

TROOP 10/6010 BARTLE SUMMER CAMP - 2024



MONDAY, APRIL 15
PRAIRIE STAR MIDDLE
SCHOOL
6:00-8:00 pm

ALL FORMS FILLED OUT
BARTLE FEE PAID IN FULL

On Monday, April 15th all T10 Scouts attending Camp Bartle this Summer need to turn in **ALL** Troop 10 Summer Camp Forms and make all final payments

TROOP 10 SUMMER CAMP FORMS:

- 1- Summer Camp Agreement Form
- 2- Merit Badge Selection Form
- 3- Outpost Program Request Form (optional)
- 4- Special Needs Form (optional)
- 5- Adult Registration Form (only for adults staying overnight)
- 6- Prescription and Over the Counter Medication Form
- 7- BSA Health Forms Parts A, B & C

- Most of these forms are “fillable” PDF files and can be completed on your computer.
- All Troop Scout Debit Accounts need to be paid in full to attend Summer Camp – contact the Troop Treasurer, Arwen Moore with questions; treasurer.bsatroop10@gmail.com
- **Questions?** Herb Strain: hastrain@aol.com





Summer Camp Agreement Form

Fillable PDF – Type right into this form

Troop: _____

Scout Information

Scout's Name: _____

Scout Rank: _____

Micosay Rank: _____

Age at Camp Start: _____

T-shirt Size: _____

At Camp

Tent Mate Preference: _____

Camp Box Lock

Combination: _____

Contact & Custody Information

Parent Phone 1) _____

numbers: 2) _____

3) _____

The following questions must be answered:

Who, if anyone, has permission to pick up the Scout if they are leaving the reservation?

Is there anyone who is specifically NOT allowed to pick up your Scout? If so, who?

If the parents are divorced, what is the legal status of their custody arrangement?

Who, if anyone should have NO contact with your Scout?

Agreement

We agree to the following points:

- 1) We have read the rules for Summer Camp established by the Troop 10/6010 Committee and Bartle Scout Camp and agree to follow them.
- 2) If considered necessary, the Adult Leaders may request that a Scout go home early from Summer Camp. This request must be approved by the Camp Scoutmaster before any action can be taken. If this becomes necessary and has been approved by the Camp Scoutmaster, the parents or legal guardian agree to pick up their Scout immediately. If the Scout is being sent home for disciplinary reasons, there will be no refund of camp fees.
- 3) The parents or legal guardians hereby grant the Adult Leaders at camp the authority to authorize any medical treatment that the Leaders deem necessary appropriate under the circumstances.
- 4) Scouts are responsible for any damage they may cause to Troop or Camp gear, tents, cots, etc. The Scout and their parents/guardians agree to pay for all damages the Scout may cause.
- 5) Your signatures below, indicate the scout and parent(s) understand the Troop 10/6010 policy regarding items that are discouraged, and those that are not allowed at Camp Bartle. A list of these items are in the current year Troop 10/6010 Bartle Camp Manual. If a scout should have these items at camp, and use them outside of their tent, they will be confiscated, and returned to the scout at the conclusion of Camp. Furthermore, Troop 10/6010 is not responsible for these items if they are lost, damaged or stolen at camp.

SCOUT'S Signature

PARENT or GUARDIAN Signature

PARENT or GUARDIAN Signature

Parent AND Scout Signatures Required

All three signatures are required if joint custody

Fillable PDF – Type right into this form

Bartle 2024 Merit Badge Schedule

Merit Badge	# of Days	Notes	Cost	8:30	9:30	2:00	3:00
CLIMBING TOWER							
Climbing	3	13 Yrs or older		8:30-10:30		2:00-4:00	
ECOLOGY / CONSERVATION							
Astronomy	6	2nd Yr Camper (1 night Star Hike) Prerequisites		X		X	
Bird Study	3	Prerequisites (bring binoculars)				X	
Environmental Science (Eagle Badge)	6	Prerequisites		X	X	X	X
Forestry	6			X			
Geology	3			X	X		X
Insect Study	3	Prerequisites		X		X	
Mammal Study	3				X	X	X
Nature	6	Prerequisites			X		X
Plant Science	6	13 Yrs or older, Prerequisites			X		
Reptile & Amphibian Study	6	Prerequisites		X			
Soil & Water Conservation	3						X
Space Exploration	6	Purchase rocket kit at camp	\$20.00		X		X
Weather	3	Prerequisites				X	
HANDICRAFT							
Art & Leatherwork	3	Prerequisites	\$5.00		X	X	X
Basketry	3		\$20.00	X	X		
Chess	3			X		X	X
Metalwork	6	13 Yrs or older	\$10.00		X		X
Pottery & Sculpture	6	Prerequisites	\$5.00	X		X	
Wood Carving	3	Totin' Chip Required	\$3.50	X	X	X	X
LAKEFRONT !!! Called Warriors CANNOT do 10-11:30; or 3:30-5 courses !!!							
Advanced Sailing (not a MB)	3	14 yrs, Must Have Sailing & Lifesaving MB				2-3:30	
Canoeing	6	Must Have Lifesaving MB		8:30-10	10-11:30	2-3:30	3:30-5
Kayaking	3	2nd Yr Camper, Must Have Lifesaving MB		8:30-10	10-11:30	2-3:30	3:30-5
Motorboating (must show photo ID)	1	14 Yrs, Lifesaving MB, State Certificate	\$10.00	8:30-11:30			
Rowing	3	Must Have Lifesaving MB		8:30-10	10-11:30	2-3:30	3:30-5
Small Boat Sailing	6	2nd Yr Camper, Must Have Lifesaving MB		8:30-10	10-11:30		3:30-5
Watersports	1	14 yrs, Must Have Lifesaving MB	\$20.00	8:30-11:30		2:00-5:00	
MIC-O-SAY LODGE							
Indian Lore (great badge for Called Warriors)	2	14 Yrs, Prerequisites, Days 8 & 9 only		X	X	X	X
POOL							
Lifesaving (Eagle Badge)	6	Swimming MB Required		8-9:30			
Mile Swim (Patch - Not a Merit Badge)	5	4 days of conditioning, Mile Swim Day 8			X		
Snorkeling (Patch - Not a Merit Badge)	3				X		
Swimming (Eagle Badge)	6					X	X
SCOUTCRAFT							
Camping (Eagle Badge)	3	2nd Yr Camper, Prerequisites		X		X	
Emergency Preparedness & Search and Rescue	6	14 yrs, Prereqs (Emerg Prep is an Eagle Badge)		X	X		
First Aid (Eagle Badge)	6	1st Class Rank or Above, Prerequisites		X		X	X
Fire Safty	3	2nd Yr Camper, 1st Class Rank, Prerequisites		X		X	
Pioneering	6	1st Class Rank or Above		X			X
Signs, Signals & Codes	6	2nd Yr Camper, Prerequisites				X	X
Wilderness Survival	3	2nd Yr Camper, Prereqs, Overnight Day 3 or 7			X		X
SHOOTING SPORTS							
Archery	6	2nd Yr Camper	\$3.00	X	X	X	X
Long Range .22 cal Rifle Markmanship	3	16 years or older, Must Have Rifle MB	\$20.00	8:30-10:30		2:00-4:00	
Rifle Shooting	6	2nd Yr Camper	\$6.00	X	X	X	X
Shotgun Shooting (Briley Creek)	6	14 Yrs or Above	\$25.00	X	X	X	X



Merit Badge Sign-Up Form

Scout Information Troop _____

Fillable PDF – Type right into this form

Scout's Name: _____

Scout Rank: _____

Micosay Rank: _____

Age at Camp Start: _____

NEW SCOUTS

**We recommend you sign up for
Swimming & Environmental
Science in the afternoon**

Each Scout going to camp will sign up for and attend Merit Badge Classes. Please review the Merit Badge Schedule then complete the fields below. Be aware that some badges take 3 days to complete, while others take 6 days. For 6-day badges select the same badge in that time slot for both weeks. ALL Scouts MUST sign up for at least 4 badges. Eagle Scouts MUST sign up for at least 2 badges.

- **PLAN CAREFULLY:** Do not sign up for a badge like Lakefront immediately followed by something far away, such as Shotgun or Climbing.
- Please take a look at any prerequisite for your badges. If you want to complete those badges at Camp, you MUST complete them PRIOR to camp. Their worksheets can be found on the Troop's website.
- **Advance work is outlined on the next page...**

First Week

Merit Badge Classes (3 Days of classes)

8:30am: _____

9:30am: _____

2:00pm: _____

3:00pm: _____

Second Week

Merit Badge Classes (3 Days of classes)

8:30am: _____

9:30am: _____

2:00pm: _____

3:00pm: _____

Alternate Badges

MeritBadgeClasses

EVERYONE PLEASE LIST AT LEAST FOUR !!! Especially if you are signing up for any Lottery Badges (Lakefront, Metalworks, Climbing & Shooting Sports)

Alternate 1: _____

Alternate 2: _____

Alternate 3: _____

Alternate 4: _____

Alternate 5: _____

Alternate 6: _____

Note: Some Merit Badges have costs associated with required materials (i.e. supplies, gasoline, ammunition)

Scouts need to pay these fees at the Trading Post and take their receipt to the first day of the Merit Badge Course.

MB COSTS are listed above in the Merit Badge Matrix

Fillable PDF – Type right into this form

- Merit Badge Advance Work

Many of the Merit Badges your Scout can pursue at camp either:

1. Require work to be done before arriving at camp, or
2. Will be much easier to complete if some of the work is done in advance.

Discussed below are various badges available at camp and the recommended or required advance work. If your scout intends to pursue one or more of these badges, they should study the Merit Badge Book and complete the advance work as soon as possible.

Note: Parents of New Scouts:

The Troop Leaders **Strongly Suggest** that your scout sign-up to take Environmental Science and Swimming Merit Badges in the afternoon (2:00pm & 3:00pm). We try to keep all our scouts together in the same classes. This earns them **Two Eagle Scout Required Merit Badges**. It gets them in the water every day to both cool them off and clean up. For Environmental Science MB, it is vitally important that they complete the advance work as soon as possible. It is virtually impossible to complete this badge at camp unless the advance work is completed

In every case, it is best to read the complete requirements in the Merit Badge Book.

The following merit badges have prerequisite worksheets. The worksheets can be found at:

<http://usscouts.org/mb/worksheets/list.asp>

Art, Astronomy, Bird Study, Camping, Emergency Preparedness, Environmental Science, Fire Safety, First Aid, Indian Lore, Insect Study, Motorboating, Nature, Plant Science, Pottery, Reptile & Amphibian Study, Signs-Signals and Codes, Weather, and Wilderness Survival

Art - Req. 6: Visit a museum, art exhibit, artist's co-op or artist's workshop.

Astronomy - Req. 4, 5, 6 & 8: Sketch Big Dipper. Chart five visible Planets. Sketch planet position for 4 weeks. Sketch Moon phases.

Bird Study - Req. 5: Bring your field observation notebook to camp. **Req. 8:** Participate in a bird outing of a local club or use library/contact National Audubon Society. **Req. 9:** Build a bird feeder or bird bath (parents confirmation needed). Bring binoculars and bird guide.

Camping - Req. 3: Written plan for an overnight trek. **Req. 5e:** Present yourself with pack for inspection. **Req. 7b:** Pack Gear in backpack. **Req. 8c and 8d:** Prepare campout menu, cook 3 meals and use backpacking stove. **Req. 9a:** 20 nights camping, **Req. 9b:** Two different camping experiences and **Req. 9c:** Conservation project.

Emergency Preparedness - Req. 2c, 6c, 7, 8b, 9. Bring documentation to camp.

Environmental Science - Req. 3e, & 4: Although some of these requirements may be completed at Summer Camp, the wise Scout will work on these in advance of arriving at Bartle.

Fire Safety - Req. 6, 11 & 12: Bring documentation to camp.

First Aid - Req. 1 & 7: Complete all first aid requirements for ranks thru First Class. CPR & AED.

Insect Study - Req. 9. Bring documentation to camp. Bring notebook for insect scrapbook.

Indian Lore - Req. 5. Bring documentation to camp.

Motorboating - Missouri or Kansas State Safety Training and Photo ID Required. On-line course available: <http://www.boat-ed.com>

Nature - Req. 4: Bring evidence (pictures, records, logbook) of completed projects. **Req: 4a1; 4b1, 4b2; 4c1, 4c2, 4c3; 4g1 & 4g2; and 4h1 & 4h2** can be completed at camp.

Plant Science - Bring notebook for plant pressing

Pottery - Req. 7: Visit kiln yard, museum or research pottery

Reptile and Amphibian Study - Req. 8: Keep a reptile or amphibian healthy for one month. Report on food consumption, health, skin shedding, and general habits. Bring evidence (pictures, records, logbook)

Signs, Signals and Codes - Req. 7: Lay out a trail. **Req. 9a, 9c & 10**

Weather - Req. 9A: Bring "weather instruments" you have made to camp and bring your Daily Weather Log.

Wilderness Survival - Req. 5: Bring "survival kit" to camp.

Be Prepared.





Outpost Programs – Interest Form

Fillable PDF – Type right into this form

Outpost Programs are optional, if you would like to participate, please choose 1-4 programs below. These programs take place during Lunch or Supper. But remember, if you request a program – you MUST attend it. Your meal will be at the Outpost site!

Scout Information

Scout’s Name: _____
Scout Rank: _____
Micosay Rank: _____
Age at Camp Start: _____
Troop 10/6010

Outpost Request

1st Choice: _____
2nd Choice: _____
3rd Choice: _____
4th Choice: _____

Any Age

Escape Room: Race to escape the puzzle filled cabin	Lunch (11:00am) or Dutch Oven Supper (4:30pm).	COPE Course just past the Climbing Tower.
Mountain Man Village: Black powder rifle.	Lunch (11:00am) or Dutch Oven Supper (4:30pm)	“Frontier Town” in Piercing Arrow
Top Shot: Chalkball competition.	Lunch (11:00am) or Dutch Oven Supper (4:30pm)	Near Piercing Arrow Campsite Long
Spar Poles & Ziplining: COPE Course activities & Ziplining.	Lunch (11:00am) or Dutch Oven Supper (4:30pm).	COPE Course just past the Climbing Tower.
Turkey Wing Gun Club: Learn gun safety & Shoot .22 rifles	Lunch (11:00am) or Dutch Oven Supper (4:30pm).	Sawmill Rifle Range.

Age 13 or older

Cliff Hanger: Rock climbing, Ice wall climbing, rappelling and crate stacking.	Lunch (11:00am) or Supper program (4:30pm).	Climbing Tower.
Up & Down Cave: Explore the Up & Down Cave.	Lunch (11:00am) or Dutch Oven Supper (4:30pm).	Meet at Climbing Tower.
COPE Course: Challenging Outdoor Personal Experience. “Low Course”: Team Building. “High Course”: Zip Line, 2-wire Traverse, Vine Walk, Giant’s Ladder, Rope’s Course. Physically & mentally demanding. Need to attend Days 6, 7 AND 8...	Days 5 & 7 (8:30am-10:30am) Day 8 (8:30am-1:00pm) High Course & lunch on Day 8 <i>This will conflict with regular merit badge courses.</i> <i>Conflicts with Called Warrior Dance Practice</i>	COPE Course just past the Climbing Tower.

Age 14 or older

Briley Creek Trap & Skeet: 20-gauge shotgun trap shooting, Hunter & Gun Safety .	Lunch (11:00am) or Dutch Oven Supper (4:30pm).	½ mile downhill from Indian.
Cowboy Action: Shoot .22 pistols, .22 rifles & double barrel shotguns, Hunter & Gun Safety	Lunch (11:00am) or Dutch Oven Supper (4:30pm).	Sawmill Rifle Range.



2024 SPECIAL NEEDS REQUEST

REQUEST FOR PHYSICAL ARRANGEMENTS ASSISTANCE ••••

INCLUDES SPECIAL DIETARY REQUESTS ••••

(MUST attach Doctor's note stating reason if Medical)

(MUST attach Religious Organization Affiliation note stating reason if Religious)

You can type right into the fields below...

Dietary requests can only be for Medical or Religious Reasons !!! (NOT personal choice)

Please select from 1 of the 4 special diets that Bartle offers (listed below)

Request Made For (Name): _____ **Age** _____

Reason: **Medical** **Religious**

Explanation:

I have attached a Doctor's Note

Religious Organization Note

I will submit documentation later

If not attaching a Form, please have it emailed to Herb Strain before May 1, 2024
hastrain@aol.com

Bartle Camp Food Service:

- 1) Does not use tree nuts or peanuts in preparation of food. Please note peanut butter is offered/available at the communal fruit and bread table. Some items used are made in facilities that also process tree nuts and peanuts.
- 2) Strives to avoid gluten at many meals, however, gluten is an ingredient found/used in the kitchen.
- 3) Uses a vegan/dairy free butter alternative for most cooking applications.
- 4) Any Soy Sauce that is used is gluten free.
- 5) H. Roe Bartle Scout Reservation can provide substitutes or alternative menus for participants with one of the following dietary restrictions:
 - **Vegetarian (not Vegan)** – A meal that does not include animal protein. Protein alternatives such as beans, legumes and tofu will be used.
 - **Gluten free** – A meal that does not include gluten (i.e. Wheat). Rice and/or corn is the most common substitution
 - **Dairy free** – A meal that does not incorporate dairy items such as cheese, milk, or butter. Eggs are not considered “dairy” and will be included as necessary.
 - **Kosher/Halal** – A meal that adheres to this style (not certified) and does not include pork. Substitution of turkey, chicken, or beef will be used. Dairy and meat are not mixed but may appear in separate parts of the meal.

PLEASE NOTE !!!

If you want a special diet but it is for personal reasons and you cannot provide documentaion from a doctor or religious organization, you will need to make your own arrangements. (i.e. supplemental food)

If you do request a special diet, you are expected to make sure you collect the special diets provided by the camp. They get very upset if they make these special meals and they go to waste.



Adult Nights in Camp

Fillable PDF – Type right into this form

Adult Information

Name: _____

Are You in Mic-O-Say? _____

T-shirt Size : _____

In which Camp will you be staying

Troop 10 - Boys (Sawmill - Hawthorn)

Troop 6010 - Girls (Piercing Arrow - Collins)

Adults: Please use this form to indicate which **NIGHTS** you plan to stay at Bartle Summer Camp 2024

			Call Night Visitor Sunday		Warrior Ceremony	Honorary Call & Orientation	Brave Ceremony			
Night 1	Night 2	Night 3	Night 4	Night 5	Night 6	Night 7	Night 8	Night 9	Total Nights	
Friday June 14	Saturday June 15	Sunday June 16	Monday June 17	Tuesday June 18	Wednesday June 19	Thursday June 20	Friday June 21	Saturday June 22		

Amount Paid : \$ _____

2024 Camping Fees for Leaders and Parents (Troop 10)

LEADERS & PARENTS - On or prior to April 15th

Full Time (7, 8 or 9 nights) **\$505 Total Fee** (\$405 + \$100 Deposit made in October 2023)

Part Time (fees CANNOT be combined with another adult)

- 1 night: \$135**
- 2 nights: \$245**
- 3 nights: \$325**
- 4 nights: \$385**
- 5 nights: \$425**
- 6 nights: \$455**

Unless you are the parent of a New Scout, please add a \$25 late fee to the amounts above if you did not make a deposit in October 2023. If final payment is made after April 15th, other late fees will apply. See the Bartle Fee Schedule on the Troop website for details.

ADULT REGISTRATION REQUIRED

- All Adults staying at Camp **MUST** be registered with the Boy Scouts of America
- A separate registration fee of \$104 will be billed to your scout account
- Registration Processing take 3-4 weeks, they **MUST** be filed by May 15th, 2024
- NO Adult will be allowed to stay at Camp without being registered
- If you need information about registering, contact Herb Strain; hastrain@aol.com

• **Fillable PDF – Type right into this form**

Last modified: March 24, 2024



Authorization to Dispense Prescription Medications and/or Over the Counter (OTC) Medication

Scout/Venture Crew Member Name (Last, First)	DOB	
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Parents Contact Number: Primary -	Other -
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AUTHORIZATION: I hereby authorize any Registered Adult Leader of the Boys Scouts of America, Heart of America Council or any other authorized adult to dispense to the above named Scout those PRESCRIPTION MEDICATIONS that are listed on Part A of his/her current BSA ANNUAL HEALTH FORM, in the manner as prescribed by the listed medical professional and those OTC MEDICATIONS listed below. These OTC MEDICATIONS may be, unless stated otherwise in the limitations/special instructions sections below, administered at the discretion the Registered Adult Leader(s) or any other authorized adult to dispense medication, for causes or conditions indicated on the labeling for the product, in the dosages stated on the labeling for a youth of the age/ weight of my Scout/Venture Crew Member.

OTC Medication	Initials	Limitations/ Special Instructions
All of the medications listed below		No limitations
PAIN RELIEF: Acetaminophen (e.g., Tylenol and generics), Ibuprofen (e.g., Motrin, Advil, and generics), Naproxen sodium (e.g., Aleve and generics)		
DECONGESTANT: Phenylephrine HCl, Pseudoephedrine (e.g., Sudafed, and generics)		
ANTIHISTAMINE: Diphenhydramine (Benadryl and generics) Loratadine (e.g., Claritin and generics), Chlorpheniramine maleate,		
ANTIDIARRHEA: Pepto Bismol and generics, Immodium and generics		
ANTIACIDS / ACID CONTROLLERS: Calcium Carbonate, Magnesium Hydroxide, and/or Aluminum Hydroxide (e.g., Tums, Rolaids, Mylanta, Maalox), and others containing some or all of these ingredients, and generics)		
MOTION SICKNESS TREATMENT: Dimenhydrinate (e.g., Dramamine and generics), Meclizine hydrochloride (e.g., Bonine and generics)		
TOPICAL ANTISEPTICS AND SCRUBS: Povidone iodine (Betadine and generics), Hydrogen peroxide, Cholorhexidine (Hibiclens) and other general antiseptics		
TOPICAL ANTIBIOTICS: Neosporin, Bactine, triple antibiotics (including generics) and similar products contains antibiotics with or without topical pain relief		
TOPICAL BURN / SUNBURN RELIEF: Creams and Gels including aloe vera and other products labeled as providing relief from minor sunburn and burns		
TOPICAL ITCH / RASH RELIEF: Hydrocortisone (Cortaid and generics), Diphenhydramine Hydrochloride (Benadryl Itch Relief and generics), Calamine Lotion, Loratadine (e.g., Claritin and generics)		
TOPICAL MEDICAL POWDERS: Gold Bond and others - Ingredients include menthol, zinc oxide, talcum powder, corn starch etc. for itch relief		
TOPICAL BITE / TOXIN NEUTRALIZERS: Meat tenderizer, After Bite, (containing ammonia), baking soda, papain, vinegar, and/or other ingredients to neutralize toxins)		

I, the parent (legal guardian) of the above Scout authorize the giving of medication as indicated above. I will not hold the dispensing individual, the Heart of America Council, or Boy Scouts of America liable for administering or not administering the medication, or any adverse/ allergic reactions my Scout/Venture Crew member may have.

Parent or Legal Guardian Printed

Name: _____

Signature: _____ Date: _____

Troop 10/6010

Annual Health and Medical Record Needs to be updated yearly

New Annual Health and Medical Record for Upcoming Scouting year is due when joining AND then Every August/September thereafter AND before the first Scouting Activity is attended.

Part A & B: Waiver and General Health Information

All Scouting Events require forms **Part A & B**

Applies to ALL participants (Youth & Adults) – basic Scouting activities less than 72 hours in duration.

Please **type** in the pdf:

- Turn in **2 copies** to the Troop 10 Health Form Coordinator
Keep a copy for yourself. Remember to save your completed pdf file on your computer.
- Part A - Waiver on front side, copy of your insurance card on back side
- Part B - Double sided health form

Troop information:

- Unit Leader: Rob Day T10
- Mobile Phone: 913.669.6477 / 913.484.1086
- Council Name/No: HOAC 307
- Unit No: 0010 T10
- Tetanus Date needs to be within 10 years

Part C: Pre-participation physical

- Part C must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Bartle Summer Camp:

- Health Form Requirement applies to all Scouts and full time/part time Adults
- **Due no later than May 30, 2024**

High Adventure Medical Forms:

- If you are attending a High-Adventure Trip to Philmont, Sea Base, or Northern Tier you will need your own copies of forms A, B, C with YOU.
- You will also need additional Forms/Information:
<http://www.scouting.org/scoutsource/HealthandSafety/ahmr.aspx>

Turn in forms at Troop 10 meetings or email:

- T10 Health Form Coordinator
- Email to: healthforms@bsatroop10.org

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____

Date of birth: _____

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.

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: _____



Part B1: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

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

Address: _____

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

Unit leader: _____ Unit leader's mobile #: _____

Council Name/No.: **HOAC - 307** Unit No.: _____

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



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

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

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

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



Part B2: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

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

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

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

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

Check here if no medications are routinely taken. If additional space is needed, please list 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. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

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

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX.
 Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: Yes No

Reason: _____

Approved by: _____

Date: _____



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: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____



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			

Yes	No	Allergies or Reactions	Explain
		Medication	
		Food	

Yes	No	Allergies or Reactions	Explain
		Plants	
		Insect bites/stings	

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

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

Examiner's Certification

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

True	False	Explain
		Meets height/weight requirements.
		Has no uncontrolled heart disease, lung disease, or hypertension.
		Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
		Has no uncontrolled psychiatric disorders.
		Has had no seizures in the last year.
		Does not have poorly controlled diabetes.
		If 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



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