

## **Camp Rainey Mountain 2007**

Believe it or not Camp Rainey Mountain (CRM) is next week (Week 5 of camp)! We will be leaving at 9:00 a.m. on Sunday July 1 and returning before noon Saturday July 7. Trip coordinator is Dr. Will Dix. We will have 6-7 adults attending during the week as well.

Please remember:

- 1) We have already done our troop Swim Test, so if you took part in that you're covered for the year. If you didn't do that, you'll need to when we arrive at camp.
- 2) If you are below First Class rank, we will have the chance to work during any free periods on those requirements.
- 3) For Eagle required badges, there will be a further review by the Troop to insure that the work is completed to our standards.

WHERE: Camp Rainey Mountain, Clayton, GA. We have the Clarkesville campsite reserved, which is our usual place. This site has adirondacks with bunk beds for sleeping (4 Scouts/Adirondack), plus they will have to put up some platform tents with cots for our additional members (2/tent). We will select bunking arrangements by rank as usual.

Directions and other information about CRM can be found at the Northeast Georgia Council website, [www.nega-bsa.org](http://www.nega-bsa.org). Please let Dr. Dix know if you are available to drive in either direction, or if you have special needs regarding transportation.

### **Camp address for mail:**

Name of Scout, Troop 149  
Camp Rainey Mountain  
1494 Rainey Mountain Rd  
Clayton, GA 30525  
Telephone, for emergency use only: (706) 782-3733

### **Homesickness:**

Some Scouts experience homesickness at CRM. Our troop leaders and the staff are experienced at handling this, and ask the parents to do their part to support the Scouts in completing a successful week. A pay phone is available, but only with adult supervision. **Please do not ask or encourage your Scout to call home** and do not send a cell phone to camp with your Scout! Talking with parents tends to make homesickness more of a problem. We will NOT have parent visitation during the week until Friday. However, parents who want to live at camp with us for some or all of the week should let Dr. Dix know as this can be arranged. Parents are welcome to come to camp Friday evening to see the closing activities and to help drive back to Athens Saturday morning. Let Dr. Dix know if you'll be doing this as we would need to pre-purchase Friday meal tickets.

### **Food:**

We eat at Holder Dining Hall (air conditioned!). The menu is at <http://nega-bsa.org/pdf/crm/2007/facilitiesCRM.pdf>. We will also have water, bug juice, and troop snacks at our campsite this year to discourage Scouts from lots of junk food. Thursday night (staff night off) we will cook in camp and have our own troop campfire program.

## **THINGS TO BRING ALONG TO CRM:**

- Uniform: “Class A” Scout shirt, Scout shorts, Scout belt, Scout socks, troop hat, and several Scouting t-shirts, including blue Class B Troop 149 shirt(s) (Uniform will be worn daily)
- **Medical form, including insurance #, parent signature, and SS#**

**Scouts and Adults will need a full Class II or Class III medical examination.** If you have had one done in the past three years, it is still valid though the “Class I” part with parent signature needs to be updated annually (Exception: Scouts doing high adventure and adults over 40, need annual Class III’s). Turn this in to Dr. Dix before going to camp.

- **Parental Consent Form for CRM: new this year, we need from everyone.**
- Prescription Medication: We need to know what medication your Scout is bringing. Medications will be held and distributed by an adult at camp. (Exception for asthma rescue inhalers & epi-pens.)
- Extra clothing: socks, underwear, shoes/boots, and other. It is especially important to have enough socks and extra shoes or sandals, so your feet stay relatively dry in case of rain! Open toed shoes (such as sandals) can only be worn at the waterfront or in the bath house, not around camp in general.
- sweater or jacket (it does get cool in the evenings)
- sleeping bag and pillow
- Bed sheets
- poncho or rain gear!
- swim suit
- soap, comb, toothbrush, toothpaste, deodorant, shampoo, other toiletries as needed
- towels
- Scout Handbook, pens, pencils, notebooks
- Merit Badge Pamphlets for classes you're in (can be shared, checked out from troop library, and/or purchased at camp)
- Money for crafts, Trading Post, snacks, etc. (typically less than \$50 recommended- T-shirts run about \$15, with a \$5 on sale bin, belts are about \$25, hats are about \$15); some Merit Badges require money for supplies. Also bring money for Sunday lunch en route to CRM.
- Water bottle or canteen
- Other regular camping gear: flashlight, non-aerosol insect repellent, sunscreen, camera, compass, knapsack to carry gear around, pocket knife, fishing gear, Frisbee or ball, etc.
- There may be additional things needed for specific Merit Badges. Check with Dr. Dix.

Adults camping with us may wish to provide their own tents & cots; also lanterns. 10X12 tarp useful assuming you end up in a platform tent (these usually leak).

**Do NOT bring:** cell phones, radios, tape players, electronics, sheath knives, things in aerosol cans, dangerous or non-Scoutlike stuff. Please do not bring large quantities of junk food or snack foods, as we want Scouts to eat reasonably healthily during the week.

The Troop will bring troop and US flags, troop sign, rope, drink coolers & cups, snack foods, pavilion, chuck box, etc.

# Unit Schedule

## 2007 Camp Rainey Mountain Week 5

### 101 Northeast Georgia Council Troop 149

#### Nathan A

		FEE	BUY	TROOP
09:00	09:50	Wood Carving 1		\$5 \$10
10:00	10:50	First Aid B-2		
11:00	11:50	Archery 3	\$17	
14:00	15:50	Swimming 4-5		
16:00	16:50	Rifle 6	\$17	

#### Miles B

09:00	11:50	Climbing 1-3	\$45	\$10
14:00	16:50	C.O.P.E.4-6	\$45	

#### Monty B

09:00	11:50	Climbing 1-3	\$45	\$10
14:00	16:50	C.O.P.E.4-6	\$45	

#### Aaron D

09:00	09:50	First Aid A-1		\$10
10:00	11:50	Environmental Science 2-3		
14:00	14:50	Cinematography 4		
15:00	15:50	Metalwork 5		\$3
16:00	16:50	Fishing 6		

#### Christopher D

09:00	09:50	Forestry 1		\$10
10:00	10:50	First Aid B-2		
14:00	14:50	Fishing 4		
15:00	16:50	Shotgun 5-6	\$27	

#### Lee D

09:00	09:50	Athletics 1		\$10
10:00	10:50	Citizenship in the Nation 2		
14:00	15:50	Canoeing 4-5		
16:00	16:50	Citizenship in the World 6		

#### Jonathan F

09:00	09:50	First Aid A-1		\$10
10:00	10:50	Citizenship in the Nation 2		
14:00	14:50	Emergency Preparedness4		
15:00	15:50	Rifle 5	\$17	
16:00	16:50	Archery 6	\$17	

**Cody G**

09:00	09:50	First Aid A-1			\$10
10:00	10:50	Rifle 2	\$17		
11:00	11:50	Camping 3			
14:00	14:50	Fishing 4			
15:00	16:50	Swimming 5-6			

**Cody H**

09:00	09:50	Basketry & Leatherwork 1		\$22	\$10
10:00	10:50	Citizenship in the Nation 2			
14:00	14:50	First Aid A-4			
15:00	15:50	Archery 5	\$17		
16:00	16:50	Fishing 6			

**Palmer H**

09:00	09:50	Rifle 1	\$17		\$10
10:00	10:50	Citizenship in the Nation 2			
14:00	16:50	C.O.P.E.4-6	\$45		

**Christopher H**

09:00	09:50	First Aid A-1			\$10
10:00	11:50	Photography 2	\$10		
11:00	11:50	Archery 3	\$17		
15:00	16:50	Swimming 5-6			

**Eli J**

09:00	10:50	Swimming 1-2			\$10
14:00	14:50	First Aid A-4			
15:00	15:50	Fishing 5			
16:00	16:50	Basketry & Leatherwork 6		\$22	

**Craig K**

09:00	09:50	Astronomy 1			\$10
10:00	10:50	Forestry 2			
11:00	11:50	Citizenship in the World 3			
14:00	14:50	Reptile & Amphibian Study 4			
15:00	15:50	Salesmanship 5			
16:00	16:50	Space Exploration 6		\$6	

**Fred K**

09:00	09:50	Astronomy 1			\$10
10:00	10:50	Forestry 2			
11:00	11:50	Athletics 3			
14:00	14:50	Citizenship in the Nation 4			
15:00	15:50	Rowing 5			
16:00	16:50	Citizenship in the World 6			

**Matthew LeP**

09:00	11:50	Climbing 1-3	\$45		\$10
15:00	16:50	Environmental Science 5-6			

**William L**

09:00	11:50	Golf 1-3	\$50		\$10
15:00	16:50	Small Boat Sailing 5-6			

**Wil M**

09:00	09:50	First Aid A-1			\$10
10:00	10:50	Citizenship in the Nation 2			
14:00	15:50	Canoeing 4-5			
16:00	16:50	Rifle 6	\$17		

**Levi M**

09:00	09:50	Photography 1			\$10
10:00	10:50	Citizenship in the World 2			
11:00	11:50	Indian Lore 3		\$12	
15:00	16:50	Pioneering 5-6			

**Forest N**

09:00	10:50	Lifesaving 1-2			\$10
11:00	11:50	Archery 3	\$17		
14:00	14:50	Cinematography 4			
15:00	15:50	Metalwork 5		\$3	
16:00	16:50	Space Exploration 6		\$6	

**Jamie P**

09:00	09:50	Citizenship in the Nation 1			\$10
10:00	10:50	Emergency Preparedness2			
11:00	11:50	Rowing 3			
14:00	14:50	Wood Carving 4		\$5	
15:00	15:50	Camping 5			
16:00	16:50	Metalwork 6		\$3	

**Robert P**

09:00	10:50	Cooking 1-2			\$10
11:00	11:50	First Aid A-3			
15:00	16:50	Swimming 5-6			

**Daniel S**

09:00	09:50	Wood Carving 1		\$5	\$10
10:00	10:50	Basketry & Leatherwork 2		\$22	
11:00	11:50	Citizenship in the World 3			
14:00	15:50	Cooking 4-5			
16:00	16:50	Fire Safety 6			

**Michael S**

09:00	09:50	Photography 1	\$10		\$10
10:00	10:50	Salesmanship 2			
15:00	15:50	Archery 5	\$17		
16:00	16:50	Space Exploration 6		\$6	

**Christopher S**

09:00	09:50	Art & Music 1			\$10
10:00	11:50	Pioneering 2-3			
14:00	14:50	Metalwork 4		\$3	
15:00	15:50	Archery 5	\$17		
16:00	16:50	Emergency Preparedness6			

**Jonathan S**

09:00	11:50	Climbing 1-3	\$45		\$10
14:00	15:50	Canoeing 4-5			
16:00	16:50	Fishing 6			

**Scott W**

09:00	09:50	First Aid A-1			\$10
10:00	11:50	Swimming 2-3			
15:00	15:50	Basketry & Leatherwork 5		\$22	
16:00	16:50	Fishing 6			

**Seth W**

09:00	09:50	Citizenship in the Nation 1			\$10
10:00	10:50	Astronomy 2			
11:00	11:50	Bird Study 3			
14:00	14:50	Nature 4			
15:00	15:50	Reptile & Amphibian Study 5			
16:00	16:50	Fishing 6			

## Adult

### Richard A

09:00	11:50	Mon Tue Wed Thu	Intro Outdoor Leader Training
14:00	15:50	Mon Tue Wed Fri	ASM Position Specific
19:00	20:50	Mon	New Leader Essentials

### Will D

09:00	11:50	Mon Tue Wed Thu	Intro Outdoor Leader Training
14:00	15:50	Mon Tue Wed Fri	ASM Position Specific
19:00	20:50	Mon	New Leader Essentials

### Steve J

09:00	11:50	Mon Tue Wed Thu	Intro Outdoor Leader Training
14:00	15:50	Mon Tue Wed Fri	ASM Position Specific
19:00	20:50	Mon	New Leader Essentials

### Arthur M

09:00	11:50	Mon Tue Wed Thu	Intro Outdoor Leader Training
14:00	15:50	Mon Tue Wed Fri	ASM Position Specific
19:00	20:50	Mon	New Leader Essentials

## CRM Course Catalog

Group	Class	Notes	Pre-Requisites	Additional cost
11 years old or Older or First year	Athletics			none
	Basketry & Leatherwork	Kits vary, and are available in the <b>trading post</b>	Scouts will work to earn both MB's	\$14.00 to purchase kit in Trading Post
	Swimming Clinic	This is NOT a merit badge	For non swimmers, beginners, or learn advanced skills.	none
	First Aid ER	Complete requirements 1, 2b, 3c, and 7 prior to camp		none
	Fishing	Please bring your personal gear/ no license required		none
	Indian Lore	Kits vary, and are available in the <b>trading post</b>	\$12.00 to purchase kits in Trading Post	
	Mammal Study		Requirement 3c	none
	Metalwork			\$3.00
	Nature			none
	Swimming ER	A long sleeve shirt, long pants, belt, shoes and socks are required for class.	Pass BSA Swim Test	none
	TNT, Tenderfoot	This is a three period class (1, 2, & 3 period) for NewScouts		none
	TNT, Second	This is a two period class (4 & 5 period) for Tenderfoot Scouts		none
	TNT, First	This is a one period class (5th) for 2nd Class Scouts.		none
Woodcarving	Scouts should have a knife suitable for carving and a Totin' Chip	\$5.00 to purchase kit in Trading Post		

Group	Class	Notes	Pre-Requisites	Additional cost
12 years old or Older or Second year	Archery	Includes materials, bowstring, arrow kit components, etc.	Requirement 1c (local and state laws)	\$17.00
	Art / Music	Scouts will work to earn both MB's		none
	Astronomy	binoculars recommended		none
	Camping ER	This badge can be partially completed at camp; Bring camping gear	Complete requirements 5e,7c,9, prior to camp. Scouts should have First Aid MB	none
	Canoeing		Pass BSA Swim Test	none
	Cinematography	<b>NEW! at CRM</b>		none
	Cooking	This is a two period class.	Firebuilding skills, complete requirement 7 prior to camp.	none
	Emergency Preparedness ER		Complete requirements 1, 5, 8c prior to camp. Scouts should have First Aid MB	none
	Forestry			none
	Golf	This is a three period class	Bring your own clubs	\$50.00

*This year we have designated our classes by suggesting camper years and age*

**Photocopy the Course Catalog so your scouts can "Be Prepared"**

**ER** = Eagle Required

## CRM Course Catalog Cont'd

Group	Class	Notes	Pre-Requisites	Additional cost
12 years old or Older or Second year	Livesaving ER		Pass BSA Swim Test, 2nd class 7a-c, 1st class 9a-c	none
	Orienteering	Scouts must provide their own compass		none
	Photography	Includes film processing for up to 27 exposures	Bring your own camera and film. No digital cameras.	\$10.00
	Pioneering	Scouts should possess basic knot tying skills	Tenderfoot 4a-b, 1st class 7a-c,8a	none
	Reptile & Amphibian		Complete requirement 8 prior to camp and bring your findings with you	none
	Rifle Shooting	Includes targets, ammo, and eye protection, ear protection	Requirement 1d (local and state laws)	\$17.00
	Rowing		Pass BSA Swim Test	none
	Salesmanship	Learn the principles and take a turn in the Trading Post!		none
	Small Boat Sailing		Pass BSA Swim Test	none
	Space Exploration	Includes materials, Rocket kit, and engines	Kits are available in the trading post	\$6.00 to purchase kit in Trading Post
	Weather			none
	Wilderness Survival	Scouts should bring sleeping bag, ground cloth, and flashlight to camp		none
	Fish & Wildlife Mgt			none
	Soil & Water Cons			none
	Fire Safety			none
Bird Study	<b>NEW! For 2007</b> Bring your own binoculars	Requirement 7b	none	
American Heritage	<b>NEW for 2007!</b>	Requirement 4		

Group	Class	Notes	Pre-Requisites	Additional cost
13 years old or Older or Third year	Citizenship in the Nation ER	Back by popular demand! Strictly limited in size for quality control.	Requirements 2 & 3	none
	Citizenship in the World ER		We plan to have an International Camp Staffer for 7c	none
	Eagle Trail		First Class minimum	none
	Communications ER		Requirement 8	none
	Environmental Science ER	Course requires 5 hours of class time as well as independent observation		

*This year we have designated our classes by suggesting camper years and age.*

**Photocopy the Course Catalog so your scouts can "Be Prepared"**

**ER = Eagle Required**

**CRM Course Catalog Cont'd**

Group	Class	Notes	Pre-Requisites	Additional cost
13 years old or Older or Third year	<b>Power Boat Extreme!!</b> VR	<i>Back by Popular Demand!</i> HA Full Week Program <b>Scoutland Aquatics Outpost</b>	Pass BSA Swim Test	\$75
	<b>Sailing Cruise</b> VR	<i>Back by Popular Demand!</i> HA Full Week Program <b>Scoutland Aquatics Outpost</b>	Pass BSA Swim Test. Sailing experience recommended, not required	\$75
	Shotgun VR	Includes skeet, shells, and eye/ear protection	Scouts should have previously earned the Rifle Merit Badge	\$27.00

Group	Class	Notes	Pre-Requisites	Additional cost
14 years old or Older or Fourth year	BSA Lifeguard VR	Full Week Program	Pass BSA Swim Test, CPR Certification <b>Must be 14 y/o</b>	none
	C.O.P.E. VR	HA Half-Day Program		\$45.00
	Climbing VR	HA		\$45.00
Now offering More <b>Whitewater Opportunities</b> for beginning and experienced paddlers!	<b>MountainTREK!</b> VR	HA Full Week Program Bartram Trail, Chatooga River	Previous Hiking Experience See Leaders Guide	\$75.00
	<b>Whitewater Canoeing</b> VR	<i>Back by Popular Demand!</i> HA Full Week Program <b>Scoutland Aquatics Outpost</b>	Previous Paddling Experience recommended, not required See Leaders Guide	\$75.00
	<b>Whitewater Kayaking</b> VR	HA Full Week Program 4 days on 4 different rivers	Pass BSA Swim Test See Leaders Guide Scouts should have previously earned the Canoeing MB	\$95.00

*This year we have designated our classes by suggesting camper years and age.*

**Photocopy the Course Catalog so your scouts can "Be Prepared"**

**ER = Eagle Required**

**VR = Venturing Ranger Requirements**

Parental Consent Form

This form must be completed by the parents/guardians of ALL Scouts and Venturers participating in events, programs and activities taking place during Summer Camp operations between May 27 and August 1, 2007, on Northeast Georgia Council properties, or off-site under the direction of Council Summer Camp Staff or Unit Leadership.

Scouts Name: \_\_\_\_\_

Address: \_\_\_\_\_ Birth date: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Day phone/cell: (\_\_\_\_\_) \_\_\_\_\_

Activity: Summer Camp at (circle one) Camp Rainey Mountain Scoutland

Dates traveling: \_\_\_\_\_

I hereby approve and agree to all of the terms and conditions of this application and certify to its correctness. Further, I certify that this Scout/Venturer can meet the health and physical fitness requirements of this trip. This Scout/Venturer has completed the appropriate personal health and medical record form (Class 1 & 2 Form#34414 or Class 3 Form#34412 where appropriate).

Photo/Image

I understand that photos, video footage or voice recording may be captured or taken of my son or daughter while participating at a Northeast Georgia Council Summer Camp. Therefore, I consent to the use of his/her photo or artistic likeness and or voice or footage of him/her while at camp for promotional materials, movie making, media coverage, press release or other similar projects as approved by the Northeast Georgia Council, and the BSA.

Waiver of Claims

In consideration of the many benefits to be derived from participation in this activity or trip, any and all claims against the Boy Scouts of America, or its local councils, Venturing Crews, Sea Scout Ships, Boy Scout Troops, and its Chartered Organizations, or against the officers, employees, agents, or other representatives of any of them or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss or harm to/or incurred or suffered by the applicant named above or to his or her property, in connection with or incidental to the activity or trip, including preliminary training and travel are hereby expressly waived by the applicant and the applicant's family or guardians.

Medical Release

In the event of illness or injury occurring to my son or daughter while involved in this activity or trip, I consent to X-Ray examination, anesthesia, and or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Parent Signature: \_\_\_\_\_ date: \_\_\_\_\_

For Use by Notary Public

In an effort to provide better child protection certain states and foreign countries now require all releases covering minors to be notarized. In addition to this, they may also require proof of death if only one parent is living, or approval of both parents and stepparent(s) in the even of divorce/marriage. If you will be traveling through or going to an area where either or both of these restrictions apply, use the bottom of this form to provide space for additional signatures as required.

Subscribed and sworn to before me on this the \_\_\_\_\_ day of \_\_\_\_\_ (month), 20\_\_\_\_\_.

My commission expires \_\_\_\_\_, 20\_\_\_\_\_.

Signature of notary public \_\_\_\_\_



Photo copy this form for ALL parents. This form can also be downloaded from our website At [www.nega-bsa.org/camp\\_rainey\\_mountain3.htm](http://www.nega-bsa.org/camp_rainey_mountain3.htm) SUMC 2007 Parental Consent Form

ATTENTION!!!

DO NOT MAIL THIS FORM IN Please turn in Parental Consent Forms along with Health and Medical Record forms upon Check-in to the Camp Director or Health Officer.



# PERSONAL HEALTH AND MEDICAL RECORD

## CLASS 1 AND CLASS 2

**Class 1 (update annually for all participants).** Activity: Day camp, overnight hike, or other programs not exceeding 72 hours, with level of activity similar to that of home or school. Medical care is readily available. Current personal health and medical summary (history) is attested by parents to be accurate. This form is filled out by all participants and is on file for easy reference.

**Class 2 (required once every 36 months for all participants under 40 years of age).** Activity: Resident camp or any other activity such as backpacking, tour camping, or recreational sports involving events lasting longer than 72 consecutive hours, with level of activity similar to that at home or school. Medical care is readily available.

**Note:** Some states require an **annual** precamp medical evaluation. Your BSA local council service center can advise you about the requirements for your state.

If your child has had a medical evaluation (**physical examination**) within the last 36 months, a copy of the results of this examination must be attached to the health history for all participants in a camping experience lasting longer than 72 consecutive hours. If a copy is not available, a physical examination (using the Class 2 section of this form) must be scheduled by a \*licensed health-care practitioner. This medical evaluation (physical examination) also is required if your child is currently under medical care, takes a prescribed medication, requires a medically prescribed diet, has had an injury or illness during the past 6 months that limited activity for a week or more, has ever lost consciousness during physical activity, or has suffered a concussion from a head injury.

\*Examinations conducted by licensed health-care practitioners, other than physicians, will be recognized for BSA purposes in those states where such practitioners may perform physical examinations within their legally prescribed scope of practice.

**THIS FORM IS NOT TO BE USED BY ADULTS OVER 40, BY HIGH-ADVENTURE PARTICIPANTS (USE FORM NO. 34412A), OR FOR NATIONAL SCOUT JAMBOREE (USE FORM NSJ-34412-01).**

### CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

(To be filled out annually by all participants)

To be filled out by parent, guardian, or adult participant. Please print in ink.

#### IDENTIFICATION

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_ Telephone \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If person named above is not available in the event of an emergency, notify

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name of personal physician \_\_\_\_\_ Telephone \_\_\_\_\_

Personal health/accident insurance carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

I give permission for full participation in BSA programs, subject to limitations noted herein.

**In case of emergency,** I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Date \_\_\_\_\_ Signature of parent/guardian or adult \_\_\_\_\_

Date updated \_\_\_\_\_ Signature of parent/guardian or adult \_\_\_\_\_

Date updated \_\_\_\_\_ Signature of parent/guardian or adult \_\_\_\_\_

**Some hospitals require the parent/guardian signature to be notarized. Check with your BSA local council.**

NAME

TROOP

CAMP SITE

Check all items that apply, **past or present**, to your health history. Explain any "Yes" answers.

**ALLERGIES:** Food, medicines, insects, plants Yes  No  Explain: \_\_\_\_\_

<b>GENERAL INFORMATION:</b>	Yes	No		Yes	No		Yes	No
ADHD (Attention-Deficit								
Hyperactivity Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>

Explain: \_\_\_\_\_

Please list ALL medications taken in the 30 days **prior** to arrival at the Scouting activity where this form is to be used: \_\_\_\_\_

List any medications to be taken at camp: \_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: \_\_\_\_\_

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: \_\_\_\_\_

**Immunizations:** (Give date of last inoculation.)

Tetanus toxoid _____	Measles _____	Polio _____
Diphtheria _____	Mumps _____	_____
Pertussis _____	Rubella _____	_____

### CLASS 2 MEDICAL EVALUATION

(Read additional requirements outlined on front of form.)

Name \_\_\_\_\_ Age \_\_\_\_\_

**NOTE TO LICENSED HEALTH-CARE PRACTITIONERS\*:** The person being evaluated will be attending one or more weeks of camp that may include sleeping on the ground and participating in strenuous activities such as hiking, boating, and vigorous group games. Please review the health history with the participant for any interim changes. **Explain any "abnormal" evaluations.**

**PHYSICAL EXAMINATION** (To be filled out by a licensed health-care practitioner\*)

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_

VISION: Normal \_\_\_\_\_ Glasses \_\_\_\_\_ Contacts \_\_\_\_\_

HEARING: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_ Explain \_\_\_\_\_

<b>Check box:</b>	N	Abn		N	Abn		N	Abn
Growth development	<input type="checkbox"/>	<input type="checkbox"/>	Teeth	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>	Cardiopulmonary system	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>
HEENT	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Neurobehavioral	<input type="checkbox"/>	<input type="checkbox"/>

Explain: \_\_\_\_\_

#### Limitations

Activity restrictions \_\_\_\_\_

Diet restrictions \_\_\_\_\_

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

Licensed health-care practitioner\*

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**\*Examinations conducted by licensed health-care practitioners, other than physicians, will be recognized for BSA purposes in those states where such practitioners may perform physical examinations within their legally prescribed scope of practice.**

<b>INTERVAL RECORD</b>	<b>SCREENING EXAMINATION</b>	
Date, Time, Place, Etc.	(Findings, diagnoses, treatment, instructions, disposition, etc.)	By
#34414B		
PHOTOCOPYING THIS FORM IS PERMITTED.		



NAME

TROOP

CAMP SITE

**PERSONAL HEALTH AND MEDICAL RECORD FORM—Class 3**

**I. IDENTIFICATION** Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth\*  
 Name \_\_\_\_\_  
 Last name First name Initial Mo. Day Year  
 Address \_\_\_\_\_  
 City & State \_\_\_\_\_ Zip \_\_\_\_\_  
 Health/Accident insurance \_\_\_\_\_ Policy no. \_\_\_\_\_

**IN AN EMERGENCY NOTIFY:**  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Home phone \_\_\_\_\_  
 City & State \_\_\_\_\_ Business phone \_\_\_\_\_  
 Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_

**III. PARENTAL STATEMENT**  
 Has it ever been necessary to restrict applicant's activities for medical reasons?  No  Yes Does applicant take medicine regularly or have special care?  No  Yes If yes, explain.  
 \_\_\_\_\_  
 To the best of my knowledge, the information in sections I, II, III, IV, and VI is accurate and complete. I request a licensed health-care practitioner to examine applicant, to give needed immunization, and to furnish requested information to other agencies as needed. I give my permission for full participation in BSA programs, subject to limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates.  
 Parent or guardian \_\_\_\_\_  
 (Must sign if applicant is 18 or younger)  
 Applicant's signature \_\_\_\_\_  
 Date signed \_\_\_\_\_  
 Updated \_\_\_\_\_ Signed \_\_\_\_\_ Parent or guardian  
 Updated \_\_\_\_\_ Signed \_\_\_\_\_ Parent or guardian

**IV. IMMUNIZATIONS**  
 If disease, put "D" and year. Last year given  
 Tetanus \_\_\_\_\_  
 Diphtheria \_\_\_\_\_  
 Pertussis \_\_\_\_\_  
 Measles \_\_\_\_\_  
 Mumps \_\_\_\_\_  
 Rubella \_\_\_\_\_  
 Polio \_\_\_\_\_  
 Chicken Pox \_\_\_\_\_

Religious preference \_\_\_\_\_

**BOY SCOUTS OF AMERICA**  
 All Class 3 activities require a health examination within the past 12 months by a licensed health-care practitioner.\* This includes youth and adult members participating in high-adventure activities, athletic competition, and world jamborees. Annually, this form is to be used by adults 40 years of age or older for all activities requiring a physical examination and applies to *all* Wood Badge participants/staff regardless of age.

**II. EMERGENCY MEDICAL INFORMATION**  
 Has or is subject to (check and give details):  
 Allergy to a medicine, food†, plant, animal, or insect toxin  
 Any condition that may require special care, medication, or diet  
 ADHD (Attention Deficit Hyperactive Disorder)  
 Asthma  Convulsions  Heart trouble  Contact lenses  
 Diabetes†  Fainting spells  Bleeding disorders  Dentures  
 EXPLAIN \_\_\_\_\_

**V. LICENSED HEALTH-CARE PRACTITIONER'S EVALUATION AND ADVICE**  
 Approved for participation in:  
 Hiking and camping  Water activities  
 Competitive sports  All activities  
 Specify exceptions \_\_\_\_\_  
 Recommendations (explain any restrictions OR limitations): \_\_\_\_\_  
 \_\_\_\_\_  
 Date \_\_\_\_\_  
 Signed \_\_\_\_\_  
 \*Licensed health-care practitioner

\*Examinations conducted by licensed health-care practitioners other than physicians will be recognized for BSA purposes in those states where such practitioners may perform physical examinations within their legally prescribed scope of practice.

**PLEASE TYPE OR PRINT.**  
 NAME \_\_\_\_\_  
 UNIT \_\_\_\_\_  
**NOTE:** Keep original form for your personal record. Make reproductions for agency use. Be sure information and signatures are legible on reproduced copies. This upper section may be reproduced and carried with you for emergency identification and care.

**VI. MEDICAL HISTORY**

**Parent (or applicant if 18 or older):** Fill in sections I, II, III, IV, and VI *before seeing a licensed health-care practitioner.* Check immunizations to be given at this time. Be sure to include any emergency information and restrictions or special care that should be observed. Especially be sure to record any injuries, illnesses, surgery, or significant changes in condition of health of applicant since last complete examination.

- Date of most recent complete physical examination (month and year) \_\_\_\_\_ 20\_\_\_\_
- Are you aware of any current health problems?  No  Yes
- Now under medical care or taking medicines?  No  Yes
- Has there been any surgery, injury, illness, allergy, or change in health status since last complete physical examination?  No  Yes

Give dates and full details below for any "yes" answers.

IS THERE DISEASE OF (OR PAST OR PRESENT HISTORY OF):

	No	Yes	Year	Details/Medicines
Serious illness	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Serious injury	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Deformity	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Skin, glands	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Ears, eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Nose, sinus	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Teeth, tonsils	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Dentures	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Bridge	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Chest, lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Heart	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Murmur	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Stomach, bowels	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Kidneys or urine	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Albumin	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Sugar	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Infection	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Bed-wetting	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Menstrual problems	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Hernia (rupture)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Back, limbs, joints	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Nervous condition	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (explain)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Please list ALL medications taken in the 30 days prior to arrival at the Scouting activity where this form is to be used:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**VII. HEALTH EXAMINATION**

**Licensed Health-Care Practitioner:**

The applicant will be participating in a strenuous activity that will include one or more of the following conditions: athletic competition, adventure challenge or wilderness expedition (afloat or onfoot) that may include high altitude, extreme weather conditions, cold water, exposure, fatigue, and/or remote conditions where readily available medical care cannot be assured.

- Please insist applicant furnish complete medical history (VI) before exam.
- Review immunizations; for youth (18 or younger) tetanus and diphtheria toxoids, measles, mumps, and rubella vaccines, and trivalent oral polio vaccine are required; youths and adults must have had tetanus booster within 10 years. A measles booster is recommended at age 12.
- After completing section VII, summarize any restrictions and/or recommendations in sections II and V, above, and sign.

VISION: \_\_\_\_\_ HEARING: \_\_\_\_\_  
 Date \_\_\_\_\_ Normal \_\_\_\_\_  
 Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Glasses \_\_\_\_\_ Abnormal \_\_\_\_\_  
 B.P. \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_ Contacts \_\_\_\_\_

- Check box if normal; circle if abnormal and give details below:
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Growth, development | <input type="checkbox"/> Teeth, tonsils         | <input type="checkbox"/> Genitourinary    |
| <input type="checkbox"/> Skin, glands, hair  | <input type="checkbox"/> Respiratory            | <input type="checkbox"/> Skeletomuscular  |
| <input type="checkbox"/> Head, neck, thyroid | <input type="checkbox"/> Cardiovascular         | <input type="checkbox"/> Neuropsychiatric |
| <input type="checkbox"/> Eyes, ears, nose    | <input type="checkbox"/> Abdomen, hernia, rings | <input type="checkbox"/> Other (specify)  |

**COMMENTS**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FOR THOSE ATTENDING PHILMONT OR NATIONAL HIGH-ADVENTURE BASES:**  
 \* The minimum age for all participants is 13 by January 1 of the year of participation, or have completed the seventh grade. No exceptions.  
 † Trail food is by necessity a high-carbohydrate, high-calorie diet. It is high in wheat, milk products, sugar, corn syrup, and artificial coloring/flavoring. Dinner meals contain meat. If these food products cause a problem in your diet, you need to bring appropriate substitutions with you and so advise base personnel.  
**Note:** Licensed health-care practitioners representing high-adventure bases reserve the right to deny access to the trails or other program activity on the basis of a medical evaluation performed at the base after arrival.

**REVIEW FOR CAMP OR SPECIAL ACTIVITY**

DATE	AGENCY AND ACTIVITY	BY	"OK"	PHYSICIAN RECHECK NEEDED	RESULTS OF RECHECK	INITIAL

**INTERVAL RECORD**

(CAMP, CAMPOREE, TOURNAMENT, TRAVEL, ETC.)

DATE, TIME, PLACE, ETC.	FINDINGS, DIAGNOSES, TREATMENT, INSTRUCTIONS, DISPOSITION, ETC.	BY:

#34412B



7 30176 34412 6