conservation project or camp wellness project
- ☐ Participate in site improvement/cleanup
- ☐ Work on the camp wide scavenger hunt
- ☐ Create a pack banner to bring to flag ceremonies
- ☐ Play a favorite game or one you learned from camp
- ☐ Have some chill time in the site (good on a hot day)
- ☐ Visit the Trading Post
- ☐ Work on an activity/advancement that the pack has not yet completed





FREQUENTLY ASKED QUESTIONS

- Q: Where will my child be staying during overnight camp?
- A: Each scout will stay in a two-person platform tent. The tent has a metal bunk and a mattress for each boy. A scout can bring his own tent if he would like. Please note: the camp is not responsible for damage to personal property.
- Q: How much money should I send with them?
- A: The Trading Post is available for scouts to visit daily. It is recommended to send scouts with no more than \$50 dollars for the weeklong program.
- Q: What if my son has food allergies?
- A: If your son has food allergies, be sure this information is noted on his health form. Also, it is helpful to contact either the Camp Director or the head chef ahead of time at 860-379-7427 if special dietary concerns exist.
- Q: What if my son takes medication daily?
- A: All medications must be locked in the health lodge. A health officer will distribute medications before/after breakfast and dinner. If special accommodations are needed, please indicate this on the health form and talk with the health officer on arrival. If your son has an epi pen or an albuterol inhaler, he may carry it with him provided he has written approval from his parent/guardian and physician.
- Q: Should I send snacks with my child?
- A: No. We have many small critters in camp that love tasty treats and have been known to destroy personal gear to obtain snacks or even wrappers. Three meals are served each day and pre-approved by a dietitian. Also, single serving snacks are available in the Trading Post. If special accommodations are needed, please let us know ahead of time.
- Q: Is a nurse available?
- A: A health officer is available throughout the day and stays on site overnight during resident camp weeks. A qualified health officer is a registered nurse.



CAMP FORMS



- **BARBEQUE SIGN-UP FORM**
- **PICTURE ORDER FORM**
- **LEADER NAME BADGE ORDER FORM**
 - **MEDICAL FORM**
- **MEDICATION ADMINISTRATION FORM**
- **MEDICAL SCREENING QUESTIONNAIRE**
 - **CAMPER RELEASE FORM**

Camp Workcoeman Barbeque Sign-up Sheet

Pack # _____ Campsite _____ Camp Leader _____

_____ Scouts & Leaders attending (no Charge)

_____ Family members 11 years and older @ \$8.00 each \$ _____

_____ Family members 10 years and younger @ \$6.00 each \$ _____

_____ Total Attending Barbeque
Total \$ _____

Please make all checks payable to CT RIVERS COUNCIL

Please have all Barbeque reservations submitted into the camp office by noon Tuesday. Tickets will be issued for all Scouts, Leaders, and Guests Friday Morning. Be sure that the number attending above is accurate.

Cash Check Received by _____

This part returned to Pack Leader

Pack # _____ Campsite _____

Camp Leader _____

_____ Scouts & Leaders attending (no charge)

_____ Family members 11 years and older @ \$8.00 each \$ _____

_____ Family members 10 years and younger @ \$6.00 each \$ _____

_____ Total Attending Barbeque
Total \$ _____

Cash Check Received by _____

Camp Workcoeman Picture Order Form

Leader Name _____ Week _____ Unit _____

Address _____ Telephone (____) _____

City/Town _____ State _____ Zip _____ Date _____

() Initial Order

() Additional Order

	Print All Information Name	#	Amount Paid		Name	#	Amount Paid		Name	#	Amount Paid
1.				13.				25.			
2.				14.				26.			
3.				15.				27.			
4.				16.				28.			
5.				17.				29.			
6.				18.				30.			
7.				19.				31.			
8.				20.				32.			
9.				21.				33.			
10.				22.				34.			
11.				23.				Total Photographs Ordered _____			
12.				24.				Total Amount Paid _____			

Make checks payable to C.R.C

Camp Workcoeman Leader Name Badge Order Form

Leader Name _____ Week _____ Unit _____

Address _____ Telephone (____) _____

City/Town _____ State _____ Zip _____ Date _____

	Print All Information Name
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

Order name badges for your pack's summer camp leaders.

Clearly print names in the space to the left.

Send this form with payment 2 weeks prior to your week of camp and the name badges will be there when you arrive.

Badge Price: \$5.00 ea.



Total Name Badges Ordered _____ x \$5.00 = _____

Send this form and payment to:

**Camp Workcoeman Trading Post
169 Camp Workcoeman Road
New Hartford, CT 06057**

Make checks payable to C.R.C

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: _____

Telephone: _____

Name: _____

Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____

Telephone: _____

Name: _____

Telephone: _____



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Part B: General Information/Health History

B

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



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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
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polio	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influenza	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>	

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/stings	

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

	Normal	Abnormal	Explain Abnormalities
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	
Ears/nose/throat	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
Genitalia/hernia	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

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
<input type="checkbox"/>	<input type="checkbox"/>	Meets height/weight requirements.
<input type="checkbox"/>	<input type="checkbox"/>	Does not have uncontrolled heart disease, asthma, or hypertension.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled psychiatric disorders.
<input type="checkbox"/>	<input type="checkbox"/>	Has had no seizures in the last year.
<input type="checkbox"/>	<input type="checkbox"/>	Does not have poorly controlled diabetes.
<input type="checkbox"/>	<input type="checkbox"/>	If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures.
<input type="checkbox"/>	<input type="checkbox"/>	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: _____
<input type="checkbox"/> Scout <input type="checkbox"/> Scouter <input type="checkbox"/> 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: _____
(Adults over 18 sign here. Parent/Guardian signs for camper.)

Date: _____

Name (print): _____

Relationship: _____

Comments:

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

In Connecticut schools, licensed Child Care Centers and Group Care Homes, licensed Family 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.)

**FOOD ALLERGY TREATMENT PLAN AND PERMISSION
FOR THE ADMINISTRATION OF MEDICATIONS
BY CAMP PERSONNEL**

PATIENT'S NAME: _____ DATE OF BIRTH: _____

PATIENT'S ADDRESS: _____ TELEPHONE: _____

PHYSICIAN'S NAME: _____ PATIENT'S PCP: _____

PHYSICIAN'S ADDRESS: _____ TELEPHONE: _____

ASTHMA: ☐ YES ☐ NO

SPECIFIC FOOD ALLERGY: _____

IF PATIENT INGESTS OR THINKS HE/SHE HAS INGESTED THE ABOVE NAMED FOOD:

_____ Observe patient for symptoms of anaphylaxis ** x 2 hours

_____ Administer **adrenaline** before symptoms occur, IM _____ Epipen Jr. Adult

_____ Administer **adrenaline** if symptoms occur, IM _____ Epipen Jr. Adult

_____ Administer Benadryl _____ tsp. or Atarax _____ tsp. Swish & Swallow

_____ Administer _____

_____ Call 911, transport to ER if symptoms occur, for evaluation, treatment and observation x 4 hours

IF REACTION OCCURS,
PLEASE NOTIFY THIS OFFICE!

Physician's Signature

Today's Date

1. Is this a controlled drug? ☐ Yes ☐ No

2. Medication shall be administered from _____ to _____
(dates)

3. Relevant side effects, if any, to be observed: _____

4. Please allow child to self-administer medication. ☐ Yes ☐ No

****SYMPTOMS OF ANAPHYLAXIS**

Chest tightness, cough
Shortness of breath, wheezing
Tightness in throat, difficulty swallowing
Hoarseness
Swelling of lips, tongue, throat
Itchy mouth, itchy skin
Hives or swelling
Stomach cramps, vomiting or diarrhea

Signature _____ M.D.

- ☐ I HAVE RECEIVED, REVIEWED, AND UNDERSTAND THE ABOVE INFORMATION.
☐ MY CHILD **MAY** CARRY AND SELF-ADMINISTER THE PRESCRIBED MEDICATION.
☐ I AUTHORIZE CAMP STAFF TO CONTACT THE PRESCRIBING PHYSICIAN TO DISCUSS MY CHILD'S DIAGNOSIS, IF NEEDED.

Patient/Parent/Guardian Signature

MEDICAL SCREENING QUESTIONNAIRE

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

SCOUT'S NAME _____ PACK _____ CAMPSITE _____

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.

- | | | |
|---|-----|----|
| 1. Any visit to a doctor or clinic since the last exam? | YES | NO |
| 2. Any recent illness, injury, rash, or allergic reaction? | YES | NO |
| 3. Any ongoing treatment or medication not handed into the nurse? | YES | NO |
| 4. Any medication taken 30 days prior to camp, that you are not on now? | YES | NO |
| 5. Do you feel fine and do they look fine at present? | YES | NO |

Adult Signature

Date

Print Name

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| 4. Any medication taken 30 days prior to camp, that you are not on now? | YES | NO |
| 5. Do you feel fine and do they look fine at present? | YES | NO |

Adult Signature

Date

Print Name

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

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

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

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

Camper Name _____

Camp _____ Program _____ Unit# _____

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

Activity/Event _____ Day _____ Date _____

Time of Departure _____ Time of Return _____

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

1. Name _____	Relationship _____
Address _____	City/Town/State _____

2. Name _____	Relationship _____
Address _____	City/Town/State _____

3. Name _____	Relationship _____
Address _____	City/Town/State _____

Parent/Guardian Signature _____ Date _____