

Scouts BSA Program Guide



**Summer
2021** @ WORK
COEMAN
SCOUTING ♣ À LA CARTE

SUMMER
2021

campworkcoeman.org



BOY SCOUTS OF AMERICA
CONNECTICUT RIVERS COUNCIL

Welcome to Camp Workcoeman



Dear Scouts, Parents, and Scouters,

Greetings from Camp Workcoeman and welcome to the 2021 summer camp season!

It's certainly been an interesting and trying time since the previous camp season and our last meeting on the shores of West Hill Pond. However, we're back and ready to provide the quality Scouting experience Camp Workcoeman is known for.

You'll notice that things have changed this year. Camp Workcoeman is offering day events for Scouts BSA members as well as running open and specialty programs for units and families camping with us this summer. While this is an adjustment, the same central leadership you've relied upon for years is here and ready to provide consistent fun, learning, and challenging opportunities to grow and develop each individual and troop program. We're excited to be able to offer new programs that can be custom designed to meet your needs in developing a summer Scouting program.

For individual Scouts, patrols, and troops, we have a variety of single and multiple day merit badge sessions spread over four weeks this summer. The schedule of offerings and specific details can be found within this guide.

Units can reserve campsites for any number of nights, any day of the week, and work with the Workcoeman staff to take advantage of facilities and programs. A sample of "à la carte" program suggestions is provided, and arrangements can be made to meet the interests of your Scouts.

Families are invited to spend time at Camp Workcoeman in our designated Family Camping Site. Everyone can join in the fun of camp, go for a swim, enjoy a relaxing getaway, or take advantage of nearby attractions.

We know that Scouting has changed the past sixteen months, and we're working to ensure a program exists to meet your individual needs. Our programs are developed with this in mind to either enhance your current week at camp with additional overnights or provide a shorter program if a week at camp is not available to you this summer. At Camp Workcoeman, we believe that Scouting and a summer camp program are transformational. We want to be a part of your story and help you be the best you can be.

There's something for everyone. We can't wait to get you back to Camp Workcoeman!

Lou Seiser

Camp Director

lseiser@campworkcoeman.org

Jeff Seiser

Director of Cub Scout Programs

jseiser@campworkcoeman.org



Thomas Leisten

Director of Scouts BSA Programs

tleisten@campworkcoeman.org

Alex Cantor

Council Program Director

alex.cantor@scouting.org

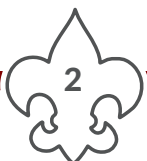
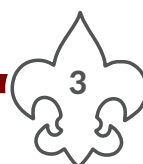


Table of Contents



Summer Overview	4
Summer Calendar	5
Troop Camping & Programs	6
Campsite Reservations	
Program Reservations and Info	
Family Camping	7
Merit Badge Program	8
Aquatics Weeks	
Outdoor Skills Weeks	
Additional Merit Badge Information	9
Check-in Procedures	
Lunch Information	
Additional Programs	9
Pistol Shooting Program	
Scuba Certification Course	
Scuba BSA Award	
Merit Badge Schedule	10
Merit Badge Details	11
Medical Form Information	16
COVID-19 Information	17
Appendix	18





Summer 2021 @ WORK COEMAN SCOUTING ♣ À LA CARTE

For Scouts BSA participants, the 2021 summer program at Camp Workcoeman is divided into three main parts: troop camping & programs, family camping, and a daytime merit badge program. Scouts can participate either as an individual, a unit, or a family, and programs can be combined as desired. For example, a unit can choose to rent a campsite for several days where they rent the shooting ranges one day, have their Scouts participate in merit badges another day, and provide their own program the final day. These programs are not designed to replicate a traditional summer camp experience; rather, they are intended to supplement one through a variety of flexible programs.



Troop Camping & Programs

- Choose Any Summer Night(s)
- Platform Tents and Cots Provided
- Cook Your Own Meals
- Choose to Rent Other Camp Facilities



Family Camping

- Choose Any Summer Night(s)
- Deluxe Tents Available
- Cook Your Own Meals
- Fun for the Whole Family



Merit Badge Program

- One/Two Session Daytime Merit Badges
- Midweek and Weekend Options
- Two Waterfront Weeks
- Two Outdoor Skills Weeks

Summer Calendar

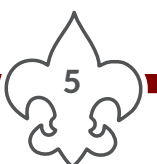


July 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
4	5	6	7	8	9	10
	Unit and Family Camping					
		Scuba Certification Camp — Week 1				Preparedness Weekend
		Waterfront Merit Badges — Week 1				
11	12	13	14	15	16	17
Unit and Family Camping						
Preparedness Weekend		Outdoor Skills Merit Badges				Shooting Sports Weekend
18	19	20	21	22	23	24
Unit and Family Camping						
Shooting Sports Weekend	Cub Scout Day Camp — Week 1					Baloo's Family Camp —
25	26	27	28	29	30	31
Unit and Family Camping						
Baloo's Family Camp —		Scuba Certification Camp — Week 2				Preparedness Weekend
		Waterfront Merit Badges — Week 2				

August 2021

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
Unit and Family Camping						
Preparedness Weekend		Cooking Merit Badge Week				Shooting Sports Weekend
8	9	10	11	12	13	14
Unit and Family Camping						
Shooting Sports Weekend	Cub Scout Day Camp — Week 2					Baloo's Family Camp —
15	16	17	18	19	20	21
Unit and Family Camping						
Baloo's Family Camp —						





Campsite Reservations

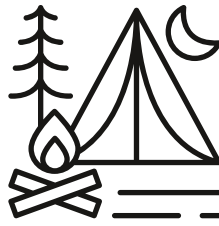
Units are able to reserve campsites for any number of nights throughout the summer—both midweek and weekend. Canvas tents, cots, mattresses, stocked latrines, and hot showers will be provided. The cost is \$25/night. Units must provide their own food, but ice and/or refrigeration may be available upon request. Please visit campworkcoeman.org/2021 to make your reservation.

While units are staying in camp, they can, if they so choose, reserve additional facilities or have their Scouts participate in our daytime merit badge offerings.

Program Reservations and Info

Various camp facilities can be reserved by your troop for programs. You can take advantage of these experiences while staying at camp during an overnight camping trip or as a day event. A full list of activities, costs, and included items is available below. To reserve a facility, please email Jeff Seiser (jseiser@campworkcoeman.org) at least two weeks in advance; payment will be collected at camp. Contact Jeff with any questions you may have and to inquire about the feasibility of any other activities not listed.

Program	Cost	Included Items
Archery	\$5/Shooter	Archery Range Rental (up to 3 hours), Instructor, Equipment
BB Shooting	\$5/Shooter	BB Range Rental (up to 3 hours), Instructor, Equipment, Ammunition
Boating	\$10/Boater	Boating Area Rental (up to 3 hours), Lifeguard, Boats and Equipment, Swim Tests
Climbing	\$35/Climber	Climbing Wall Rental (up to 6 hours), Instructors, Equipment
Discover Scuba	\$35/Diver	Introductory Scuba Program (3 hours), Instructors, Equipment
Mountain Biking	\$10/Bike	Bikes, Helmets (day long)
Pistol Shooting	\$15/Shooter	Range Rental, Pistol Program (3 hours), Instructors, Equipment, Ammunition
Rifle Shooting	\$15/Shooter	Rifle Range Rental (up to 3 hours), Instructors, Equipment, Ammunition
Shotgun Shooting	\$15/Shooter	Shotgun Range Rental (up to 3 hours), Instructors, Equipment, Ammunition, Clays
Swimming	\$5/Swimmer	Swimming Area Rental (up to 3 hours), Lifeguards, Swim Tests
Team Building Games and Low COPE	\$20/Participant	COPE Course Rental, Team Building Program (3 hours), Instructors



Family camping will be available in the Tee Pee campsite, which features standard and deluxe tents as well as an upgraded latrine and access to the camp shower house. This opportunity is ideal for families with a Scout attending multiple concurrent day programs or those that just want to spend a few days outdoors. Several options are available: (1) bring your own tent for \$15/night, (2) standard 7'x9' canvas tents with cots for \$25/night, and (3) deluxe 12'x16' canvas tents with bedding for \$50/night.

Families are invited to spend time at Camp Workcoeman in our designated Family Camping Site. Everyone can join in the fun of camp, go for a swim, enjoy a relaxing getaway, or take advantage of nearby attractions. Families will need to provide their own food, but ice and/or refrigeration may be available upon request.

To reserve your campsite, visit campworkcoeman.org/2021 and select the Tee Pee campsite once redirected to the Council reservation website.

Time

Any Night(s) All Summer

Cost

\$15 / Bring Your Own Tent
\$25 / Standard Canvas Tent
\$50 / Deluxe Canvas Tent

Register

campworkcoeman.org/2021

Cub Scout Opportunities

Camp Workcoeman has several additional activities available for families with children in Cub Scouts. Be sure to check out campworkcoeman.org/2021 for more information and to register.

Cub Scout Day Camp

Camp Workcoeman will once again host a week long Cub Scout Day Camp! It is a five day program perfect for Tiger, Wolf, and Bear Scouts. Day camp has all the fun of a summer camp experience without the overnight element. Scouts will have a blast swimming, learning new skills, becoming a top shot on the BB and archery ranges, learning new games on the Sports Field, and having fun in the Crafts Lodge. Day Camp runs Monday through Friday 8:30 AM – 4:00 PM; there are two weeks to choose from: July 19–23 and August 9–13, 2021.

Baloo's Family Adventure

Two special Saturdays (July 24 and August 14, 2021) of program filled Cub Scout family camp will be offered! Baloo's Family Adventure at Camp Workcoeman is a great opportunity for Cub Scouts to enjoy a summer camp experience without the worries of being away from home. Located along the shore of beautiful West Hill Pond in New Hartford, Baloo's Family Adventure is open to all Cub Scouts and their families as the program centers around fun for all! You will take advantage of our various program areas with activities including BB/archery shooting, swimming, crafts, and more!

Merit Badge Program



The merit badge program consists of one- and two-day merit badge offerings split between Aquatics Weeks and Outdoor Skills Weeks. A three-day Scuba certification course is also available. Classes are offered midweek with several bonus badges available on the weekend.

Cost

\$45 / One Day Badges
\$65 / Two Day Badges
\$375 / Scuba Certification

Time

8:30 AM – 4:30 PM
Tues., Wed., Thurs.
Sat./Sun.

Register

Visit
campworkcoeman.org/2021
to sign up



July 6–11, 2021
&
July 27–August 1, 2021

Merit Badges Offered

Canoeing	Swimming
Kayaking	Scuba BSA Award
Lifesaving	Climbing
Oceanography	Emergency Prep.
Rowing	First Aid
Scuba	Search and Rescue
Small-Boat Sailing	

July 13–18, 2021
&
August 3–8, 2021

Merit Badges Offered

Camping	Pioneering
Environmental Science	Soil and Water Conserv.
Exploration	Archery
Fish and Wildlife Mgmt.	Rifle Shooting
Geocaching	Shotgun Shooting
Mammal Study	Pistol Shooting Program
Nature	



Additional Information



Check-in Procedures

Check-in will take place daily at 8:30 AM at the Chapel Pavilion located at the edge of the main parking lot. All participants need a completed health form on file at camp. If possible, please mail forms to camp (Attn: Health Officer, Camp Workcoeman, 169 Camp Workcoeman Rd., New Hartford, CT 06057) two weeks prior to attending; otherwise, bring forms to check-in. Part C (physical) is required for all Scouts attending for more than two days throughout the entire summer. Only one copy of the health form needs to be submitted for the summer. The COVID-19 Pre-Event Medical Screening Checklist must be submitted at check-in for each program attended (but only needs to be submitted on the first day of multi-day programs). Additional information and forms are found later in this guide.

Lunch Information

Bagged lunches and a snack will be provided to all participants in our merit badges programs. Unfortunately, since lunches will be prepared off site, we have limited ability to make special accommodations; therefore, it is recommended that participants with food allergies or other dietary restrictions bring their own lunches. Please contact camp with any questions or concerns.

Additional Programs



Pistol Shooting Program

Camp Workcoeman is one of a select few camps that participates in the Boy Scouts of America's Summer Camp Pistol Shooting Program. The program is open to all Scouts who are at least 13 and have completed the eighth grade. Scouts will receive a safety briefing and instruction followed by the opportunity to earn various pistol marksmanship qualifications. Due to the low instructor to shooter ratio, space is extremely limited. The program runs July 18 and August 8, 2021 and costs \$45. An additional signed participation waiver is required.

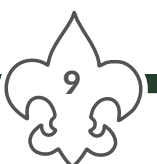
Scuba Certification Course

During our two Waterfront weeks of Scouts BSA camp, outside instructors will also offer a three-day full SDI open water certification course. The cost of the full certification course is \$375; families and units wishing to stay at camp during the course must reserve a campsite separately.

Scouts will also work on Scuba Diving merit badge and have the opportunity to work on additional scuba programs. The course runs July 6–8 and 27–29, 2021.

Scuba BSA Award

Our Discover Scuba program is the perfect introduction to Scuba Diving for Scouts and adults. During this day-long program participants will get a glimpse of what you can expect underwater. They will go through basic safety procedures, go for a dive in beautiful West Hill Pond, and earn the Scuba BSA award all while under the watchful eye of a certified instructor. This opportunity costs \$45 and is offered July 11 and August 1, 2021.



Merit Badge Schedule



Aquatics Week 1

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7/5/2021	7/6/2021	7/7/2021	7/8/2021	7/9/2021	7/10/2021	7/11/2021
	Lifesaving					
	Swimming		Swimming			
		Small-Boat Sailing				
	Canoeing		Canoeing			
		Oceanography				
	Kayaking		Kayaking			
		Rowing				
		Scuba Certification				Scuba BSA Award
					Climbing	
					Search and Rescue	First Aid
					Emergency Preparedness	

Outdoor Skills Week

7/12/2021	7/13/2021	7/14/2021	7/15/2021	7/16/2021	7/17/2021	7/18/2021
	Environmental Science					
		Pioneering				
	Nature					
	Camping		Camping			
	Geocaching					
		Fish and Wildlife Management				
		Exploration				
			Mammal Study			
			Soil and Water Conservation			
					Rifle Shooting	
					Archery	
						Shotgun Shooting Pistol Program

Aquatics Week 2

7/26/2021	7/27/2021	7/28/2021	7/29/2021	7/30/2021	7/31/2021	8/1/2021
	Lifesaving					
	Swimming		Swimming			
		Small-Boat Sailing				
	Canoeing		Canoeing			
		Oceanography				
	Kayaking		Kayaking			
		Rowing				
		Scuba Certification				Scuba BSA Award
					Climbing	
					Search and Rescue	First Aid
					Emergency Preparedness	

Cooking Week

8/2/2021	8/3/2021	8/4/2021	8/5/2021	8/6/2021	8/7/2021	8/8/2021
	Cooking					
						Exploration
					Rifle Shooting	
					Archery	
						Shotgun Shooting Pistol Program

Merit Badge Details



Below, merit badges offered are listed in alphabetical order along with additional details. You'll find the dates each badge is offered, whether it's one day or two, what the prerequisites are, and which Scouts it's recommended for. *Eagle required merit badges are denoted with an (E).*



Archery

Single Day Program

Dates: July 17; August 7

Prerequisite Requirements: None

Recommended for: All Scouts



Camping (E)

Single Day Program

Dates: July 13, 15

Prerequisite Requirements: 4b, 5e, 7b, 8d, 9a
(see prerequisite sign-off form in appendix)

Recommended for: Scouts with significant camping experience



Canoeing

Single Day Program

Dates: July 6, 8, 27, 29

Prerequisite Requirements: Successfully complete *BSA Swimmer Test*

Recommended for: Second year Scouts and older



Climbing

Two Day Program

Dates: July 10 & 11; July 31 & August 1

Prerequisite Requirements: None

Recommended for: Third year Scouts and older



Environmental Science (E)

Two Day Program

Dates: July 13 & 14

Prerequisite Requirements: None

Recommended for: Older Scouts



Exploration

Single Day Program

Dates: July 14; August 8

Prerequisite Requirements: None

Recommended for: Older Scouts



First Aid (E)

Single Day Program

Dates: July 11; August 1

Prerequisite Requirements: 5a, 5b, 14
(see prerequisite sign-off form in appendix)

Recommended for: Scouts having earned First Class rank



Fish and Wildlife Management

Single Day Program

Dates: July 14

Prerequisite Requirements: None

Recommended for: All Scouts



Geocaching

Single Day Program

Dates: July 13

Prerequisite Requirements: 9
(see prerequisite sign-off form in appendix)

Recommended for: All Scouts



Kayaking

Single Day Program

Dates: July 6, 8, 27, 29

Prerequisite Requirements: Successfully complete BSA Swimmer Test

Recommended for: Second year Scouts and older



Lifesaving (E)

Two Day Program

Dates: July 6 & 7, 27 & 28

Prerequisite Requirements: 2a
(see prerequisite sign-off form in appendix)

Recommended for: Scouts with strong swimming ability



Mammal Study

Single Day Program

Dates: July 15

Prerequisite Requirements: None

Recommended for: All Scouts



Nature

Single Day Program

Dates: July 13

Prerequisite Requirements: None

Recommended for: All Scouts



Oceanography

Single Day Program

Dates: July 7, 28

Prerequisite Requirements: 8a, 8b, or 8c
(500 word report or 5 min. speech; brought to event or done after)

Recommended for: All Scouts



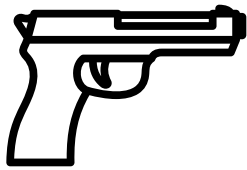
Pioneering

Two Day Program

Dates: July 14 & 15

Prerequisite Requirements: None

Recommended for: Scouts having earned First Class rank



Pistol Shooting Program

Single Day Program

Dates: July 18; August 8

Prerequisite Requirements: None

Recommended for: Scouts must be at least 13 and have completed the eighth grade



Rifle Shooting

Single Day Program

Dates: July 17; August 7

Prerequisite Requirements: None

Recommended for: Second year Scouts and older



Rowing

Single Day Program

Dates: July 7, 28

Prerequisite Requirements: Successfully complete *BSA Swimmer Test*

Recommended for: Second year Scouts and older



Scuba BSA Award

Single Day Program

Dates: July 11; August 1

Prerequisite Requirements: Successfully complete *BSA Swimmer Test*

Recommended for: All Scouts



Scuba Diving and SDI Certification

Three Day Program

Dates: July 6–8, 27–29

Prerequisite Requirements: 2a
(see prerequisite sign-off form in appendix)

Recommended for: Scouts 13 and older



Search and Rescue

Single Day Program

Dates: July 10, 31

Prerequisite Requirements: None

Recommended for: Third year Scouts and older



Shotgun Shooting

Single Day Program

Dates: July 18; August 8

Prerequisite Requirements: None

Recommended for: Third year Scouts and older



Small-Boat Sailing

Two Day Program

Dates: July 7 & 8, 28 & 29

Prerequisite Requirements: Successfully complete *BSA Swimmer Test*

Recommended for: Older Scouts comfortable in the water



Soil and Water Conservation

Single Day Program

Dates: July 15

Prerequisite Requirements: None

Recommended for: All Scouts



Swimming (E)

Single Day Program

Dates: July 6, 8, 27, 29

Prerequisite Requirements: Previous swimming ability
Scouts develop swimming techniques and individualized instruction will be provided, but no prior swimming ability will likely result in only partial merit badge completion.

Recommended for: All Scouts



Who needs a completed medical form?

All participants need parts A, B, C, and D of the BSA Annual Health & Medical Record form completed and submitted along with any applicable Medication Administration and Food Allergy Treatment Plan forms. The only exception is that Scouts who cumulatively attend *two days or fewer* over the course of the summer do not need Part C (physical). *Remember to make copies of all forms before submitting.* Only one copy is needed for the summer. Please mail forms to camp (Attn: Health Officer, Camp Workcoeman, 169 Camp Workcoeman Rd., New Hartford, CT 06057) two weeks in advance or bring to check-in.

Check the following before submitting medical forms:

Part A:

- This form is permission for the camper to participate in camp activities and also stipulates who may or may not remove the camper from camp.

Part B1:

- *Note:* This information must be completed even if you are using a state (school) physical form.
- Telephone Number: Camper's home phone number; mobile phone is a parent's mobile number
- Unit Leader: Scoutmaster or Cubmaster
- Council: CRC/066
- Unit: Troop, Pack, or Crew number
- Your health insurance company and member ID are critical if the camper or staffer must go to the urgent care center or emergency room. (We no longer need a copy of your health insurance card.)
- Health History

Part B2:

- *Allergies:* Does the camper have allergic reactions to food, medications, plants, and/or insects that could require medical treatment? If the answer is yes to any of the allergens, an Emergency Treatment Plan for Allergic Reactions form from the examining Physician/PA/APRN must be attached to the physical form.
- Immunization history with dates or a copy of immunization history from doctor's office. If using a copy of the immunization history, it must be a legible copy signed and dated by the physician. Your health care provider may write "Up-To-Date" and sign in the box.

- Tetanus must be within 10 years.

- *Medications:* This form is used by the BSA nationally, but Connecticut has special requirements for the administration of medications in camps, schools, etc. In Part D, there is a listing of medications that can be administered at camp without a physician's order. It is very limited. For all other medications, both prescribed and over the counter, an Authorization for Administration of Medication form must be completed, signed, and dated by the physician and parent. A separate form is required for each medication. *Note:* All medications must be physically checked by the nurse at check-in.

Part C — Physical Examination:

- *Signed* and *dated* by doctor within 1 year of first day of camp. (In the event that the physical exam falls within the 30 days prior to your week at camp, you may submit the previous year's physical.)
- Copy of school physical is acceptable if it is *signed* and *dated* within 1 year of first day of camp and parts A, B, and D are completed.

Part D — Connecticut Rivers Addendum:

- Completed, *signed*, and *dated* by parent, guardian, or self.

Medication Notes:

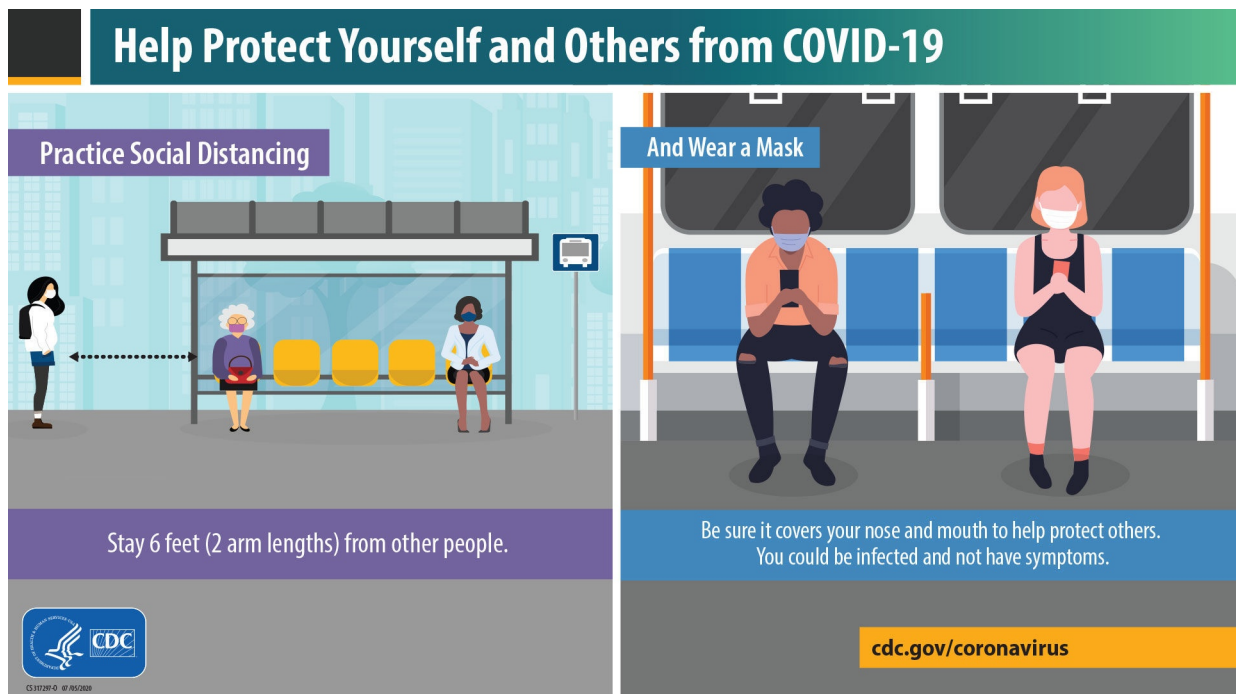
- If a camper is only prescribed emergency allergy medication (i.e., Epi-Pen or Rescue Inhaler), then only the Emergency Treatment Plan for Allergic Reactions form is required. The Authorization for Administration of Medications form is not required.

As part of our COVID-19 mitigation policies, all participants must complete the COVID-19 Pre-Event Medical Screening Checklist and bring it with them to check-in. A new form is needed for the *first day* of each program (but not subsequent days of multi-day programs).

We know the importance of getting youth outdoors and involved in programs of adventure. We are taking every step to ensure that this summer will be *safe* and *fun*! Camp will be awesome this summer, but it will look a little different than what we are used to. We have instituted protocols and procedures in order to keep our Scouts, Scouters, staff, and families healthy and safe. The procedures and safety measures have been promoted by federal agencies and the American Camping Association Field Guide for Camps. These multi-layered strategies are proven effective and reduce the risk of transmission.

Camp Workcoeman will be following all CDC, state, and Council COVID-19 mitigation recommendations and guidelines including those for physical distancing and mask wearing. As of May 20, 2021, the State of Connecticut Office of Early Childhood requires all campers and staff to wear properly fitting face coverings indoors regardless of vaccination status. Mask wearing is not currently mandated outdoors by the state but may be required by the Council where prudent. Failure to follow COVID-19 mitigation guidelines will result in immediate expulsion from camp. Requirements are subject to change.

All or nearly all of the Camp Workcoeman staff has been fully vaccinated against COVID-19 and we strongly urge all eligible individuals to get vaccinated immediately.





- Medical Form
- COVID-19 Pre-Event Medical Screening Checklist
- Authorization for the Administration of Medication Form
- Emergency Treatment Plan for Allergic Reactions Form
- Pistol Program Participation Form
- Camping Merit Badge Prerequisite Form
- First Aid Merit Badge Prerequisite Form
- Geocaching Merit Badge Prerequisite Form
- Lifesaving Merit Badge Prerequisite Form
- Scuba Diving Merit Badge Prerequisite Form

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____

Date of birth: _____

☐ Pack ☐ Troop ☐ Crew # _____
 Council: ☐ CRC ☐ TRC ☐ Other: _____
☐ Camp Staff
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.

Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

☐ Checking this box indicates you DO NOT want your child to use a BB device.



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 Scout Ranch, Philmont Training Center, Northern Tier, 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)

Complete this section for youth participants only:**Adults Authorized to Take Youth to and From Events:**

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

Name: _____

Name: _____

Phone: _____

Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____

Name: _____

Phone: _____

Phone: _____



Prepared. For Life.®

Part B1: General Information/Health History

Full name: _____

Date of birth: _____

☐ Pack ☐ Troop ☐ Crew # _____
 Council: ☐ CRC ☐ TRC ☐ Other: _____
☐ Camp Staff

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

Address: _____

City: _____ State: _____ ZIP code: _____ Phone: _____

Unit leader: _____ Parent's Mobile #: _____

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

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



If you do not have medical insurance, enter "none" above. Copies of insurance cards are no longer required.

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: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
<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 (anginal)/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/reactive airway disease	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/TBI	
<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"/>	Neurological/behavioral 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 or epilepsy	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"/>	Skin issues	
<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	



Part B2: General Information/Health History

Full name: _____
Date of birth: _____

☐ Pack ☐ Troop ☐ Crew # _____
Council: ☐ CRC ☐ TRC ☐ Other: _____
☐ Camp Staff

Allergies/Medications

DO YOU USE AN EPINEPHRINE AUTOINJECTOR? Exp. date (if yes) _____ ☐ YES ☐ NO
DO YOU USE AN ASTHMA RESCUE INHALER? Exp. date (if yes) _____ ☐ YES ☐ NO

If yes (above or below), an Emergency Treatment Plan for Allergic Reactions form is required.

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

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


Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<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 list on a separate sheet and attach.

An Authorization for the Administration of Medication form is required for EACH medication.

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. 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"/>		Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>		Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>		Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>		Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>		Polio	
<input type="checkbox"/>	<input type="checkbox"/>		Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Other (i.e., Hib)	
<input type="checkbox"/>	<input type="checkbox"/>		Exemption to immunizations (form required)	

☐ I certify all immunizations are up to date. (Physician's Signature/Stamp)

DO NOT WRITE IN THIS BOX.

Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: ☐ Yes ☐ No

Reason: _____

Approved by: _____

Date: _____



Part C: Pre-Participation Physical

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

Full name: _____

Date of birth: _____

☐ Pack ☐ Troop ☐ Crew # _____
Council: ☐ CRC ☐ TRC ☐ Other: _____
☐ Camp Staff



You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program, 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. You can also visit www.scouting.org/health-and-safety/ahmr to view this information online.

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
<input type="checkbox"/>	<input type="checkbox"/>	Medication	
<input type="checkbox"/>	<input type="checkbox"/>	Food	

Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<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"/>	
Skin issues	<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"/>	Has no uncontrolled heart disease, lung disease, 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 planning to scuba dive, does not have diabetes, asthma, or seizures.

Examiner's signature: _____ Date: _____

Examiner's 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



Prepared. For Life.®

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: _____

Date: _____

(Adults over 18 sign here. Parent/Guardian signs for camper.)

Name (print): _____

Relationship: _____

Comments:

Model COVID-19 Pre-Event Medical Screening Checklist

Use this checklist to assist in identifying potential COVID-19 cases before event participation.

Review with each youth and adult participant their current health status, both before departure and upon arrival at the event. **Anyone entering a camp or event – including visitors, vendors, etc. – must be screened.**

Councils should customize with input from their council health supervisor and local health department.

- ☐ Yes ☐ No Have you or has anyone in your household been in [close contact*](#) in the past 14 days with anyone known or suspected to have COVID-19 or is otherwise sick?
- ☐ Yes ☐ No Have you or has anyone in your household been in [close contact*](#) with anyone who has been tested for COVID-19 and is waiting for results?
- ☐ Yes ☐ No Have you or has anyone in your household been sick in the past 14 days, or have you or they been tested for any illness and are waiting for results?
- ☐ Yes ☐ No Has anyone in your household been exposed to an individual known or suspected to have COVID-19 in the past 14 days?
- ☐ Yes ☐ No Have you or has anyone you have been in [close contact*](#) with traveled on a cruise ship or internationally or to an area with a known communicable disease outbreak in the past 14 days?

***According to the Centers for Disease Control and Prevention (CDC), “close contact” means:**

- You were within 6 feet of someone who has COVID-19 for a cumulative total of 15 minutes or more over a 24-hour period
- You had direct physical contact with an infected person (hugged or kissed them)
- You shared eating or drinking utensils
- An infected person sneezed, coughed, or otherwise got respiratory droplets on you

If the answer is YES to any one of the five questions above, the participant must stay home.

If all answers above are NO, proceed to the symptoms list below.

Symptoms of COVID-19

*If anyone in your household has **any one** of the following new or worsening signs or symptoms of possible COVID-19, the entire household must stay home.*

- ☐ **Shortness of breath**
- ☐ **Cough**
- ☐ **Fever of 100.0° or greater**
- ☐ **Flu-like symptoms**
- ☐ **Repeated shaking with chills**
- ☐ **Fatigue**
- ☐ **Muscle or body aches**
- ☐ **Headache**
- ☐ **Sore throat**
- ☐ **Loss of taste or smell**
- ☐ **Diarrhea**
- ☐ **Nausea or vomiting**

****Potential Higher-Risk Individuals****

- ☐ Yes ☐ No Are you in a higher-risk category as defined by the [CDC guidelines](#), including older adults, people with medical conditions, and those with other individual circumstances?

If the answer is “yes,” we recommend that you stay home.

Should you choose to participate, you must have approval from your health care provider.

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL, CHILD CARE, AND YOUTH CAMP PERSONNEL

This form is for both prescribed and over-the-counter medications.

If camper is only taking emergency medications (epinephrine or rescue inhaler) only the allergy treatment form is required.

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/State: _____

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/State: _____

Prescriber's Signature: _____ Date: _____

Parent/Guardian Authorization: I request that medication be administered to my child as described and directed above. I hereby request that the above ordered medication be administered by youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse/camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the camp with no more than a supply of medication to cover all doses while in attendance plus one dose. I have administered at least one dose of the medication with the exception of emergency medications to my child without adverse effects.

Parent/Guardian Signature: _____ Relationship: _____ Date: _____

Parent/Guardian's Address: _____ Town/State: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

SELF ADMINISTRATION OF MEDICATION: With the exception of Emergency Medicines such as Epi-Pens and Rescue Inhalers, *no medications*, prescribed or over the counter, may be self-administered by *any person under 18 years of age*.

..... **FOR OFFICE USE ONLY**

Printed Name of Individual Receiving Written Authorization and Medication: _____

Title/Position: _____ Signature: _____ Date: _____

NOTE: This form follows Section 10-212a, Section 19a-79-9a, 19a-87b-17 and 19-13-B27a(v.)

EMERGENCY TREATMENT PLAN FOR ALLERGIC REACTIONS AND ACUTE RESPIRATORY DISTRESS AND THE PERMISSION TO ADMINISTER MEDICATIONS BY CAMP PERSONNEL

_____ Food Allergy _____ Asthma _____ Bee/Wasp Stings _____ Other

Patient's Name: _____ DOB: _____

Physician's Name: _____ Phone Number: _____

Specific Allergy: _____

If the patient thinks he/she has been exposed to the above named allergen:

_____ Observe patient for symptoms of anaphylaxis X 2 hours

_____ Administer Epinephrine before symptoms occur, IM: _____ EPIPEN Adult _____ EPIPEN JR

_____ Administer Epinephrine if symptoms occur, IM: _____ EPIPEN Adult _____ EPIPEN JR

_____ Administer Benadryl per appropriate age/weight dose

_____ Call 911, transport to ER

If the patient is experiencing respiratory distress (shortness of breath, wheezing, coughing):

_____ Administer _____ PUFFS of _____ INHALER, REPEAT _____

_____ Call 911, transport to ER

Side effects, if any, to be observed: _____

CAMPER IS TO CARRY & MAY SELF-ADMINISTER EPIPEN / INHALER WHILE AT CAMP:

_____ Yes _____ No

Physician's Stamp:

Physician's Signature: _____ Date: _____

- I REQUEST THAT MEDICATION BE ADMINISTERED TO MY CHILD AS DIRECTED AND DESCRIBED ABOVE BY CAMP PERSONNEL AND GIVE PERMISSION FOR THE EXCHANGE OF INFORMATION BETWEEN THE PRESCRIBER AND CAMP NURSE AS NECESSARY TO ENSURE THE SAFE ADMINISTRATION OF THIS MEDICATION. I UNDERSTAND I MUST SUPPLY THE CAMP WITH THE NECESSARY MEDICATION.
- IF APPROVED BY THE PHYSICIAN ABOVE, I REQUEST AND GIVE MY PERMISSION FOR MY CHILD TO CARRY AND SELF ADMINISTER THE MEDICATION.

Parent/Guardian Signature: _____ Relationship: _____ Date: _____

Parent/Guardian's Address: _____ Town/State: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Camp Workcoeman Scouting Pistol Safety and Marksmanship Program

Participation and Hold-Harmless Agreement

Camp Workcoeman (Connecticut Rivers Council) is conducting a Scouting Pistol Safety and Marksmanship program. Scouts will be instructed how to handle, maintain, and shoot a pistol safely and be provided instruction to increase their marksmanship skills. Scouts will have classroom instruction and range instruction in which they will fire a pistol under the supervision of a trained Range Safety Officer and NRA certified pistol instructor. Scouts will be required to wear eye protection and ear protection at all times while on the range. Scouts are expected to abide by all safety rules and the instructions of the Range Safety Officer(s) and pistol instructor(s).

I, the undersigned, give my child, _____, permission to participate in this program. I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by the rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

For safety, my child and I agree that he/she will do the following or he/she will be removed from the program. I understand that any additional cost associated with participation in this program will not be refunded if my child is removed due to behavioral problems.

1. Complete the Pistol Safety and Marksmanship class taught at Camp Workcoeman.
2. Wear all safety gear at all times while on the range.
3. Follow all safety rules provided in the training class.
4. Follow the instructions of the Range Safety Officer(s) and pistol instructor(s).
5. Do not handle any pistols until instructed to do so by the pistol instructor(s).
6. Follow the instructions of the Range Safety Officer(s) at all times.
7. Is 14 years of age, or 13 and has completed the eighth grade, as of the start of the class and will be in full compliance with all local, state, and federal guidelines, including age restrictions and original equipment manufacturer standards.

Participant signature _____ Date: _____

Parent/guardian signature _____ Date: _____

Parent/guardian printed name _____

Home phone _____ Cell _____



Camping Merit Badge Prerequisite Requirement Sign-Off Form



Scout Name _____ Troop _____

To Troop Leadership:

The above Scout is attending a Camping merit badge program at Camp Workcoeman. In order to fulfill badge requirements, there are items which cannot be completed during a single day program.

Please review and initial those requirements which have been completed by the Scout prior to participation at this event. This verification will be used to identify requirements completed for Camping merit badge.

- _____ **4b)** Help a Scout patrol or a Webelos Scout unit in your area prepare for an actual campout, including creating the duty roster, menu planning, equipment needs, general planning, and setting up camp.
- _____ **5e)** Present yourself to your Scoutmaster with your pack for inspection. Be correctly clothed and equipped for an overnight campout.
- _____ **7b)** Prepare for an overnight campout with your patrol by doing the following: Pack your own gear and your share of the patrol equipment and food for proper carrying. Show that your pack is right for quickly getting what is needed first, and that it has been assembled properly for comfort, weight, balance, size, and neatness.
- _____ **8d)** While camping in the outdoors, cook at least one breakfast, one lunch, and one dinner for your patrol from the meals you have planned for requirement 8c. At least one of those meals must be a trail meal requiring the use of a lightweight stove.
- _____ **9a)** Camp a total of at least 20 nights at designated Scouting activities or events. One long-term camping experience of up to six consecutive nights may be applied towards this requirement. Sleep each night under the sky or in a tent you have pitched. If the camp provides a tent that has already been pitched, you need not pitch your own tent.
- 9b)** On any of these camping experiences, do TWO of the following:
- _____ **1)** Hike up a mountain, gaining at least 1,000 vertical feet
- _____ **2)** Backpack, snowshoe, or cross-country ski for at least 4 miles
- _____ **3)** Take a bike trip of at least 15 miles or at least four hours.
- _____ **4)** Take a nonmotorized trip on the water of at least four hours or 5 miles.
- _____ **5)** Plan and carry out an overnight snow camping experience.
- _____ **6)** Rappel down a rappel route of 30 feet or more.

Troop Leader _____ Signature _____ Date _____

Prerequisite Requirement Forms can be email to TLeisten@campworkcoeman.org or mailed to:
Thomas Leisten, 169 Camp Workcoeman Road, New Hartford, CT 06057



First Aid Merit Badge Prerequisite Requirement Sign-Off Form



Scout Name _____

Troop _____

To Troop Leadership:

The above Scout is attending a First Aid merit badge program at Camp Workcoeman. In order to fulfill badge requirements, there are items which cannot be completed during a single day program.

Please review and initial those requirements which have been completed by the Scout outside of participation at this event. This verification will be used to identify requirements completed for First Aid merit badge.

We encourage the Scout to complete requirements **5b)** and **14)** after participation at the Camp Workcoeman event. They will then be able to share their learning with and demonstrate youth leadership within your unit.

5a) Prepare a first-aid kit for your home. Display and discuss its contents with your counselor.

**** Scout should bring materials for requirement 5a to the session**

_____ **5b)** With an adult leader, inspect your troop's first-aid kit. Evaluate it for completeness. Report your findings to your counselor and Scout leader.

_____ **14)** Teach another Scout a first-aid skill

Troop Leader _____ Signature _____ Date _____

Prerequisite Requirement Forms can be email to TLeisten@campworkceman.org or mailed to:
Thomas Leisten, 169 Camp Workcoeman Road, New Hartford, CT 06057



Geocaching Merit Badge Prerequisite Requirement Sign-Off Form



Scout Name _____ Troop _____

To Troop Leadership:

The above Scout is attending a Geocaching merit badge program at Camp Workcoeman. In order to fulfill badge requirements, there are items which cannot be completed during a single day program.

Please review and initial the requirement which has been completed by the Scout outside of participation at this event. This verification will be used to identify requirements completed for Geocaching merit badge.

We encourage the Scout to complete this requirement after participation at the Camp Workcoeman event. They will then be able to share their learning with and demonstrate youth leadership within your unit.

- _____ 9) Plan a geohunt for a youth group such as your troop or a neighboring pack, at school, or your place of worship. Choose a theme, set up a course with at least four waypoints, teach the players how to use a GPS unit, and play the game. Tell your counselor about your experience, and share the materials you used and developed for this event.

Troop Leader _____ Signature _____ Date _____

Prerequisite Requirement Forms can be email to TLeisten@campworkceman.org or mailed to:
Thomas Leisten, 169 Camp Workcoeman Road, New Hartford, CT 06057



Lifesaving Merit Badge Prerequisite Requirement Sign-Off Form



Scout Name _____

Troop _____

To Troop Leadership:

The above Scout is attending a Lifesaving merit badge program at Camp Workcoeman. In order to fulfill badge requirements, there are items which cannot be completed during this short term program.

Please review and initial the requirement which has been completed by the Scout prior to participation at this event. This verification will be used to identify requirements completed for Lifesaving merit badge.

_____ **2a)** Earn the Swimming merit badge.

Troop Leader _____ Signature _____ Date _____

Prerequisite Requirement Forms can be email to TLeisten@campworkceman.org or mailed to:
Thomas Leisten, 169 Camp Workcoeman Road, New Hartford, CT 06057



SCUBA Diving Merit Badge Prerequisite Requirement Sign-Off Form



Scout Name _____

Troop _____

To Troop Leadership:

The above Scout is attending a SCUBA Diving merit badge program at Camp Workcoeman. In order to fulfill badge requirements, there are items which cannot be completed during this program.

Please review and initial the requirement which has been completed by the Scout prior to participation at this event. This verification will be used to identify requirements completed for SCUBA Diving merit badge.

_____ 2) Earn the Swimming merit badge.

Troop Leader _____ Signature _____ Date _____

Prerequisite Requirement Forms can be email to TLeisten@campworkceman.org or mailed to:
Thomas Leisten, 169 Camp Workcoeman Road, New Hartford, CT 06057