

Welcome to Camp New Fork Boy Scout Camp

Our goal is to provide a well-rounded resource base for your Scouting unit to stimulate and enhance its year-round program through living, breathing, and doing Scouting for 24 hours a day for 5 to 7 days. Well-trained instructors, merit badge counselors, commissioners and other staff personnel are available to aid your unit in planning, preparing and carrying out an active scouting program.

The ideals and aims of Scouting are our guidelines. Our programs are designed to strengthen units and individuals in the Scouting methods. We encourage greater commitment to good citizenship, positive character development and personal fitness. We actively promote the use of the Patrol method in unit organization, planning and participation.

Our staff are Scouts and leaders dedicated to the Scouting program and its aims and ideals. They are individuals of good character well able to serve as role models for your Scouts.

Please inform all of your youth and adult participants of the camp information, policies, procedures and programs so that your week at camp will be highly successful. There are some changes from last year's policies and programs, so please review all items.

We look forward to meeting you and your unit and spending a week together at Camp New Fork. Remember the best summer camp experience results from early and consistent planning and follow through. We want your experience at Camp New Fork to be the highlight of your Scouting year. Call us if you have any questions or if we can assist you in any way as you plan and prepare for summer camp.

PLAN, PLAN, PLAN, PLAN, PLAN, PLAN, PLAN, PLAN

CITIZENSHIP

CHARACTER

FITNESS

Lee Russell
Camp Committee Chr.
307-324-3624
leer@trib.com

John Mangan
Camp Manager
307-789-4885
jmangan@bsamail.org

Scott Scherbel
Camp Director
307-276-3940
scott@ssltd.net

Kirk Young
Program Dir.
307-679-1390

CONTACTING CAMP

Mail may be sent to :

Camp New Fork

Cora Post Office

Cora, WY 82925 (include name, troop # and campsite)

There is a phone for **emergencies** only. The number is 307-360-3003.

CHECK IN/PARKING

Check in times are 2pm-6pm on Saturday and 7am – 10am on Monday. Camp New Fork is managed as a walking camp with limited vehicle access. Therefore, only one vehicle per campsite at a time will be allowed to enter to unload heavy equipment. All others may park in the camp parking lot immediately west of the front gate.

If you check in on Saturday, Sunday worship services will be held in the camp chapel west of the campfire bowl. More information will be provided at check in.

CHECK OUT

Due to camp scheduling needs, we ask that you be out of camp by 10am on Saturday.

NON DISCRIMINATION STATEMENT

It is the policy of Camp New Fork not to discriminate against any person on the basis of race, color, religion, creed, age, marital status or any other legally protected characteristic in the administration of any program.

CAMP FEES

\$180 per youth
\$195 per out of council
\$85 per adult
(all fees include food)

HIGH ADVENTURE

Rock Climbing Trek-\$150 per person
Hiking Trek-\$150 per person
Canoe Trek-\$195 per person
*add \$15 per out of council, and requires separate registration

CANOE TREK OVERNIGHT

Units with TRAINED adult supervision may schedule a canoe trip to the upper lake for an overnight outpost camp. You will want to get an early reservation if you desire a particular night of the week. See the Activity Reservation Form.

PRE CAMP LEADERS MEETING

All Scoutmaster and adult leaders are invited to attend one of two pre camp leaders orientation meetings. You will learn about Camp New Fork's program and camping policies. This meeting is a great opportunity to ask any questions you may have prior to camp.

REFUND POLICY

Camp fees are transferable to another Scout up to the time of camp. These fees may not be carried over to the following year. The unit may request a refund if a camper is unable to attend due to an illness/injury, death in the family, or a personal emergency. **"NO SHOWS"** will not be eligible for a refund. **Due to administrative cost, we will not issue refunds for less than \$25. Requests for a refund must be in writing, with a specific reason for the refund, and be submitted to the camp director before the unit leaves camp. There will be no refund requests accepted after the unit checks out of camp .** Refunds may be used as a transfer of at least \$100 for the next years camp reservation pending approval of the refund request. **Food is non-refundable.**

TOUR PERMITS

BSA Tour Permits are required for your safety and liability protection. Please file a Tour Permit for you trip to camp with your local Scout Service Center before leaving for camp and bring the permit with you. The form can be downloaded at trappertrails.org or you can get one at any council service center. Please wear seatbelts and follow all traffic rules. Note: BSA standards prohibit Scouts from riding in the backs of trucks or in campers or in vehicles without a seat belt for each passenger.

UNIT ROSTERS

The roster must be checked with your local Scout Service Center prior to your arrival at camp to ensure that all participants are registered members of the Boy Scouts of America. All units will need to turn in a unit roster at check in at camp

SWIM CHECKS

Each person desiring to spend any time in the water must have a swim check and Camp New Fork has elected to **REQUIRE** each unit to do swim checks prior to arrival at camp. Remember that New Fork Lake is a COLD WATER lake. Swimmers who are weak in warm water may not swim well in the cold water. The camp staff and your youth are relying upon your common sense and good judgment as a leader to keep your youth safe.

ADULT LEADERSHIP

All units must have at least one registered adult. At least one leader must be 21 years of age or older. The second leader must be at least 18 years of age. All visitors must check in at the Camp office. Each participant in camp will be issued an ID band to be worn during the entire stay at camp. This is your meal and identity ticket. It is used to monitor persons in camp and to assist in keeping unwanted visitors out as part of our Safe Haven policy.

MEDICAL EXAMINATION

ALL participants, youth and adult, must have a completed and signed medical form with them upon arrival at camp. These will be collected, reviewed and kept on file during your week in camp. They will be returned when you check out at the end of the week. Class 1 is for youth and adults under 40 for less than 72 hours in camp. Class 2 is for the same age group that will be spending more than 72 hours in camp. Class 3 is for adults over 40 and **ALL** High Adventure participants.

FISHING

Those with a Wyoming fishing license can challenge the fish of New Fork. Bring your own equipment. Licenses can be purchased in Pinedale, Wyoming.

HIKE DAY

Thursday afternoon is designated as Hike Day. All program areas will be closed in the afternoon. Lunch will be served at 12:30 to all in the dining hall. We encourage all units to plan and take a hike.

TROOP BUDDY

One or two youth staff members will be assigned to your unit for the entire week to help you get acquainted with camp and to give your unit a friend on the staff.

UNIFORMS

We encourage both adults and youth to wear a Scout uniform the entire time while attending Camp New Fork. For formal activities such as flag ceremony, dinner, and campfires the complete field uniform is the appropriate dress. Otherwise, a Scout activity uniform or Class B uniform is encouraged.

FOOD SERVICES

Camp fees include all meals beginning with lunch on Monday if checked in by 11:00 and ending with breakfast on Saturday morning. Units arriving in camp on Saturday or Sunday are responsible for their own meals before Monday lunch. However, if you would like to participate in the dinner at the dining hall on Sunday, you may purchase extra meals at \$7 each. Units arriving after 11:00 on Monday should bring their own lunch.

All breakfasts except Saturday, all lunches except Hike Day, and all trail meals will be prepared by your Scouts at your campsite from food issued to you at the commissary. You provide your own cooking equipment and washable tableware. All non trail evening meals will be prepared by the staff and served in the dining hall. Bring and use your own washable tableware. Visitors may purchase their meals at \$7 per person and will be provided with tableware. When washing dishes, use hot water. It is also recommended to rinse in an approved disinfectant like bleach and allow each dish to air dry. This will prevent diarrhea and other contact diseases.

TRADING POST

We have a great trading post in camp. It is well stocked with handicrafts, souvenirs, drinks, candy, merit badge pamphlets, literature, patches, knives, t-shirts, hats, neckerchiefs, compasses and many other items. We encourage each camper to bring \$15-\$20 to cover extra fees that may be incurred while doing merit badges at camp.

BIKES

No bicycles are to be ridden in camp or stored at camp sites. However, there are miles of National Forest roads and trails nearby where bicycles can be ridden. Helmets and adult supervision are required.

EQUIPMENT PROVIDED

Each campsite is equipped with a campsite sign, tables, washstand, latrine, running water, troop campfire ring, bulletin board, barrel for emergency water storage and a bear proof container.

It is your unit's responsibility to keep your latrine and campsite clean .

FIRES/WOOD

We are blessed with an adequate wood supply as long as you are willing to walk a little way to get it. Please do not bring chainsaws to camp, and do not cut down standing trees, living or dead. You are welcome to have fires in the troop fire ring at your campsite, though at times, the USFS puts us on limited fire use due to dry forest conditions. No open flames are allowed in tents. Please follow the BSA Fire Guard Plan which should be posted on your bulletin board at your campsite.

We request that you use liquid fuel and /LP gas appliances for cooking to minimize the risk of fires and to instruct Scouts in Leave No Trace principles. Any fuel of any kind not in or attached to an appliance must be kept locked in a secure place.

Also, all fireworks are banned from camp. Please leave them home.

RECYCLING/GARBAGE

Unfortunately, a lot of garbage is created while in camp. In order to prevent attracting wildlife, we require that, immediately after each meal, you take your wet garbage to the bear proof garbage trailer which is parked near the front gate. Dry garbage, such as packaging, may be burned. Camp New Fork supports Recycling by separating tin cans, aluminum cans, plastic drink and other containers, cardboard and paper from the remainder of the trash. We ask your support also. Encourage your Scouts to separate, wash and deposit recyclables in the appropriate recycling containers.

PETS

Absolutely no dogs or pets are allowed at camp.

QUIET HOURS

We expect Scouts to be in their campsite and doing quiet activities, especially sleeping, by 10:30pm. Please be sure that your activities are not disturbing other campers.

ORDER OF THE ARROW

The Order of the Arrow is a Scouting service organization whose chief purpose is to encourage and support camping. Ordeals are often held at camp. If any of your adults or youth would like to participate in an Ordeal while at camp, it is \$38 per person.

ELECTRONICS

We ask that you not bring nor allow any electronic devices in your campsite. They distract from the wilderness experience.

KNIVES, WEAPONS

Only folding knives are allowed in camp. No sheath knives. No weapons are to be brought into camp. No personal archery equipment, pistols, rifles, shotguns, etc.

DRUG, ALCOHOL AND TOBACCO USE

Absolutely no illegal or unauthorized drugs nor alcoholic beverages are allowed within the camp. If you have youth bringing medications, please be sure that they are brought and kept in a labeled bottle, preferably the original, especially for prescription medications.

Camp New Fork supports the Surgeon General's warning that use of tobacco for chewing, or smoking is hazardous to the health. The parking lot is the only area designated in camp for smoking or other use of tobacco. Youth may not use tobacco in any form at any time or in any place while attending camp.

FIRST AID

The camp has a well stocked Health Lodge staffed by certified medical personnel situated between the Trading Post and Dining Hall. We ask that all persons needing or receiving medical treatment report to the staff medical office at the Health Lodge whenever possible. If no one is there, check at the trading post or dining hall.

EMERGENCY PROCEDURES

All emergencies are to be reported immediately to the Camp Director or the nearest staff.

Fire

Signal: A long continuous blast of the siren or ringing of the bell

Lost Camper

If you believe one of your unit members has become lost, obtain the following information and report immediately to the Camp Director or nearest adult staff member:

- Full name, description, unit #, campsite and what he was wearing
- Where he was last seen
- If he was angry at someone, homesick, or anything else out of the ordinary
- His favorite area of the camp
- If his tent, the latrine, showers and activity areas have been checked to see if he is there

Storms

In case of severe storm, staff may bring warnings to camp sites and open up the Dining Hall

High Winds

In case of high winds, seek open areas away from trees.

Electrical Storms

In case of electrical storms, seek shelter off of ridges and away from trees and other prominent or metallic objects such as tent poles.

Cloudbursts/Heavy Rain

Hopefully, campers and staff have come prepared for wet weather and will not be unduly inconvenienced by it. At times, Camp New Fork has experienced minor flood conditions due to extremely heavy rains.

Earthquakes

There is no warning before an earthquake is felt. If an earthquake occurs, stay indoors if indoors under a table or in a doorway. If outside, move to an open area away from trees and buildings.

BEARS

Staff and campers will follow common sense procedures of observing wildlife from a distance and not moving into a potentially dangerous situation. **DO NOT CHASE OR IN ANY WAY FOLLOW BEARS.** Black bears have made occasional visits to Camp New Fork, and grizzly bears are now being reported in the Upper Green River area not far from Camp New Fork. Sometimes these bears become accustomed to humans, human food and garbage. They may seem cute, but one that is attracted to an area frequented by humans camp become very **DANGEROUS!** Due to past incidences of bears coming to camp and entering tents where food, treats or other attractants have been stored, the USFS, from which our property is leased, has required, as part of our lease agreement, that "bear spray" be carried by certain persons within the camp. Many

of the adult staff are assigned this duty. Also, one adult leader at each campsite will have this assignment for the week that his unit is in camp. Each assigned person **MUST ALWAYS** have the spray with him, wherever in camp he may be. Moose may also be a danger. The main key to avoiding all types of encounters with wildlife is to keep a clean campsite with all attractants properly stored in bear-proof containers.

General Principles of Bear Safety

- Never bury garbage
- If possible, sleep at least 100 yards away from your cooking and food storage areas
- Keep sleeping bags and personal gear clean and free of food odors. (Don't eat in bed)
- Never sleep in the same clothes you wore while cooking.
- Never store food, treats, other aromatics such as soap, shampoo, or toothpaste in your tent
- Never stash candy or other food items that will attract a bear
- Never chase a bear or even move toward it

ADVANCEMENT

We use a "flexible" program system in our activity areas. This means that, when the activity areas are open, campers may generally arrive and leave whenever they choose and participate as they choose within the limits of the area. Scouts working on advancement make individual arrangements with merit badge counselors and instructors to be tested on requirements. The adult directors of the activity areas are approved merit badge counselors. Scouts desiring to earn merit badges are encouraged to contact the counselors on Monday to receive directions and instruction and to schedule for instruction.

The 3-part blue national merit badge application is required for all merit badge work and is available in the Trading Post for purchase. These are kept by the individual Scout rather than the staff. The Scout should bring his card with him each time he tests for requirement completion so that the card can be initialed immediately by the tester.

MERIT BADGES OFFERED, FEES AND PRE CAMP REQUIREMENTS

Archery-\$2.50 for arrow kit; # 1c

Basketry-\$15 for 2 large baskets and a seat kit

Canoeing-# 3

Climbing

Environmental Science-# 1, 3 ,5 ,6

First Aid-# 2b

Fishing-#7

Fly Fishing-#8; A camp-only requirement is to have already earned the Fishing Merit Badge.

Forestry-For #1 bring a notebook that can be used as a "field notebook".

Indian Lore-\$15-\$25; #1 This requires research not available at camp. Decide which requirements from #2, 3 & 4 you want to do and begin preparation for them. If you choose to do #2d, 4g, 4h, or 4I, they must be done before or after camp.

Leather Work-\$4-\$10 for leather; #5a, 5b, 5d If you choose one of these requirements it must be done before or after camp.

Lifesaving-#1a Be prepared to do #1b by being able to swim a long distance using the listed strokes. These strokes must be done correctly.

Motorboating-#2, 4e, 4f, 4g

Mammal Study-#3-If you choose option c, do your research study, reading and report before camp. #4 If choosing options a, c, e or f, do them before camp. If choosing 4b, bring a camera or do before camp.

Nature-#1 and 2 Research a protected plant and animal. For #4, if choosing any of the following options: Birds-do 2 before camp; Insects-do all before camp; Mollusks and Crustaceans-do all before camp; Soils and Rocks-do 2 before camp.

Orienteering

Pioneering

Rifle Shooting-\$3-\$5 for bullets; # 1d, 1f, 1i

Rowing

Sailing-#2, learn #4 and 5 before camp

Shotgun Shooting-\$12-\$40 for shells; #1d, 1f, 1h, 1i

Swimming-#3 For #5 you should already know how to swim the listed strokes in good form and in strong manner.

Water Skiing-#3, 4

Whitewater-#1, 2, 3 recommend studying the information for #5, 6, 7, 8, 9, 11, 12

Wilderness Survival#5 study for #2, 3, 4, 7, 10, 11, 12, 13

Woodcarving \$4-\$6 for carving materials; #2

PREPARATION/PLANNING

We do not have a “canned” program planned for you. You, your troop, patrols & Scouts determine your own camp activity program within the framework created by the resources, the rules and regulations of the Scout Camp and the Scouting ideals. We provide resources, opportunities, ideas and support. You will find that a few hours of planning and preparation for summer camp will greatly enhance the summer camp experience for each of your Scouts. Please take the time to help each of your Scouts and each patrol plan and prepare for an enjoyable, fulfilling summer camp. You may already have an effective process which you use for summer camp planning. If you do not, your Scout leader handbook has suggestion. Following are some pre-camp preparation ideas.

PRE-CAMP ACTIVITIES

- Do swim checks
- Attend pre-camp leader orientation in the Spring.
- Get physicals for all participants.
- Turn in your roster and tour permit at your local Scout office.
- Pay all of your camp fees.

WHAT TO BRING TO CAMP

Refer to the Boy Scout Handbook for troop, patrol and individual equipment suggestions. In addition, the following items may be of value in camp.

TROOP

flags, USA, state, troop	axe, bow saw
garden hose	Merit Badge Pamphlets and blue cards
paper and pencils	thumb tacks
twine and rope	heavy duty trash bags-3 per day plus extra for canoe trip
shovel	

PATROL

dish soap, bleach, scrubbers	propane/liquid fuel stoves
large pans for washing and rinsing dishes	paper towels
patrol box for storing cooking gear	aluminum foil
pots, pans, griddles, dutch ovens	spatulas, spoons/other cooking utensils
cooking oil	flag, patrol
tents	tarps

INDIVIDUAL

backpack to carry personal gear	pillow and sleeping bag
Boy Scout Handbook, uniform	rain gear

camera and film	spending money
compass	special items for merit badges like swimming gear
day pack for hike day	sun screen
ground cloth	swimsuit
medical exam	tableware, washable
merit badge prerequisites	towel
merit badge partials	warm cap for sleeping
merit badge projects	warm coat
other pre-camp advancement work	water bottle or canteen

REMEMBER-these are in addition to the items listed in the Boy Scout Handbook!!!!

TRAPPER TRAILS COUNCIL

UNIT ROSTER

BOY SCOUTS OF AMERICA

PACK/TROOP/POST/CREW _____

DISTRICT _____

DATE _____

CAMP _____

PLEASE PRINT

	ADULT LEADERS (OVER 18) NAME	ADDRESS	HOME PHONE NUMBER
IN CHARGE			
2			
3			
4			

	SCOUTS (UNDER 18 YRS OF AGE) NAME	ADDRESS	HOME PHONE NUMBER	OFFICE USE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

I HAVE RECEIVED LEADER'S GUIDES FOR ALL ADULTS IN MY UNIT.

UNIT LEADER SIGNATURE _____ DATE _____ OFFICE DATE STAMP _____



PERSONAL HEALTH AND MEDICAL RECORD

CLASS 1 AND CLASS 2

Height _____ Weight _____ Eye color _____ Hair color _____

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. _____

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

ALLERGIES: Food, medicines, insects, plants Yes No Explain: _____

GENERAL INFORMATION:	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**, including drug, dosage, route (oral, injection, etc.), and frequency: _____

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 _____

OR DPT _____ OR MMR _____ _____

Hepatitis A _____ Varicella _____ OR Chicken pox _____

Hepatitis B _____

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

CAMPSITE

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 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 _____

Check box:	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 _____

Comment on any need for medical assistance devices: _____

Signature _____ Printed name _____ 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.**

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



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 _____



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 _____



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 _____

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 afoot) 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:
 Growth, development Teeth, tonsils Genitourinary
 Skin, glands, hair Respiratory Skeletomuscular
 Head, neck, thyroid Cardiovascular Neuropsychiatric
 Eyes, ears, nose Abdomen, hernia, rings 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.

INDIVIDUAL/UNIT SWIM CLASSIFICATION (SWIM CHECK)

The swim classification (swim check) is a key element of Safe Swim Defense and Safety Afloat. All persons participating in BSA aquatics activities will be classified according to swimming ability. The swim check allows individuals to demonstrate the minimum level of swimming skill consistent with circumstances while in the water.

Swim Classification Policies

- The swim check should be renewed annually.
- Traditionally, the swim check has been conducted at a long-term summer camp; however this is not the only place the test can be conducted.
- For individuals/units attending resident camps, refer to specific camp policies regarding where the test is to be conducted.
- When swim checks are conducted away from a resident camp or at the point of activity, the BSA certified aquatics director has the authority to review or retest all participants to ensure standards have been maintained.
- Administration of the Swim Check
 - OPTION A: Completed on the first day of **Resident Camp** by camp aquatics personnel.
 - OPTION B: Completed at the **Unit Level**, conducted by one of the following approved resources: BSA aquatics instructor; aquatics supervisor; BSA lifeguard; certified lifeguard; swimming instructor; or swim coach. Each individual will be issued a buddy tag under the direction of the camp aquatics director for use at resident camps.

Swim Classification Procedures

- The Swim check should take place in a maximum 12 foot depth body of water.
- During the swim check, the swimmer must be within 25 feet of shallow water footing or pool/pier edge.
- Complete 1 of the following:
 - Swimmer Test:
 - 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: side, breast, trudgen, or crawl.
 - Swim 25 yards using the elementary back stroke.
 - The 100 yards total must be done continuously and include at least one sharp turn.
 - After completing the test, rest by floating.
 - Beginner Test:
 - Jump feet first into water over the head in depth and level off.
 - Swim 50 yards on the surface, stop, turn sharply, and resume swimming as before.
 - Return to starting place.

Swim Classification Certification

Unit Number: _____ Date of Swim Test: _____

Location of Swim Test: _____

Name of Person Conducting Test: _____

Signature of Person Conducting Test: _____

Title/Position of Person Conducting Test: _____

	FULL NAME (Please Print)	SWIM CLASSIFICATION		
		Non Swimmer	Beginner	Swimmer
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Name of Unit Ldr./Individual: _____ Date: _____

Signature of Unit Ldr./Individual: _____

See Safe Swim Defense and Safety Afloat for additional guidelines and details

#34426



3. Party will consist of (number): ___ Cub Scouts ___ Boy Scouts ___ Varsity Scouts ___ Venturers—male ___ Venturers—female ___ Adults—male ___ Adults—female ___ Total	4. Party will travel by: <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Plane <input type="checkbox"/> Canoe <input type="checkbox"/> Van <input type="checkbox"/> Boat <input type="checkbox"/> Foot <input type="checkbox"/> Bicycle
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If traveling by other methods, please specify. _____

Party will travel with another unit/crew that has a male or female (circle one) leader. This leader will be responsible for the Venturer(s) of my crew.

Advisor _____ Other crew's no. _____ Council _____

Tour involves: Swimming Boating Climbing Orientation flights (attach Flying Permit, No. 19-672, required)
 Wilderness or backcountry (must carry **Wilderness Use Policy** and follow principles of **Leave No Trace Camping**)

Activity Standards: Where swimming or boating is included in the program, **Safe Swim Defense** and/or **Safety Afloat** standards are to be followed. If climbing/rappelling is included, then **Climb On Safely** must be followed. At least one person must be trained in CPR from any recognized agency for Safety Afloat and Climb On Safely. At least one adult on a pack overnigher must have completed Basic Adult Leader Outdoor Orientation (**BALOO**). Effective for tours on January 1, 2009, at least one adult must have completed **Planning and Preparing for Hazardous Weather training**.

Name	Age	Safe Swim Defense expiration (two years from date taken)	Safety Afloat expiration (two years from date taken)	Climb On Safely date taken
Name	Age	CPR Training	Agency	Expiration Date
Name	Age	Date BALOO Training Completed	Planning and Preparing for Hazardous Weather Training valid until (two years from date completed)	Youth Protection expiration (two years from date taken)
Name	Age	NRA Instructor and/or RSO		
		<input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Pistol <input type="checkbox"/> Range Safety Officer <input type="checkbox"/> Muzzle-loading rifle <input type="checkbox"/> Muzzle-loading shotgun		

INSURANCE

All vehicles MUST be covered by a liability and property damage insurance policy. The amount of this coverage must meet or exceed the insurance requirement of the state in which the vehicle is licensed and comply with or exceed the requirements of the country of destination for travel outside the United States. (It is recommended, however, that coverage limits are at least \$50,000/\$100,000/\$50,000 or \$100,000 combined single limit.) Any vehicle designed to carry 10 or more passengers is required to have limits of \$100,000/\$500,000/\$100,000 or \$500,000 combined single limit. In the case of rented vehicles the requirement of coverage limits can be met by combining the limits of personal coverage carried by the driver with coverage carried by the owner of the rented vehicle.

KIND, YEAR, AND MAKE OF VEHICLE	NUMBER OF PASSENGERS	OWNER'S NAME	DRIVER'S LICENSE NUMBER	WILL EVERYONE WEAR A SEATBELT?	LIABILITY INSURANCE COVERAGE		
					Each Person	Each Accident	PROPERTY DAMAGE
					\$	\$	\$

The local council may allow a list of the above information to be attached to the permit in order to expedite the process. Each unit may circle the names of the drivers for an event or an activity.

TRANSPORTATION GUIDELINES

- You will enforce reasonable travel speed in accordance with state and local laws in all motor vehicles.
- If by motor vehicle:
 - Driver Qualifications:** All drivers must have a valid driver's license and be at least 18 years of age. **Youth Member Exception:** When traveling to an area, regional, or national Boy Scout activity or any Venturing event under the leadership of an adult (21+) tour leader, a youth member at least 16 years of age may be a driver, subject to the following conditions: (1) Six months' driving experience as a licensed driver (time on a learner's permit or equivalent is not to be counted); (2) no record of accidents or moving violations; (3) parental permission has been granted to leader, driver, and riders.
 - If the vehicle to be used is designed to carry more than 15 people (including driver) the driver must have a commercial driver's license (CDL).

Name: _____

C.D.L. expiration date _____

- Driving time is limited to a maximum of 10 hours and must be interrupted by frequent rest, food, and recreation stops.
- Seat belts are provided, and must be used, by all passengers and driver. Exception: A school or commercial bus, when not required by law.
- Passengers will ride only in the cab if trucks are used.

OUR PLEDGE OF PERFORMANCE

- We will use the Safe Swim Defense in any swimming activity, Safety Afloat in all craft activity on the water, and Climb On Safely for climbing activity.
- We will use trucks only for transporting equipment—no passengers except in the cab. All passenger cars, station wagons, recreational vehicles, and cabs of trucks will have a seat belt for each passenger.
- We agree to enforce reasonable travel speed (in accordance with national, state, and local laws) and use only vehicles that are in safe mechanical condition.
- We will be certain that fires are attended at all times.
- We will apply for a fire permit from local authorities in all areas where it is required.
- We will at all times be a credit to the Boy Scouts of America and will not tolerate rowdiness or un-Scoutlike conduct, keeping a constant check on all members of our group.
- We will maintain high standards of personal cleanliness and orderliness and will operate a clean and sanitary camp, leaving it in a better condition than we found it.
- We will not litter or bury any trash, garbage, or tin cans. All rubbish that cannot be burned will be placed in a tote-litter bag and taken to the nearest recognized trash disposal or all the way home, if necessary.
- We will not deface trees, restrooms, or other objects with initials or writing.
- We will respect the property of others and will not trespass.
- We will not cut standing trees or shrubs without specific permission from the landowner or manager.
- We will collect only souvenirs that are gifts to us or that we purchase.
- We will pay our own way and not expect concessions or entertainment from any individual or group.
- We will provide every member of our party an opportunity to attend religious services on the Sabbath.
- We will observe the courtesy to write thank-you notes to persons who assisted us on our trip.
- We will, in case of backcountry expedition, read and abide by the Wilderness Use Policy of the BSA.
- We will notify, in case of serious trouble, our local council service center, our parents, or other local contact.
- If more than one vehicle is used to transport our group, we will establish rendezvous points at the start of each day and not attempt to have drivers closely follow the group vehicle in front of them.