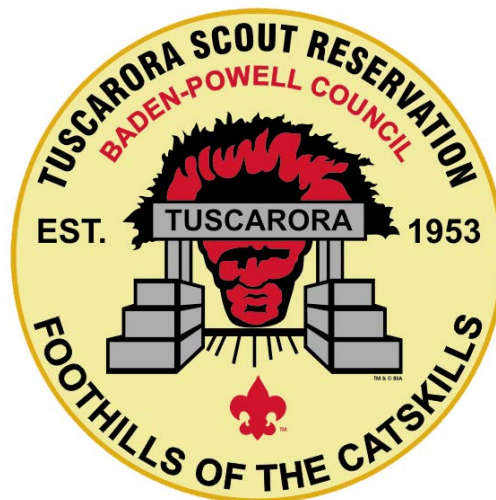


# Winter Adventure Camp

## Parent and Leader Guidebook

### Baden-Powell Council, BSA



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## Welcome to Baden-Powell Council's First Winter Camp!

**Dear Scouts, Leaders and Parents,**

Summer Camp is over and its a long time to wait until next year! So why wait? Baden-Powell Council is proud to present its first ever Winter Camp at Tuscarora Scout Reservation. We'll be together for three days of Merit badges and programs, some unique to Winter. Scouts can choose from up to 20 merit badges, awards, and activities for while they're there. All meals will be served through the Nature Lodge. Scouts can sign up with their units or sign up provisionally. Come spend three days between Christmas and New Years in the foothills of the Catskills camping in leantos in a very special time of year.

This event is a combination of merit badges and outdoor experiences specific to Winter. We have put this guidebook together to give you the answers to the most frequently asked questions, however, it is impossible to answer everything. If you have any questions or concerns, please don't hesitate to contact us at 607-648-7888 or by emailing the Winter Camp Director at [Chris.Ambra@scouting.org](mailto:Chris.Ambra@scouting.org).

**In the Spirit of Scouting,**

Chris Ambra

Council Program Director/Camp Director

[Chris.Ambra@scouting.org](mailto:Chris.Ambra@scouting.org)

607-648-7888



### PROGRAM REQUIREMENTS

- \* Participants must be registered Scouts, BSA or Venture Crew Members **age 12 or older due to the winter conditions.**
- \* Participants must have Scoutmaster or Crew Leader approval because of the winter conditions
- \* Participants must have a completed BSA Medical Form (Parts A, B and C)

## ARRIVAL and DEPARTURE

### ARRIVAL DAY:

**CHECK IN BETWEEN 3:00-6:00 PM on Monday December 27, 2021 at the Campmaster/Security Building.**

Early arrivals will not be checked in prior to 3:00 pm as our staff will be making final preparations to welcome you. If you need to make other arrangements, please contact the Camp Director.

**-Please make sure all Camp Forms have been sent in 2 weeks prior to your camp dates, or bring them with you to hand in at check-in.**

-Upon arrival please leave your equipment in the car. Scouts and adults need to check-in at the Campmaster/Security Building, and bring required camp forms and medications with them.

The check-in process takes some time, so please plan accordingly. Upon arrival, campers will meet the camp administration to verify all contact information and any special needs. Each camper will also meet briefly with the camp health officer who will verify that all health forms are present and complete, and collect any medications. Once you have checked-in, a staff member will direct you to your leanto for the week.

### DEPARTURE:

**CAMPERS WILL DEPART BY 5:00 PM on Thursday December 30, 2021.**

Leaving camp, except at the designated times, is discouraged. If the camper needs to leave camp for any reason a parent/guardian is responsible for transportation and needs to make prior arrangements with the Camp Director. Campers will be released only to those listed on the camper release form (Appendix B) and early release form (Appendix C).

## CAMP FORMS

**PARENTS PLEASE PAY SPECIAL ATTENTION:** Anyone that does not have a **COMPLETED HEALTH FORM**, which would include the Dr.'s signature on part C form, will **NOT** be allowed into camp. There are **NO** exceptions to this policy and it is **STRICTLY** enforced.

Required Camp Forms Include the following:

- Annual Health and Medical Form (Parts A, B and C)
- Dietary Needs Form (if special meals are needed)
- Swim Test Verification Form (if participating in the Polar Bear Plunge).
- Authorization for Camper Release (if parent or guardian is not picking Scout up)
- Early Release Form (if Scout is leaving camp early)

All necessary forms can be found in the appendices of this guidebook.



## GENERAL INFORMATION

### CAMP ADDRESS and PHONE NUMBER

Tuscarora Scout Reservation

205 Summit Lake Windsor, NY 13865

607-467-2721

### LODGING:

Scouts will be housed in Lean-tos in Winter Unit's 1-4. Staff or Adults will sleep in the Center Lodges to ensure the fires are kept going in the woodstoves. Those participating in Winter Wilderness Survival will sleep in their shelters on night 2 or 3 (Tuesday or Wednesday).

DINING: All meals will be provided in the Nature Lodge at scheduled times. Please let us know in advance of any special dietary needs by using the Dietary Needs Form (Appendix A).

### TUSCARORA GRACES

#### **Morning -**

Gracious giver of all good, Thee  
we thank for rest and food,  
Grant that all we do and say, In  
Thy service be this day. Amen

#### **Noon -**

Father for this noonday meal,  
We would speak the Praise we feel,  
Health and strength we have from  
Thee, Help us lord to faithful be. Amen

#### **Evening -**

Tireless guardian of our way,  
Thou has kept us well this day,  
While we thank thee we request,  
Care continued, pardon rest.  
Amen

### TRADING POST

A trading post will be open for scouts to buy Winter Camp memorabilia, camp supplies, snacks, merit badge books, and other items. The hours of operation and location will be posted.

Any pre-ordered merchandise will be available to be picked up on the first evening in camp.

### UNIFORMS

The Scouts BSA field uniform should be worn to the evening flag ceremony and evening meal each day. The rest of the time, scouts and leaders may wear whatever they chose, as long as it is appropriate for the Scouts and the weather. Weather conditions will be a major factor in how the scouts dress.

### VISITORS

All visitors must check in and out at the Campmaster/Security Building. Visitors will be given visitor identification. Please do not plan to eat with your Scouts- the winter weather and time of year restrict which buildings we can use, which limits our available space for meals.

### SIGN-IN AND SIGN-OUT:

When leaving camp for any reason all scouts and adults must sign out at the Campmaster/Security Building. Anyone that will not be attending a meal must notify the Camp Director prior to departure. Upon returning to camp they must sign-in at the camp office. This is very important. In the event of a camp wide emergency we need to account for everyone who is registered in camp.

### VEHICLES IN CAMP:

Vehicles are only permitted in designated parking areas. Vehicles are NOT permitted in camp sites or program areas. Those with a Special Need may see the Camp Director and Ranger for permission.

## GENERAL INFORMATION (continued)

### CAMP IDENTIFICATION:

All staff, scouts and adults will wear a wrist band while they are in camp. If you see an adult who does not have a wrist band, please ask them to report to the Camp Security Building to sign-in. Please also notify a member of the Camp Staff that has a radio.

### PHOTO USE POLICY:

Our staff and leaders often take pictures of our camp in action. These pictures may be included in camp promotional materials. If you do not wish your child to be photographed, please inform your leader and the Camp Director in writing before camp begins.

### PRE-CAMP LEADERS/PARTICIPANTS MEETING:

All leaders will be notified of a pre-camp meeting to be held in November. This is YOUR opportunity to meet the Camp Director and members of the Camp Staff, turn in paperwork, ask questions; learn how the program works, etc. Hope to see you all there!

### TIMELINESS:

Please be on time to all program areas, activities, meals, etc. Our staff will begin sessions promptly and if they are departing for a hike or additional locations for sessions, you may miss out.

### ANIMALS IN CAMP:

Pets are not allowed in camp unless prior approval has been granted by the Baden-Powell Council Program Director/Camp Director and Camp Ranger. Please leave your pets at home, and remind parents and visitors that pets are not welcome in camp at any time.

### SCOUT BEHAVIOR:

It is important that scouts remember they are members of the Boy Scouts of America. As such, they should remember to use proper outdoor manners and to learn to live by the Outdoor Code. Scouts should not cut down live trees and/or plants or destroy nests or other wildlife that live in Tuscarora. We are guests here; they are the residents. The general rule of Scout camping is "You leave it cleaner than when you found it."

Scouts should adhere to the principles of the Scout Oath and Scout Law. If camp rules are ignored or broken, the Camp Director will, in consultation with Unit Leadership and the Scout Executive, determine the best course of action up to and including dismissal with no refund.

### WHAT NOT TO BRING

Alcohol, Tobacco, Electronic Cigarettes, Fireworks, Arrows, Chainsaws, Pets, and any other item that is dangerous or inappropriate. Failure to adhere to these policies will result in the immediate intervention by the Camp Director and/or Camp Ranger. Please also leave any electronic games and other expensive items at home.



**SCOUTS | BSA**

## PAYMENT

### 2020 PAYMENT SCHEDULE

REGISTRATION CUT-OFF IS 12/14/2021

Scouts BSA or Venture Crew member Early Bird Fee (11/26/2020)	\$150
Regular Fee (11/27/2021 to 12/14/2021)	\$170
Leader Fee	\$40

REGISTRATIONS CLOSES ON 12/14/2021 OR WHEN SOLD OUT

### PAYMENT METHODS:

- Pay online at [www.scoutingevent.com/368-WinterCamp2021](http://www.scoutingevent.com/368-WinterCamp2021)
- Mail or drop off your invoice with a check (made payable to Baden-Powell Council), or credit card information to  
Baden-Powell Council, BSA 2150 NYS Route 12, Binghamton, NY 13903

\* All checks returned for non-sufficient funds (NSF) will be electronically debited for the face value plus a returned check processing fee as allowed by New York State law.

## QUESTIONS

Registration, Payment, Financial Assistance, Expectations, etc.:

Call 607-648-7888 or email the Camp Director (Chris Ambra) at [Chris.Ambra@scouting.org](mailto:Chris.Ambra@scouting.org)

For more information, see our camping section on our website at [www.bpcouncil.org](http://www.bpcouncil.org); or visit us on Facebook at the following pages: Baden-Powell Council, BSA or Tuscarora Scout Reservation.

## HEALTH and SAFETY

The foremost concern of all camp staff is the well-being, safety, health, and well-being. All camp programs follow the winter camping guidelines set forth in The Guide to Safe Scouting (see pages 19 & 20)

Please note: Camp staff, in consultation with the Camp Director and Camp Ranger, reserves the right to cancel and/or reschedule any activities due to safety or weather concerns.

### BUDDY SYSTEM:

Scouts should never be by themselves. Each Scout should travel with a buddy. This policy will be reviewed with all campers during the Camp Orientation on Day 1.

### MEDICAL FACILITIES:

Winter Camp at Tuscarora will have a Health Officer to provide any needed medical assistance.

### EMERGENCY ALERTS

In the event of a camp wide emergency an air horn will be used. All Scouts and leaders will proceed to the emergency assembly area (In front of the Security Building). Staff and other designated personnel will respond as assigned in accordance to the type of emergency.

### HEALTH HISTORY FORMS:

All participants, youth and adults, must bring a current copy of their BSA Medical Form parts A,B, and C (Appendix I). BSA health forms are also available online at the council and national websites. This form must be signed by parents and medical personnel and dated within a year of the event. Immunization records must be provided. A copy of insurance card must be attached to the medical form. All injuries and ailments should be reported to the camp Health Officer.

### MEDICATIONS:

Any prescriptions at camp must be reported and locked up. Medications should be locked up and administered by the Camp Health Officer. Emergency medications (epi-pen, inhalers, etc.) should be kept on the user at all times and should not be locked up. For campers to receive the administration of any over the counter medications the OTC Form must be included. See Appendix D

### YOUTH PROTECTION:

Leaders must be current with BSA Youth Protection Training. Report any suspected child abuse incidents immediately to the Camp Director ONLY.

### PERSONAL CLEANLINESS:

Being clean in body and mind are part of the Scout Law and part of Scout training. Scouts should wash up each morning and in the evening prior to going to bed. A package of handi-wipes would be useful for this. Be sure that they change their clothing regularly and clean their hands before coming to each meal.

### LATRINES:

Latrines need to be swept out regularly. Paper towels and toilet paper can be obtained from the Nature Lodge. It is important that scouts use the latrine properly. Please use designated latrines.



## Discipline Policy- Winter Camp

Dear Parent,

Your scouts's time at camp will be a fun filled, memorable learning experience. Meeting new Scouts and making new friends, while having fun and being safe in the Winter outdoors, is a central goal of Winter Camp. It is our goal as a staff that each Scout has a chance to enjoy this opportunity. One factor, which may create difficulty for scouts to fully enjoy their camping experience, is poor discipline. Unfortunately, this is an issue that we must address in camp.

As a camp staff, we do not want a session of camp to have a negative impact on any Scout. It should be noted that camp starts immediately upon entering Tuscarora Scout Reservation. Any infraction will be made known to the Camp Director. Our discipline policy is as follows

For minor rule violations this initially involves a staff member explaining the broken rule and why it is important for that rule to be followed. For more serious violations or persistent minor infractions, the Camp Director will address it with the Scout and their leader. Should inappropriate behavior continue, the Camp Director will notify the Scout's parents with the Scout and Leader. If this situation should occur the Camp Director and Scout's parents will work together to decide on the next step. This step may be another chance or, in consultation with the Scout Executive, immediate dismissal from camp. Any further actions necessary at that time will also be discussed between the Camp Director and parents. Should your child be sent home, Baden-Powell Council *will not* refund any remaining fees for that session. Although few cases ever reach this point, it is important to have this policy in place. All discipline actions are presented in a positive manner and are aimed at helping the Scout grow. If you review these guidelines with your Scout, together we can make Scout camp a positive experience for all.

In the Spirit of Scouting and Adventure,

**The Winter Camp Staff and Council Camping Department**



## WHAT TO BRING

A well-prepared camper will have more fun at camp. These recommended quantities are for a 4 day, 3 night winter resident camp. The following items should be packed in an easy-to-carry duffel bag, laundry bag or lightweight suitcase. Scouts should bring clothes that enable them to layer clothing for outdoor activities. Please pack so that scouts can manage repacking and moving their own bag! Please do not include anything valuable as we are not responsible for lost or stolen items.

### PERSONEL GEAR

- All Necessary Camp Forms (see page 4)
- Class A Scout Uniform
- Heavy Winter Coat/Outer Shell
- Snow pants
- 1 pair of waterproof winter boots
- 2 Winter Hats
- 2 or 3 pairs of winter gloves
- 4 sets of clothing (long pants, shirts)
- Polar Fleece or heavy sweatshirt
- 2 pairs of pajamas or sleep clothes
- 10 pairs of socks, 5 cotton /5 wool-synthetic blend
- 5 pairs of underwear
- 1 or 2 pair long underwear
- Sleeping Bag (**rated for winter (20 degrees or lower)**) with liner or sheet inside
- Laundry bag
- 1 bath towel, 1 hand towel and a wash cloth
- Deodorant (non-aerosol)
- Handi-wipes or Soap in plastic case and shampoo
- Toothbrush and toothpaste
- Comb or brush
- Pen or pencil and writing items
- Scout Handbook
- Pocket Knife
- Flashlight with extra batteries/bulb
- Plastic bags for packing wet items
- Small day pack or tote bag
- Canteen or water bottle on lanyard
- Lip balm



### LABEL YOUR GEAR

Tuscarora Scout Reservation and the Baden-Powell Council WILL NOT be responsible for lost or stolen articles; or articles damaged at camp. In case you misplace something, a "lost and found" is located at the camp office. Any items left at camp are only held for two weeks. Please contact the Camp Director and Camp Ranger to make arrangements for picking up lost items within this two-week period.

### OPTIONAL EQUIPMENT

- Small pillow with case
- Bathing suit, extra towel, (if participating in Polar Bear Plunge)
- Card or board game (if taking Game Design MB)
- Camera
- Spending money for Trading Post
- Pot, Dutch Oven, utensils, and any special ingredients for cook-off

### WILDERNESS SURVIVAL

- Backpack
- Tarp
- Winter Sleeping Bag (20 degrees or lower)
- Sleeping pad (closed foam is best)

### SNOW SPORTS

- Scouts may bring their own ski equipment
- Sled (plastic only please. No saucers— must be able to steer. No wooden or metal runners)
- Hemet for Sledding and ice skating (bike helmets are fine) **You cannot sled without a helmet.**

### DO NOT BRING

Cell Phones (unless adult), iPods, MP3 Players, Gum or Candy, snacks, Scented Sprays or Lotions, Valuables, Video Games.

## TUSCARORA SCOUT RESERVATION WINTER CAMP SCHEDULE

	Monday 12/27	Tuesday12/28	Wednesday 12/29	Thursday 12/30
7:00 am		Reveille		
7:45		Morning Flag at Campmasters		
8:00 am		Breakfast at Nature Lodge		
9:00-9:50 Period 1				
10:00-10:50 Period 2				
11:00-11:50 Period 3				
12:15-1:15		Lunch at Nature Lodge	Lunch at Nature Lodge	Lunch at Nature Lodge
1:00				
1:30-2:20 Period 4				
2:30-3:20 Period 5	Check-In Procedures			
3:30-4:50 Period 6		5Seŋ; d̥ 5aa] aXX		Final Ceremony Dismissal at Campmasters at 5:30 pm
5:45	Campwide Assembly at Nature Lodge	Flag Retreat at Campmasters		
6:00	Dinner at Nature Lodge			
7:00-8:00	Camp Orientation and Opening Campfire	7:15: Interfaith Service	Closing Campfire	
8:00	Site-time and finish getting settled			

Monday through Friday	
7:00 AM	Reveille
7:45 AM	Flag Raising
8:00 AM	Breakfast
9:00 – 9:50 AM	First Period
10:00 – 10:50 AM	Second Period
11:00- 11:50 AM	Third Period
12:15 PM	Lunch
1:30-2:20 PM	Fourth Period
2:30-3:20 PM	Fifth Period
3:30-4:50 PM	Sixth Period
5:00 PM	Troop and Service Time (ALL AREAS CLOSED)
5:45 PM	Retreat (Flag Lowering – Class "A" uniform)
6:00 PM	Dinner
7:15 PM	Evening Programs Monday only – 7:15
9:00 PM	Troop Time / Campsite Activities
10:00 PM	Taps

Subject to Change

# MERIT BADGES

## ARCHERY



Learn all about this oldest of sports! Obtain a copy of YOUR State's Hunting Laws prior to coming to camp.

Prerequisites: None

## ART



Get creative and show off your visual talents.

Prerequisites: None

## ASTRONOMY



Discover the wonder of the northern winter sky. Note: Astronomy Merit Badge will meet on the Nature Lodge Back Porch on Tuesday and Wednesday at 8:30 to 10:00 pm. This badge is dependent on weather to earn a complete

Prerequisites: None

## EMERGENCY PREPAREDNESS



An extensive look at individual, family and community preparedness.

Combined with First Aid Merit Badge

## ENVIRONMENTAL SCIENCE



Observe and experiment in our winter ecosystem.

Prerequisites: 3 f-1, or 2 or 3, 3 e-1 or 2 or 3, 4B (or will they need additional time to do observations)

# MERIT BADGES

## FIRST AID



Be Prepared! Every scout should know 1st Aid. We'll emphasize cold weather precautions.

Prerequisites: Req. 5a, 5b will not be taught at camp

## FISHING



Fishing Merit Badge will be weather-dependent .

Prerequisites: None

## INDIAN LORE



Learn about the history of the Native Americans and how they survived the harsh winters.

Prerequisites: None

## MAMMAL STUDY



Discover the characteristics and habitat of local mammals in the winter setting

Prerequisites: None

## SEARCH AND RESCUE



Scouts will learn the skills and terminology involved with search and rescue.

Prerequisites: 9a may not be able to be completed during camp due to weather and numbers of Scouts.

## SIGNS, SIGNALS, AND CODES



Learn the history and uses of different methods of communication.

Prerequisites: None



# MERIT BADGES

## SNOW SPORTS



Learn about and experience skiing through camp trails. (Focus is on the Nordic and Snow Shoe options)

Prerequisites: 5 (have the proper clothing) Camp has snowshoes, however there is no ski equipment.

## WEATHER



Where does all this snow come from? Discover the science of meteorology.

Prerequisites: Start 9a (weather log)

## WILDERNESS SURVIVAL



Learn the skills to survive in extreme conditions (like lots of snow.) Note: Please bring the extra items listed on the "What to Bring" page.

Prerequisites: None

## WOODCARVING



Learn how to carve wood in flat and around carvings

Prerequisites: Must have Totin' Chip and have it with you as well as a locking blade knife.



# 2021 TUSCARORA MERIT BADGE

## SCHEDULE BY HOUR & PROGRAM AREA

**(Please Note- Subject To Change!!)**

Time Slot	Eagle's Nest (Commissary)	Nature (Nature)	Handicraft	Scoutcraft/ Trailblazer (Scoutcraft Pavilion)	Shooting Sports (Woodlot)	Notes
<b>9:00-9:50AM Period 1</b>	Emergency Prep/First Aid	Weather	Art	Wilderness Survival	Archery	
<b>10:00- 10:50AM Period 2</b>	<i>(Emergency Prep/First Aid)</i>	Mammal Study		<i>(Wilderness Survival)</i> Snow Sports	Archery	
<b>11:00- 11:50AM Period 3</b>		Astronomy	Indian Lore	<i>(Snow Sports)</i>	Open Archery	
<b>Lunch 12:15- 1:15</b>						
<b>1:30-2:20PM Period 4</b>	Signs, Signals, and Codes	Environmental Science	Woodcarving	Search and Rescue (class ends at 4:30 on Wednesday)		
<b>2:30-3:20PM Period 5</b>	<i>(Signs, Signals, and Codes)</i>	Fishing (Weather Dependent)	<i>(Woodcarving)</i>	<i>(Search and Rescue)</i> Paul Bunyan Award (Tuesday and Wednesday)	Snow Shoot (Weather permitting)	
<b>3:30-4:50PM Period 6</b>	Sledding	Snow Kayaking	Open Handicraft	(Search and Rescue) Paul Bunyan Award	Open Archery	Polar Bear Plunge (Tuesday or Wednesday <i>Open Snowshoeing Thur. only 3:30-4:30 (First Come, First Served basis)</i> )
<b>Evening Program</b>	Dutch Oven Cookoff (2:30- 5:30)	Astronomy 8:30-10:00 (Tuesday/ Wednesday)		Wilderness Survival Overnight		

- Unless otherwise noted, all programs should be signed up through Black Pug
- Items in parentheses indicate the second period of two-period badge
- Paul Bunyan Award is an award and will be from 2:30-5:00 Tuesday and Wednesday
-

## WINTER SPORTS

### SNOW KAYAKING

Paddle in a whole new way as you slalom your way down the snow covered course. This is entirely dependent on enough snow for our Sledding Hill Wednesday at 3:30 pm.

### SNOW SHOTS

Open shoot period to see if you've got what it takes to hit a bullseye in the frigid cold. This is dependent on the temperatures.

### CROSS-COUNTRY SKIING

Whether you are novice or experienced, take part in an opportunity to ski around the trails in and nearby camp. Enjoy the woods as you never have before. Bring your own Skis, poles, and boots and Ski with the Camp Director. Weather dependent. (By Request only)

### SLEDDING

Feel the cold winds rushing past as you layout as aerodynamically as you can to gain enough speed to outdistance all your friends. You must bring your own helmet- Bike helmets are acceptable. (Mountainboard Hill Tuesday at 3:30, Weather Dependent)

### SNOWSHOWING

Hike numerous camp trails, try out our orienteering course or just get the experience of walking around on snowshoes. (Open Snowshowing Thursday at 3:30 to 4:30 pm. Use the camps or bring your own.



## SPECIAL PROGRAMS/EVENTS

### SNOWMAN BUILDING COMPETITION

Gather your patrol, friends, or whole Troop to build the ultimate snowman. This can be done anytime. Let Camp Staff know so we can judge your snowman. Of course this is dependent on the weather and amount of snow.

### POLAR BEAR PLUNGE

Slip and slide into the icy waters just like the Polar Bears do. Note: BSA rules require that participants pass either a Beginner or Swimmer test. A BSA or Red Cross Lifeguard must administer the BSA Swim Test. Use the Swim Test Verification Form (Appendix E). Please note that swimming will only be in the Beginner section and will be limited to 10 minutes or less and is at the discretion of the Camp Director/Health Officer/Ranger. All those participating must have a parent sign the Swim Test Verification Form as permission to do this.

**We will not offer the swim test at Winter Camp.**

### CAMP FIRE PROGRAM

Scouts will have the opportunity to be entertained by the camp staff at the Opening Campfire on Day 1. In return each patrol will also have the opportunity to perform skits and songs for the camp at the Unit Run Campfire on Day 3.

### CAST IRON COOK-OFF

Scouts and Scouters will have the opportunity to put their main course, best cobbler or other dessert recipes to the test in our campwide competition on the afternoon/evening of Day 2. Prizes will be awarded in both youth and adult divisions. You must bring your own ingredients for this; we are unable to supply them. Each Winter unit has a refrigerator for your food storage.

### SNOW-A DAY

Day 3 is OA day. Wear your Order of the Arrow sash and join in the fellowship with other OA members.

### VESPER SERVICE

A scout is reverent. On the evening of Day 2 an all-faith worship service will be offered for all scouts wishing to partake.

### PAUL BUNYAN AWARD

This program is an award-based program and will be Tuesday and Wednesday from 2:30-5:00. The requirements are listed below. Pre-requisites- 3 and 4. **(You must have Totin' Chip to be in this program.)**

Scouts will be doing 7 B.

*Study the Scouts BSA Handbook and the Camping merit badge pamphlet, and demonstrate to your Scoutmaster or other qualified person the following:*

- 1. Explain the most likely hazards you may encounter while using woods tools listed in requirement 5 and what you should do to anticipate, help prevent, manage, and respond to these hazards.*
- 2. Show that you know first aid for injuries that could occur while using woods tools.*
- 3. Earn the Totin' Chip.*
- 4. Help a Scout or patrol earn the Totin' Chip, and demonstrate to them the value of proper woods-tools use.*
- 5. Be familiar with the proper and safe use, maintenance and storage of woods tools including:  
Axe, Hatchet, Loppers, McLeod, Pulaski, Saw, Shovel, Pick-Axe, PryBar*
- 6. Demonstrate proper use of four of the tools listed in requirement 5.*
- 7. With unit leader approval and supervision, using woods tools, spend at least two hours doing one of the following conservation oriented projects:*
  - A. Clear trails or fire lanes for two hours.*
  - B. Trim a downed tree, cut into four-foot lengths, and stack; make a brush with branches.*
  - C. Build a natural retaining wall or irrigation way to aid in a planned conservation effort.*



## Winter Camping Information from the Guide to Safe Scouting

### Winter Camping Safety

There is magic to camping in winter. It is one of the most challenging of outdoor adventures. The Boy Scouts of America operates the National Cold-Weather Camping Development Center at Northern Tier through the Okpik program. Visit [www.ntier.org/BeforeYouArrive\\_OKPIK.html](http://www.ntier.org/BeforeYouArrive_OKPIK.html) for comprehensive winter camping preparation information. Special considerations for winter camping are:

1. **Qualified Supervision.** It is vital that a leader be an experienced winter camper with strong character and common sense.
2. **Equipment.** Be completely outfitted for cold weather. Equipment should be checked to ensure good condition for the activity and proper maintenance while in use. Scouts should be adequately clothed, and blankets should be a suitable quality and weight. TIP: Use alkaline batteries in flashlights, as standard batteries deteriorate quickly in cold weather. TIP: Encourage youths to wear brightly colored clothing so they are more visible during severe weather.
3. **Physical Fitness.** Scouts should be suitably fit for the activity. Periodic rests while building snow caves and engaging in other strenuous cold-weather activities will help prevent accidents and overheating. TIP: Pulling a load over snow on a sled or toboggan is generally easier than carrying a backpack.
4. **Buddy System.** Having Scouts paired aids in monitoring each other's physical condition and observation of surroundings and circumstances.
5. **Planning.** Safe activities follow a plan that has been conscientiously developed. In winter, plan to cover no more than 5 miles per day on snowshoes or 10 to 12 miles on cross-country skis. Allow ample time to make it to camp at the end of the day. TIP: Always bring a bit more food, water, and clothing than what you think you'll need.
6. **Safe Area.** Leaders should determine whether an area for winter camping is well-suited and free of hazards. TIP: Always test the thickness of ice before venturing any distance from shore. The ice should be at least 3 inches thick for a small group. TIP: Look for dead branches hanging in the trees overhead. TIP: Avoid ridge tops and open areas where wind can blow down tents or create drifts.
7. **Weather Check.** Weather conditions, potential hazards, and the appropriate responses should be understood and anticipated. Go to [www.scouting.org/training](http://www.scouting.org/training) for Hazardous Weather training.
8. **Burning.** Never use flames in tents, teepees, or snow shelters. This includes burning any solid, liquid, gel, or gas fuel; using features of tents or teepees that support stoves or fires; and use of chemical-fueled equipment and catalytic heaters.

**Discipline.** Rules are effective only when followed. All participants should know, understand, and respect the rules and procedures for a safe winter camping experience. Applicable rules should be discussed prior to the outing and reviewed for all participants when leaving for the winter campout.



## Winter Camping Information from the Guide to Safe Scouting

### Winter Sports Safety

- 1 Beyond camping, a number of cold-weather activities present challenges to the Scout and leader, such as cross-country skiing, ice skating, sledding, snowmobiling, ice fishing, and snowshoeing. Essential ingredients for fun include skill training and an awareness of the hazards unique to these activities. Snow conditions, hazardous terrain, special clothing needs, and emergency survival are important issues for a safe and successful experience.
- 2 Be sure your winter outdoor activities always follow these guidelines:
  - A. All winter activities must be supervised by mature and conscientious adults (at least one of whom must be age 21 or older) who understand and knowingly accept responsibility for the well-being and safety of the youth in their care, who are experienced and qualified in the particular skills and equipment involved in the activity, and who are committed to compliance with the seven points of BSA Winter Sports Safety. Direct supervision should be maintained at all times by two or more adults when Scouts are in the field. The appropriate number of supervisors will increase depending on the number of participants, the type of activity, and environmental conditions.
  - B. Winter sports activities embody intrinsic hazards that vary from sport to sport. Participants should be aware of the potential hazards of any winter sport before engaging in it. Leaders should emphasize preventing accidents through adherence to safety measures and proper technique.
  - C. Appropriate personal protective equipment is required for all activities. This includes the recommended use of helmets for all participants engaged in winter sports, such as sledding and riding other sliding devices. The use of helmets is required for the following activities: downhill skiing, snowboarding and operating snowmobiles (requires full face helmets).
  - D. Winter sports activities often place greater demands on a participant's cardiopulmonary system, and people with underlying medical conditions (especially if the heart or lungs are involved) should not participate without medical consultation and direction. For participants without underlying medical conditions, the annual health history and physical examination by a licensed health-care practitioner every year is sufficient. The adult leader should be familiar with the physical circumstances of each youth participant and make appropriate adjustments to the activity or provide protection as warranted by individual health or physical conditions. Adults participating in strenuous outdoor winter activity should have an annual physical examination. It is recommended that the medical assessment be performed by a licensed health-care practitioner knowledgeable of the sport and the particular physical demands the activity will place on the individual.
  - E. For winter sports such as skiing, snowboarding, snowmobiling, etc., that utilize specialized equipment, it is essential that all equipment fit and function properly.
  - F. When youth are engaging in downhill activities such as sledding or tobogganing, minimize the likelihood of collision with immobile obstacles. Use only designated areas where rocks, tree stumps, and other potential obstacles have been identified and marked, cleared away, shielded, or buffered in some way.
  - G. All participants should know, understand, and respect the rules and procedures for safe winter activity. The applicable rules should be presented and learned before the outing, and all participants should review them just before the activity begins. When Scouts know and understand the reasons for the rules, they will observe them. When fairly and impartially applied, rules do not interfere with fun. Rules for safety, plus common sense and good judgment, keep the fun from being interrupted by tragedy.



**DIETARY NEEDS FORM**

**Winter Camp- Tuscarora Scout Reservation**

The purpose of this form is to communicate special dietary needs, food allergies, health reasons, religious reasons, etc. for any child, teen, or adult who will be attending camp. Please complete this form and send it to the Baden-Powell Council (Attention: Winter Camp, Camp Director) no less than 4 weeks prior to your camp session. We will attempt to accommodate your needs from within our resources. This form, which details the food substitution or modification requested, includes an identification of the medical or other special dietary condition which restricts the person's diet, texture changes requested, food or foods to be omitted from the child's diet, and food or choice of foods to be substituted. Food allergies are potentially life threatening, so it is important that parents notify the camp of any food allergy so that they may be accommodated appropriately. We will attempt to accommodate, to the best of our ability any basic food need. However we have limited means and cooking resources which is increased by the camp location and time of year. For more severe or restrictive diets, we can have the Scout or Leader bring his own food and we will supply a storage location for the food.

Name: \_\_\_\_\_ Troop No: \_\_\_\_\_ Date \_\_\_\_\_

Check One: ☐ Camper (13-18 years old) ☐ Staff (18+ years old) ☐ Adult Volunteer

In the space below, please list all food allergies or intolerances for the person listed above and any necessary precautions that should be taken:

In the space below, indicate any special diet or dietary restrictions (non-allergy) for the person listed above and food substitutes that may be considered:

Parent/Guardian Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Provider Name: \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

Baden-Powell Council

Boy Scouts of America

**AUTHORIZATION FOR CAMPER RELEASE**

Winter Camp, Tuscarora Scout Reservation

This form is used in the event a Scout will be transported to camp by a person other than his parent or guardian. The below named individual(s) are authorized to pick up my Scout(s). Photo identification is required.

I, \_\_\_\_\_ give permission for my child/children

\_\_\_\_\_ to be dropped off and picked up from Tuscarora Scout Reservation by the following individuals:

_____	_____	_____
name	relationship	phone number
_____	_____	_____
name	relationship	phone number
_____	_____	_____
name	relationship	phone number
_____	_____	_____
name	relationship	phone number
_____	_____	_____
name	relationship	phone number

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name (Printed): \_\_\_\_\_

Date: \_\_\_\_\_

Please list the names of anyone that is not allowed near your Scout in the event of a Custodial/Divorce/Security risk situation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Baden-Powell Council

Boy Scouts of America

**EARLY RELEASE FORM**

Winter Camp, Tuscarora Scout Reservation

This form is used in the event a Scout will need to leave camp, for any reason, prior to the scheduled end of their camp week or session. The below named Scout(s) is/are authorized to depart camp earlier than scheduled by their Troop. Additionally, the below named individual is the person authorized to pick up my Scout(s). Photo identification is required.

Date & Time of Release: \_\_\_\_\_

Name of Scout(s): \_\_\_\_\_

Unit No.: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_

Parent's Work/Cell Phone: \_\_\_\_\_

Authorized Individual to Pick Up Scout(s)

Name of Scout(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_

Work/Cell Phone No: \_\_\_\_\_

Parent's Printed Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Baden-Powell Council – Medication Permission Form

Dear Parent or Guardian,

If you wish for you or your child to receive ANY medication during camp, NYS regulations require written permission from your health care provider. This includes both prescription and over-the-counter medications, and must be renewed annually.

Scout's Name \_\_\_\_\_ DOB \_\_\_\_\_ Unit \_\_\_\_\_

***TO BE COMPLETED BY A LISCENSED HEALTH CARE PRESCRIBER:***

Please note that you must bring all medication in **ORIGINAL BOTTLES** with specific directions

The following is a list of over-the-counter medications available for dispensing at camp. Please indicate with a check mark if this patient may receive any of these medications.\*

- ☐ After-Bite (Ammonium Hydroxide) apply topically to insect bites PRN, itching.
- ☐ Caladryl/Calahist lotion apply topically to affected area PRN, minor itching.
- ☐ Caldecort/Cortisone cream to affected area PRN, minor skin irritation.
- ☐ A&D Ointment to affected area PRN, minor skin irritation.
- ☐ Neosporin/ Bacitracin Antibiotic Ointment, apply topically to affected area PRN, minor cuts or abrasions

\* Note: If there are any changes in medications or other medical information after this form has been submitted, please notify the camp in writing. Also, if you change physicians, please provide their contact information *\*(same format as below)* in writing.

Physician/Practitioner Signature \_\_\_\_\_ Date: \_\_\_\_\_

\*Please print: Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Baden-Powell Council

Boy Scouts of America

## Swim Test Verification Form

### Winter Camp, Tuscarora Scout Reservation

To partake in the Polar Bear Plunge, BSA rules require that participants pass either a Beginner or Swimmer Test. A BSA or Red Cross Lifeguard must administer the BSA Swim Test. If you passed the test at summer camp, please list the camp name and have your Unit Leader verify. We will not offer the swim test at Winter Camp.

#### A Swimmer must demonstrate the following:

Jump feet first into water over the head in depth, level off, and begin swimming. Swim 75 yards in a strong manner using one or more of the following strokes: sidestroke, breaststroke, trudgen, or crawl (no dog-paddle); then swim 25 yards using an easy, resting backstroke. The 100 yards must be completed in one swim without stops and include at least one sharp turn. After completing the swim, rest by floating for one minute.

#### Beginners must demonstrate the following:

Jump feet first into water over the head in depth, level off, swim 25 feet on the surface, stop, turn sharply, resume swimming as be-fore, and return to the starting place.

### Certification

Scout Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Date and Location of Swim Test: \_\_\_\_\_

Name of Lifeguard or Scout Camp where administered: \_\_\_\_\_

Demonstrated Classification (circle one):    SWIMMER            BEGINNER

Signature of Participant: \_\_\_\_\_

Signature of Leader verifying the swim test result or of Lifeguard Administering Test:

\_\_\_\_\_ Date: \_\_\_\_\_

*Please note that without this Swim Test Verification, Scouts will not be able to participate in the Polar Bear Plunge Swim event. There will be no exceptions due to Health and Safety*



In addition to the Proof of Swim test, in order to participate in the Polar Bear Plunge activity, parents or guardians must sign this permission slip.

I/we, parents of \_\_\_\_\_ grant  
permission for my son/daughter to participate in the Winter Camp Polar Bear Plunge.  
We understand that our child will be swimming at a designated day and time and give  
our permission for him/her to do this. We understand that the Lifeguards/Camp  
Director/Council Administration reserves the right to postpone or cancel this part of the  
Winter Camp Program at their discretion.

Signature\_\_\_\_\_

Printed Name\_\_\_\_\_

Date\_\_\_\_\_

*Please note that without this Signed Parental Consent, Scouts will not be able to participate in  
the Polar Bear Plunge Swim event. There will be no exceptions due to Health and Safety.  
Verbal consent will not be considered sufficient, consent must be in writing.*

## 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: \_\_\_\_\_



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## 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.: \_\_\_\_\_ 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
		Medication	
		Food	

Yes	No	Allergies or Reactions	Explain
		Plants	
		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](http://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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