09/26 - 09/28

WEBELOS WOODS 2025

A PROGRAM FOR WEBELOS & ARROW OF LIGHT SCOUTS

CAMP WORKCOEMAN

PROGRAM GUIDE

Welcome to Webelos Woods!

Dear Parents and Leaders,

Thank you for registering for Webelos Woods! The the Camp Workcoeman staff and volunteers from across the Connecticut Rivers Council are working together to present Webelos Woods coming up on September 26–28, 2025. This program is open to any Webelos or Arrow of Light Scout (usually fourth and fifth graders), their parents, and den leadership. Scouts may attend with their den or individually with a parent. The goal of Webelos Woods is to engage these older Cub Scouts in an outdoor adventure that will prepare them to 'crossover' into a Scout Troop.

Please check out the 'FAQs' listed below to get a strong idea about what is in store for this great Scouting program!

Yours in Scouting,

Jeffrey Seiser
jseiser@campworkcoeman.org

Aline Souza
ctrivers.co.membership@gmail.com

Frequently Asked Questions (FAQ)

Q: What is Webelos Woods?
A: Webelos Woods Program is designed to provide Scouts, den leaders, and parents with the resources that mostly, but not completely, satisfy the requirements for Webelos/AOL adventure badges that are best done in an outdoor camp setting. Each adventure badge will be taught by an experienced and talented adult, who is trained and prepared to work with Cub Scouts. Other 'specialty programs' will be offered that can further a Scout's experience both in providing instruction in a new skill and enjoyment.

A complete listing of the adventure badges and specialty programs that can be signed up for, along with a full weekend schedule can be found later in this program guide.

Q: How can I register for Webelos Woods?
A: Registration for Webelos Woods is conducted through the Connecticut Rivers Council website. A link to register can be accessed via the Camp Workcoeman website as well. Please communicate with your pack leadership as packs may have their own process for registering Scouts for this event.

https://campworkcoeman.org/ww
https://scoutingevent.com/066-99407

Q: What is the cost to attend Webelos Woods?
A: The cost to attend Webelos Woods is $40 per Scout, $20 per adult and $20 per Den Chief.

Q: How is food coordinated?
A: Three meals will be provided on Saturday—these meals include breakfast, lunch, and dinner and are included as part of your registration fee. Participants should plan on arriving on Friday with dinner or having already eaten. Participants should also plan with their unit for a 'Get Up and Go' breakfast on Sunday. All camp provided meals will be served out of the camp kitchen and dining hall within the guidelines of Camp Food Services. *Food allergies should be listed in the related field available when registering online; this information will be forwarded to the lead chef once your registration is completed.*

FAQ (Continued)

Q: What will the check-in process be like?
A: Check-in will begin Friday, September 26th at Camp Workcoeman (169 Camp Workcoeman Road, New Hartford, CT 06057) at 6:00 PM and run until 8:00 PM. Every adult and Scout participant will need to check-in with the health team stationed at the Camp Chapel (large pavilion next to the parking lot). Required forms include parts A, B, & D of the medical form for both Scouts and adults. Both forms are included with this program guide.

Q: What are the campsite amenities?
A: Drinking Water will be available in the camp latrines located at each campsite. Units are expected to keep their latrine clean; toilet paper is provided. Campsites have fire rings and platforms. Personal tents may be set up on platforms or on the ground, whichever the participants prefer. The traditional summer camp tents are *not* provided.

Q: Can my Scout come for Saturday only, with no overnight?
A: Although we recommend the overnight experience as it allows your Scout to participate in the complete program and prepares them for Scouting at the troop level, 'day only' participation is allowed. Check-in for any Scouts and adults coming for the day will be held from 7:00 AM to 8:00 AM on Saturday morning; Scouts looking to have breakfast should plan on arriving by 7:30 AM at the latest. The same health forms and registration required for overnight participants will be required from day participants.

Q: How do I select the adventure badges and specialty activities for Scouts?
A: All Den Leaders (or the designated point person for your den) will receive a Google Form to select adventure badges and specialty activities for their Scouts at Webelos Woods. In total there are five different program sessions where there will be a series of activity badges and specialty programs for Den Leaders to select amongst for their Scouts to participate in; a complete listing of these options is included in this program guide. Be sure to check the due date when you receive the Google Form and complete it by the deadline.

Webelos Woods patches and certificates will be provided to leaders during the Friday evening cracker barrel meeting. Den Leaders are responsible for tracking their Scouts' advancement during this weekend event and inputting it into Scoutbook.

Q: Can younger Cub Scouts or non-Scout siblings attend Webelos Woods?
A: No, this event is for Webelos and Arrow of Light Scouts only (and their parents, leaders, and Den Chiefs).

Pre-camp Meeting for All Den Leaders

There will be a pre-camp virtual meeting for all den leaders for Webelos Woods on Tuesday, September 9th at 7:00 PM. It is critical for all leaders to attend this meeting to communicate with the staff about the program for the weekend; receive the Google form in which to register Scouts for activities; and discuss information relating to campsite assignments, dining hall function, and much more.

The link for this meeting will be emailed to all den leaders once they register for this event or can be obtained by emailing Jeff Seiser (jseiser@campworkcoeman.org) prior to September 9th.

Webelos Woods Schedule

Friday

6:00 – 8:00 PM	Arrival and Check-In, Campsite Set Up	Chapel & Campsites
8:00 – 8:30 PM	Den Leaders Meeting, Cracker Barrel	Dining Hall
9:30 PM	Taps & Lights Out	Campsites

Saturday

7:00 AM	Reville & Wake Up	Campsites
7:00 – 8:00 AM	Check-In for Day Participants	Chapel
7:30 – 9:00 AM	Breakfast & Shooting Sports Orientation	Dining Hall & Amphitheater
	Scouts eat in two shifts and participate in the shooting orientation when not eating.	
9:00 – 9:15 AM	Opening Ceremony	Parade Ground
9:30 – 10:30 AM	Activity Session #1	As Assigned
10:45 – 11:45 AM	Activity Session #2	As Assigned
12:00 – 1:00 PM	Lunch ('Grab and Go' Style)	Dining Hall
1:15 – 2:15 PM	Activity Session #3	As Assigned
2:30 – 3:30 PM	Activity Session #4	As Assigned
3:45 – 4:45 PM	Activity Session #5	As Assigned
5:00 – 5:30 PM	Den Time	Campsites
5:30 PM	Flag Retreat	Parade Ground
5:45 – 7:15 PM	Dinner	Dining Hall
	Scouts eat in two shifts and participate in a 'special program' when not eating.	
7:30 – 8:30 PM	Campwide Campfire	Amphitheater
9:00 – 9:30 PM	Leader Cracker Barrel	Dining Hall
9:30 PM	Taps & Lights Out	Campsites

Sunday

7:00 AM	Reville & Wake Up	Campsites
7:30 AM	'On the Go' Breakfast	Campsites
8:00 – 10:00 AM	Campsite Check Out	Campsites
13:00 AM	All Have Departed	Campsites

****Schedule Subject to Change****

What to Wear? What to Pack?

Wear on Saturday of Webelos Woods:

Scouting T-Shirt (Pack 'Class B' if Applicable)
Shorts/Pants
Socks & Outdoor Shoes

Pack the Following in a Small 'Drawstring' Bag/Day Pack:
Filled Water Bottle
Rain Coat or Poncho
Pen & Paper

For the Overnight Experience:

Pack the Following in a Pack or Large Duffel Bag:
'Class A' Field Uniform (Scout Button Down Shirt, Neckerchief, and Hat)
Socks
Underwear
Pajamas
Additional T-Shirts
Extra Towels
Insect Repellent
Flashlight
Spending Money ($25 limit)
Bath Towel
Toothbrush & Toothpaste
Soap

Bedding:
Sleeping Bag
Pillow
Ground Pad
Tent (Work with Your Pack/Parent Troop if you do not Have One)

Leave the Following Items at Home:

Radios and TVs	Obscene Literature	Bikes & Skateboards
SWAT and Sheath Knives	Alcohol, Tobacco, Drugs	Video Games
Cell Phones (Scouts)	Fireworks	

Certain icons by Made by Made / Noun Project

Activity Selections

The central components of Webelos Woods are Webelos and Arrow of Light Adventure Badges and other specialty activities. Choices for Webelos and Arrow of Light Scouts differ, as aligned with the requirements related to these different ranks. During Webelos Woods, these badges may not be done entirely, requirements best suited for an outdoor setting will be the areas of focus.

In total, units will be able to select five activities from the list below via a Google Form sent out prior to the event. This form will be emailed to den leaders directly.

Note: These offerings are aligned with the Cub Scout Program updated in June 2024.

For Webelos

Activity Badges

Webelos Walkabout

My Community

Let's Camp

Earth Rocks

Champions for Nature

Catch the Big One

Aware and Care

Chef's Knife

Specialty Activities

Archery

BB Shooting

Climbing

Cooking Demonstration

For Arrow of Light

Activity Badges

Outdoor Adventurer

Duty to God (Family & Reverence)

First Aid (Personal Safety Awareness)

Champions for Nature

Fishing

Into the Woods

Into the Wild

Estimations

Specialty Activities

Archery

BB Shooting

Climbing

Cooking Demonstration

Campwide Campfire

There will be a campwide campfire on Saturday evening that will feature a variety of songs, skits, and cheers performed both by Scouts and staff. Dens are encouraged to join in the fun and should plan out what they would like to do beforehand. Scouts wanting to perform must sign up prior to the campfire on Saturday evening; details on how to sign up will be shared during Webelos Woods.

Special Saturday Night Program

Camp Workcoeman is proud to welcome acclaimed magician Tom O'Brien to Webelos Woods. Tom will be performing two separate shows on Saturday night, during each of our dinner shifts. Tom brings a combination of magic, comedy, and audience engagement to a show that will be a highlight of the weekend program.

Our Trading Post is a BSA Scout Shop

Order the awards your Scouts earn during Webelos Woods here!

Our camp trading post is a BSA Scout Shop meaning that uniforms, hats, neckerchiefs, and, yes, Webelos and Arrow of Light Adventure and Rank Badges can be ordered through our trading post. All tax exempt and unit account policies that apply at other Scout Shops can be applied here at Camp Workcoeman.

To make things simple and easy for units participating in Webelos Woods, there will be a question on the Google Form that leaders fill out when registering Scouts for activities asking whether their pack would like to order the awards earned at Webelos Woods through our trading post.

All questions regarding trading post inventory, ordering, and operations should be directed to scoutshop@campworkcoeman.org.

Some images from https://www.tomobrienmagic.com/

Camp Policies and Procedures

General Reminders:

- There will be a nurse, EMT, or qualified medical staff at camp for the entire program. This individual will be stationed at the camp's health lodge for the weekend.
- Parking will be in the main parking area only. Packs will be allotted *one vehicle* to drop off gear at their campsite; this vehicle must be parked in the parking lot by 6:00 PM on Friday
- Campsites will need to be clean, packed up, and inspected Sunday between 8:00 AM and 10:00 AM.
- Any prescription and non-prescription medications should be in the original container and in the possession of a parent or the camp health office
- Always use the Buddy System.
- The Trading Post with all its available Scout items and goodies will be open for the weekend.
- The uniform for Webelos Woods will be the 'Class B' Activity Uniform (Pack T-Shirt) for most of the day on Saturday. The 'Class A' Field Uniform will be for the Saturday evening program, which will include the flag retreat, dinner, and campfire.
- Garbage should all be placed in the appropriate barrels; the staff will remove the trash in the evening.
- Smoking and vaping is highly discouraged by adults and is only permitted in the parking lot, out of the sight of the Cub Scouts.

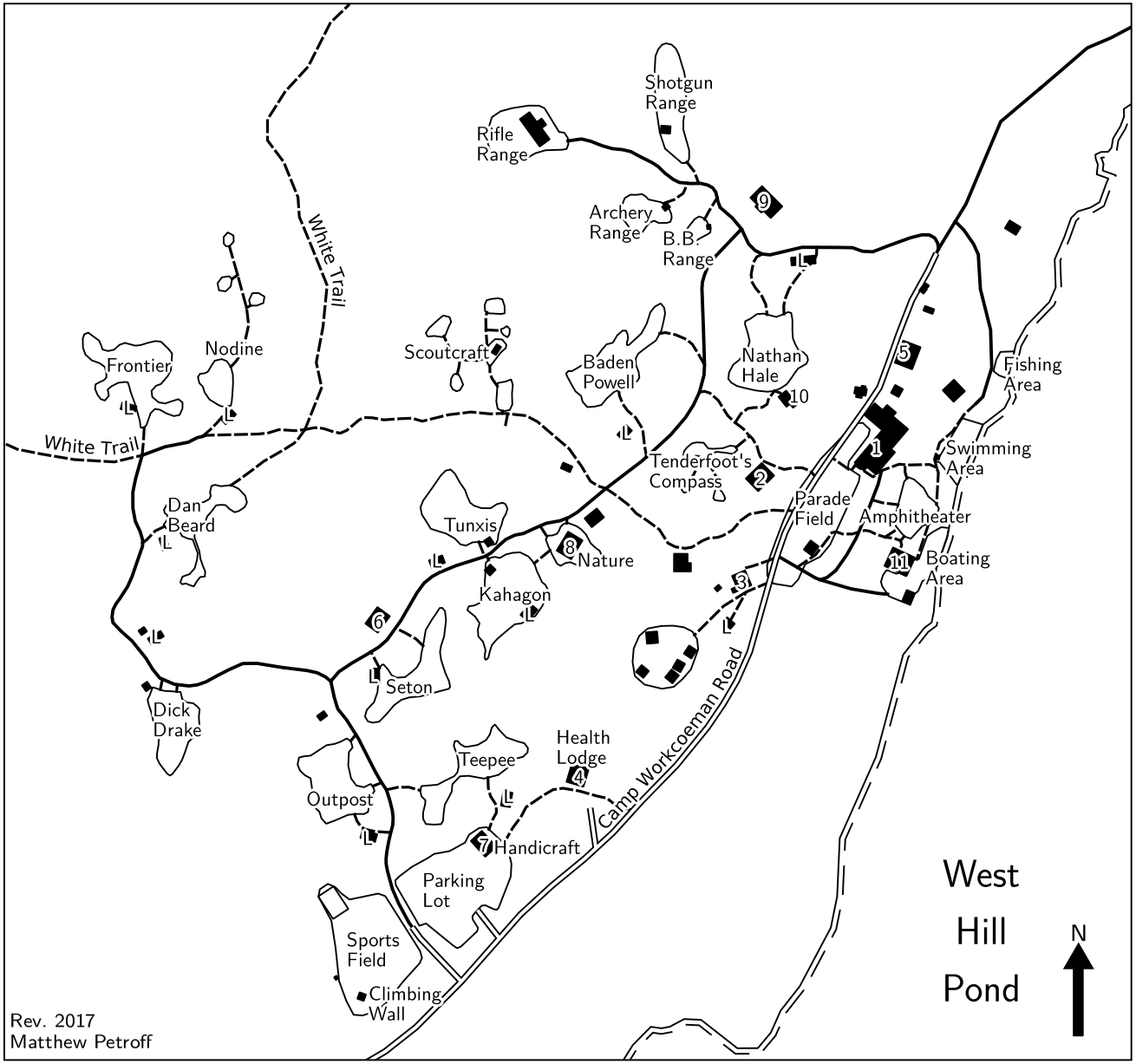
Additional Opportunities

Did you know that Camp Workcoeman offers activities for Cub Scouts and Scouts BSA throughout the year? This includes weekend activities during the fall, winter, and spring and an expanded program during the summer (including Cub Scout Day Camp). The camp is open for unit camping year-round with campsites and cabins available. Be sure to check out https://campworkcoeman.org/ for more information and to register.

Workcoeman Cub Scout Autumn Adventure — November 15, 2025

The Autumn Adventure Camp is composed of a round robin of activities that may include BB Shooting, Fishing, Sports, and Outdoor Skills. Lunch is included. This program is designed for a parent to attend with his/her Scout(s).

Camp Map



Camp Workcoeman

Connecticut Rivers Council, BSA

Scale 1:3200

Buildings

1. Dining Hall
2. Camp Office
3. Trading Post
4. Bailey Building
5. Maintenance Shop
6. Showers
7. Chapel
8. Griffin Lodge
9. Weed Lodge
10. Scoutmasters' Cabin
11. Boathouse

0 100 200 300 ft

campworkcoeman.org

Medical Form Information

Who needs a completed medical form?

All participants need parts A, B, and D of the BSA Annual Health & Medical Record form completed and submitted along with any applicable Medication Administration and Food Allergy Treatment Plan forms. *Remember to make copies of all forms before submitting.*

Check the following before submitting medical forms:

Part A:

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

Part B1:

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

Part B2:

- *Allergies:* Does the camper have allergic reactions to food, medications, plants, and/or insects that could require medical treatment? If the answer is yes to any of the allergens, an Emergency Treatment Plan for Allergic Reactions form from the examining Physician/PA/APRN must be attached to the physical form.
- Immunization history with dates or a copy of immunization history from doctor's office. If using a copy of the immunization history, it must be a legible copy signed and dated by the physician. Your health care provider may write "Up-To-Date" and sign in the box.
- Tetanus must be within 10 years.
- *Medications:* This form is used by the BSA nationally, but Connecticut has special requirements for the administration of medications in camps, schools, etc. In Part D, there is a listing of medications that can be administered at camp without a physician's order. It is very limited. For all other medications, both prescribed and over the counter, an Authorization for Administration of Medication form must be completed, signed, and dated by the physician and parent. A separate form is required for each medication. Note: All medications must be physically checked by the nurse at check-in.

Part D — Connecticut Rivers Addendum:

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

Medication Notes:

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

Camp Workcoeman
Part A: Informed Consent, Release Agreement, and Authorization

2019 A

Full name: _____

Date of birth: _____

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

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

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

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

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

NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any: ☐ **None**

_____

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, **I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met.** The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:

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

Name: _____ Name: _____

Phone: _____ Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____ Name: _____

Phone: _____ Phone: _____

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680-001
2019 Printing

Part B1: General Information/Health History

Full name: _____

Date of birth: _____

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

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

Address: _____

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

Unit leader: _____ Parent's Mobile #: _____

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

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

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

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

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

Yes	No	Condition	Explain
☐	☐	Diabetes	**Last HbA1c percentage and date:** **Insulin pump: Yes** ☐ **No** ☐
☐	☐	Hypertension (high blood pressure)	
☐	☐	Adult or congenital heart disease/heart attack/chest pain (angina)/ 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** ☐ **No** ☐
☐	☐	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: _____

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

Allergies/Medications

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

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

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

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

Yes	No	Allergies or Reactions	Explain
☐	☐	Medication	
☐	☐	Food	

Yes	No	Allergies or Reactions	Explain
☐	☐	Plants	
☐	☐	Insect bites/stings	

List all medications currently used, including any over-the-counter medications. An Authorization for the Administration of Medication form is required for EACH medication.

☐ 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)**	

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

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

Reviewed by: _____

Date: _____

Further approval required: ☐ Yes ☐ No

Reason: _____

Approved by: _____

Date: _____

Part C: Pre-Participation Physical

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

Full name: _____

Date of birth: _____

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

You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient. You can also visit www.scouting.org/health-and-safety/ahmr to view this information online.

Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate	☐	☐	

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

Part D: Connecticut Rivers Council Addendum

Full Name: _____ Dates Attending: _____

Campsite: _____ Unit: _____

☐ Scout ☐ Scouter ☐ Staff

This addendum to the Annual BSA Health and Medical Records is for youths and adults who are participating in a CRC camp program. This is required to meet Connecticut Department of Public Health requirements. Please read and sign the form at the bottom of the page.

If you disagree with any statements here, please cross out that section and initial it. Explain your wishes in the comment section, attaching an additional sheet if necessary.

- This medical form is correct so far as I know, and the person named in Part A has permission **to participate in all camp activities** except as noted on the form by me or by the doctor in Part C.
- I hereby request that the camp's Health Officer administer the **prescription and/or over-the-counter medication(s)** ordered by my child's doctor/dentist. I understand that I must supply the camp with the prescribed medication in the original container as dispensed and properly labeled by a doctor or a pharmacist and will provide no more than is appropriate for my child's camp stay. I understand that this medication will be destroyed if not picked up within one week after my child leaves camp.
- I also give permission for my child to **participate in trips** sponsored by the camp and approved by the adult/unit leader in charge. Examples of these trips are whitewater merit badge, orienteering merit badges, or trips for rock climbing or mountain biking.
- I give my permission for the Camp Health Officer to administer over-the-counter medications as directed for conditions as directed by the Camp Physician. Over-the-counter medications may include **WOUNDS:** Hydrogen Peroxide, Neosporin, Bacitracin **POISON IVY:** Tecnu, Benadryl cream **CANKER SORES:** Benzocaine cream **PAIN:** Tylenol, Ibuprofen **DYSMENORRHEA:** Ibuprofen **ABDOMINAL DISCOMFORT:** Tums, Maalox **HEADACHE:** Tylenol, Ibuprofen **HYPOGLYCEMIA:** Glucose Gel, Glucagon **ALLERGIC REACTION:** Benadryl or generic, Epipen **ATHLETE'S FOOT:** Tinactin **INSECT STING/BITE:** Benadryl Cream, Hydrocortisone cream, Caladryl or Calagel, Epipen **TICK BITES:** Alcohol or Hydrogen Peroxide **1st DEGREE BURNS:** Burn Jel, Aloe Spray **EMERGENCIES:** Oxygen. Generics may be substituted.

This section must be signed to indicate acceptance of conditions above.

Signature: _____ Date: _____
(Adults over 18 sign here. Parent/Guardian signs for camper.)

Name (print): _____ Relationship: _____

Comments:

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

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

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

In Connecticut schools, licensed Child Day Care Centers and Group Day Care Homes, licensed Family Day Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):

Name of Child/Student: _____ Date of Birth: _____ Today's Date: _____

Address of Child/Student: _____ Town/State: _____

Medication Name/Generic Name of Drug: _____ Controlled Drug? YES ____ NO ____

Condition for which drug is being administered: _____

Specific Instructions for Medication Administration: _____

Dosage: _____ Method/Route: _____

Time of Administration: _____ If PRN, frequency: _____

Medication shall be administered: Start Date: _____ End Date: _____

Relevant Side Effects of Medication: _____ None Expected: ____

Explain any allergies, reaction to/negative interaction with food or drugs: _____

Plan of Management for Side Effects: _____

Prescriber's Name/Title: _____ Phone Number: _____

Prescriber's Address: _____ Town/State: _____

Prescriber's Signature: _____ Date: _____

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

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

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

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

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

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

Printed Name of Individual Receiving Written Authorization and Medication: _____

Title/Position: _____ Signature: _____ Date: _____

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

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

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

Patient's Name: _____ DOB: _____

Physician's Name: _____ Phone Number: _____

Specific Allergy: _____

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

_____ Observe patient for symptoms of anaphylaxis X 2 hours

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

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

_____ Administer Benadryl per appropriate age/weight dose

_____ Call 911, transport to ER

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

_____ Administer _____ PUFFS of _____ INHALER, REPEAT _____

_____ Call 911, transport to ER

Side effects, if any, to be observed: _____

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

_____ Yes _____ No

Physician's Stamp:

Physician's Signature: _____ Date: _____

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

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

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

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