



Hello Scout families,

We can't wait to spend an amazing week with your Scouts at Camp Turrell. Your Scouts will experience a wide range of exciting events, from Sunday's arrival to Saturday's departure. The time in-between will be filled with campfires, shooting sports, swimming, and exploring the outdoors. Other highlights will include hiking and working on rank advancements.

While your Scout is at camp, they will have trained "leaders" from the camp staff with them. The main Leader for Webelos Provision will be Lisa Esteves. This will be Lisa's second year with the program. She has been a Scouter for almost 30 years. And has taken her pack to summer camp for over 13 years.

**Scouts should not have cell phones or electronic devices.**

- A.) There is very little service in most parts of the camp.
- B.) We cannot be responsible for tracking down lost devices; the camp is huge.
- C.) Lots and lots of rocks, easy to drop and break it!
- D.) Constant contact with home leads to homesickness.**
- E.) They are supposed to be interacting with each other, enjoying the adventure that camp has to provide not worrying about beating the next level of their favorite game.

I will make a list of all of your contact information at check-in. I try to take lots of pictures throughout the day. If time and internet services allow for it I will try to send you at least one or two pictures during the week. At the end of camp, I promise to send you a bunch of pictures. I will have my phone with me, any time you want to text me about your Scout is fine.

1. **MEDICAL FORMS** –all Scouts and adults who are attending camp must have a completed BSA medical form (form attached). Parts A, B, and C must be filled out. The immunization must have dates, not just "up to date." Make a copy of both sides of your insurance card (if you have medical insurance) and attach that also.
2. **CHECK IN**– please arrive at Camp at 3 pm on Sunday July 14<sup>th</sup>. The last 3 miles of the trip is on a twisty, rocky dirt road, don't bring the Mustang! It might be wise to have your Scout wear their bathing suit under their clothes. The Scouts and parents who are staying will check in at the dining hall. Have your medical forms ready and any meds that your child needs to take in a separate plastic bag.
3. **SET UP** -After checking in we will escort your Scout to the campsite. Please feel free to participate in this process with them so you will see the arrangements. The Scouts will be sleeping in a two-person canvas tent with cots. They are on wooden platforms. See picture below.
  - Each campsite has a latrine and running water. There are also flushing toilets (individual locking stalls) just up the hill from our site. The showers are the same, individual, locking stalls, with hot water.
4. **HOMESICK SCOUTS** If your Scout is feeling homesick, we try to help them the best we can. If they are struggling and need to call home, we try to do these in the early afternoons to help reduce homesickness. Evening calls are a nightmare!
  - Please don't tell your child that they can call you (then they will all be asking)

- After your Scout is set up it will be a good time for you to leave. Prolonging your departure often leads to more anxiety/homesickness. We want the Scouts to interact with each other not cling to Mom and Dad. Please do not make statements like “I am going to miss you so much; will you miss me?” Be positive – “have a great time!”
5. There will be a **SWIM TEST** administered at the lake in the afternoon. This determines your Scout’s swimming skills (non-swimmer, beginner or swimmer). Adults who wish to swim/boat during the week must also take the swim test. Buddy tags will be assigned at this time and the lakefront rules will be explained.
  6. **MEALS** are prepared by camp staff and served in the dining hall, family style. Each group is responsible for setting /cleaning their own tables. We will set up a schedule for the Scouts to be “waiters” (and yes, your Scout will be able to manage this, they all do) on a rotating basis.
  7. **SHOES** –The Scouts will be walking a minimum of two miles each day. It’s about a half mile walk just to get to the lake. Sturdy, well fitting, walking shoes are very important. The trails are never flat (we are on a mountain). Camp Turrell was formerly a blue stone quarry, with lots and lots of rocks! Good shoes and socks will be crucial for them to be comfortable. Crocs are not acceptable walking shoes. They don’t fit well and don’t allow the feet to breathe, and they can get inflamed easily. Crocs should only be used at the waterfront. AND please make sure they know how to tie their shoes.
  8. **SPENDING MONEY** – there is a Trading Post that sells snacks, sweet drinks, and shirts, hats, etc. We try to limit them to snacks in the afternoon and not after dinner. They absolutely cannot have any snacks of any kind in their tents. Bugs and Bears have a great sense of smell! We are happy to hold the money for your Scout if you would like. They tend to get distracted and lose the money as it falls out of pockets, ends up in their laundry or worse – they spend it too quickly and it doesn't last the week. Just put it in an envelope with their name on it. About \$2 to \$3 a day should be sufficient. If they want a shirt or hat you can buy it for them when you pick them up on Saturday.
  9. **MAIL CALL** -- it’s fun to get a letter from home while at camp. Particularly because they announce it during dinner, so everyone gets to know your child received something. Even better if you include a few bucks extra spending money. Remember no “I really miss you” notes! I suggest you mail it about 3 to 5 days before they leave for camp to ensure that it arrives in time. “Troop” should be “Webelos Provo.”

For all incoming mail, address packages as follows:

(Scout’s Name, Troop/Crew #)  
 Camp Turrell  
 144 Galligan Road  
 Cuddebackville, NY 12729

10. **BUDDY SYSTEM** – The Scouts should never be walking anywhere outside of our immediate sleeping area without a buddy. This is to ensure their safety and is Scout

policy. It is also NYS law for anyone under 18, so extremely important at Turrell. Please emphasize this to your Scout as you are preparing them.

11. **POCKET KNIVES** – if your Scout has earned their whittlin’ chip card they may bring a pocket knife to camp. We will set aside a special area for them to use it to ensure an adequate “blood circle.”
12. **CHECK-OUT** -- and now it’s time to come back and pick up your Scout. Check out is **no later than noon** on Saturday July 20<sup>th</sup> (the staff only get 24 hours off before the next group comes in). I suggest you arrive earlier if you would like to see a bit more of the camp and let your child share some of their experiences with you.

## What to pack and why

1. Your uniform (You're at Scout camp that's why) but please leave the hats and neckerchief slides at home, they are easily lost/misplaced.
2. Tee shirts (you don't have to wear your uniform all the time, silly!)
3. Long pants and shorts (it might be warm during the day, but you'll still be in the woods, and it gets cold at night-and Turrell is “in the woods.”)
4. Lots of socks and undies (it's important to have dry undergarments when you sleep at night, you don't want to wear the ones you wore all day).
5. Sweatpants or pajama pants (something comfy to sleep in).
6. Sweatshirt or jacket (like I said, it gets cold at night).
7. Two pairs of sneakers or one pair of sneakers and a pair of hiking boots. (if one pair gets wet, you'll really appreciate that second pair) Crocs are okay only at the waterfront. NO OPEN TOED SHOES.
8. A bathing suit (we're hoping for some great weather to enjoy the LAKE). Extra undies if you swim with them on.
9. Two towels (hope to swim, absolutely must shower).
10. Soap, shampoo, toothpaste, toothbrush and hairbrush
11. A pair of rubber flip flops (believe me you'll want them for the shower, they're also great for a late-night trip to the latrine).
12. Rain gear, at least a poncho, pants would be great also. Some activities continue during the rain (indoor activities are planned in the event of excessive rain but we still have to walk to the indoor event).
13. An outdoor sleeping bag and a pillow (none of those Spiderman, sleep over at my friend's house ones, like I said it can get cold at night) Thirty degree at a minimum, zero degree is probably better for them when they join a Troop.
14. An inexpensive hat and sunglasses (hopefully we will have lots of sunshine).
15. Sunscreen/bug spray/tick repellent. Avon makes a great all-in-one product that lasts up to eight hours.
16. A flashlight with good batteries (you'll need this walk around after dark, remember those late-night trips to the latrine in your flip-flops).
17. Folding camp chair (everyone wants to sit around the campfire at night and the rocks aren't too comfortable).
18. Mosquito netting –not mandatory but makes for easier sleeping at night.
19. Reusable water bottle.
20. Light backpack to hold your stuff during the day.

21. Good jokes for the evening campfire.
22. Mesh Laundry bag (cheap “dollar store” type), not a pop up one.

## What not to bring

- NO FOOD we don't want any mysterious animals visiting your tent while you're sleeping.
- NO RADIOS, CELL PHONES, VIDEO GAMES, etc. believe it or not you will survive for seven days without these things.

## Optional Items

Some spending money - there is a Trading Post where you can purchase snacks and stuff.

Extra batteries for your flashlight

## Helpful Tips and Tricks

- A crucial rule related to packing all of this CLEAR PLASTIC BAGS.
- Break down the children's clothes into a “daily” outfit (socks, shirt, pants, undies) and place them in a separate them in large Ziploc-style bags.
  - This helps keep things dry, clean and bug free. It makes life simple, they pull one bag each day. They don't need to dig through multiple bags trying to find a pair of socks! Please don't know use plastic grocery bags. The children have a hard time untying the knots and they can't see what is in them.
- Packing all of this in a plastic tote really makes it easier for the children to stay organized and find things easier than if you put it in a tote bag. The clothing in the tote bag ends up all over the floor of the tents as the children pull out the bags. When they have the plastic tote they tend to pick it up and put it back in.
- Have your child participate in the packing process. They will be joining a Troop soon and need to learn to take care of themselves and decide the appropriate items to bring on a campout. They should choose the clothing they will want to wear. Last year I had a boy wear his Scout pants all week. Mom packed him lots of shorts and he didn't like wearing shorts!



I strongly recommend this product. You spray all of the clothing thoroughly and let them dry. You can do this a week or two before camp. I spray everything, socks, shoes, PJ's. It does a great job. The only time I needed to apply regular bug spray was at night when the bugs got really worse.

This is a great Tick repellent.

- Mosquito netting – this is optional but tends to make the children more comfortable. The pop-up version is new and obviously quite a bit more expensive. If your child is a “wiggler” in their sleep it may be a better idea. The other version is tied to the tent and tucked under their sleeping bag. I have been using it for years with no issues.



- Please get the plastic storage tote instead of a duffel bag or backpack to store their clothes. It provides a water/bug seal and serves as a nightstand to hold their flashlight/lantern.



- Pack one day’s clothing in a clear zip bag (two pairs of undies if your child wears them under their swimsuit. Use extra bags for extra clothes, towels, etc.
- A simple drawstring mesh laundry bag (\$1.50). They hang it up in the tent and dump all the wet/ sweaty, smelly clothes in it. Helps keep the tent organized and makes life so much easier in so many ways. Please no pop-ups. They take up a lot of space, don’t hold as much and constantly tip over.



# Directions to Camp Turrell

We share the roads with local neighbors and please drive carefully and respectfully near camp.

**GPS Coordinates:** (41.503441, -74.653169)

**Google Maps:** <https://goo.gl/KAe0EI>

## ***From I-84 East/West to Cuddebackville Turn:***

- Exit Interstate 84 at Exit 1 in New York.
- Follow signs for Route 6 West.
- After Dunkin' Donuts (on right), turn right @ 2<sup>nd</sup> light onto N. Maple and go through tunnel.
- Follow N. Maple until T-intersection at Route 209 in Huguenot. Turn Right.
- Follow 209 North to a blinking light at the intersection of 209N and Route 211 (in Cuddebackville). Shortly (about 50 yards) after the blinking light, turn left (uphill) onto Oakland Valley Road (Orange County Road 7).

## ***From Route 17 to Cuddebackville Turn:***

- Take Rt. 17 North into New York where it becomes Route 17 West.
- Exit at Rt. 17 West (Thruway Exit 16/Harriman).
- Take Rt. 17 West through Middletown to Exit 113 (Ellenville/Wurtsboro/Rte. 209). At the top of the ramp, turn left onto Rte. 209 South.
- Go approximately 10 miles. You will go through Westbrookville.
- In Cuddebackville, before the blinking light, turn right (uphill) onto Oakland Valley Road (Orange County Road 7).

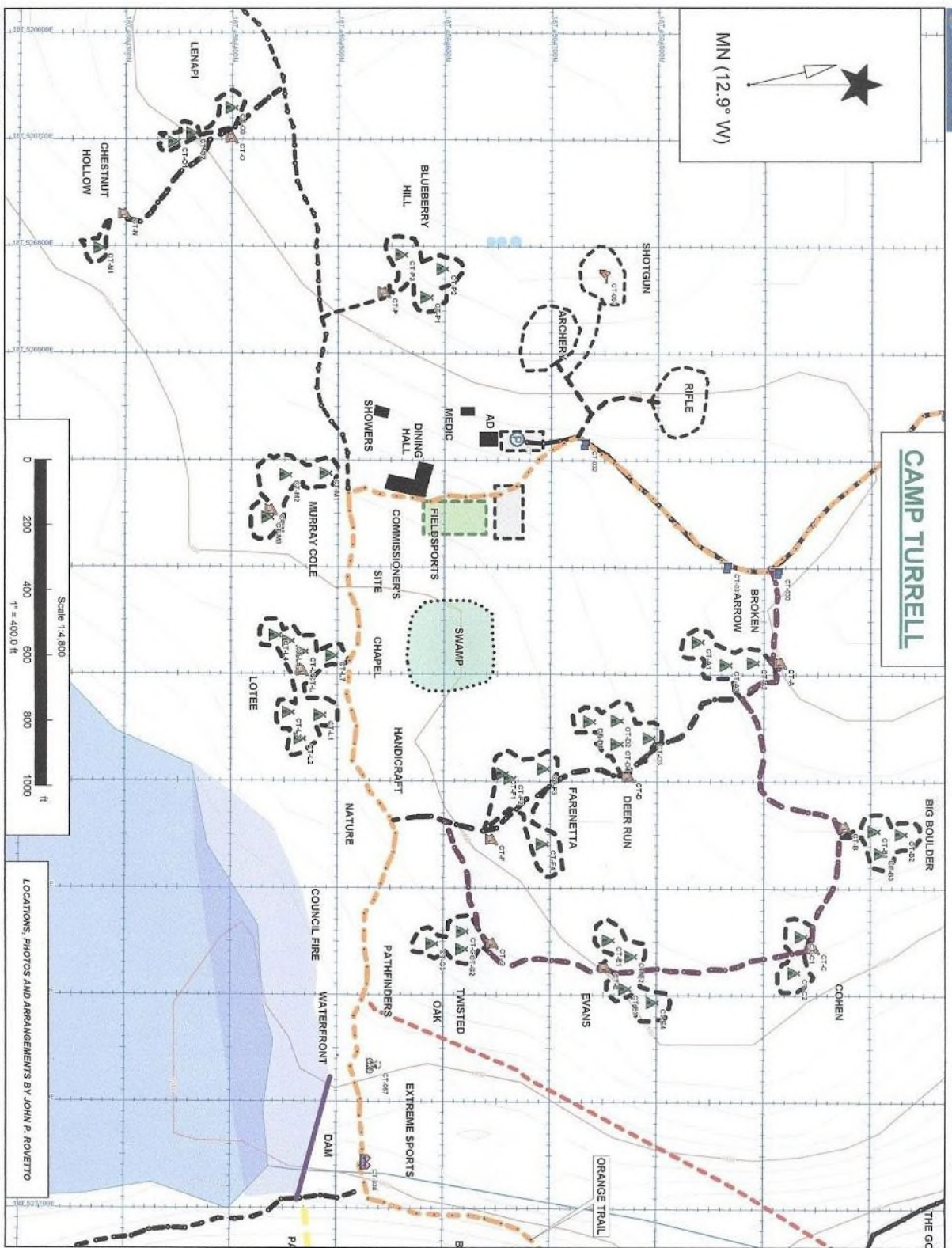
## ***From Route 23 to Cuddebackville Turn:***

- Take Route 23 North to Port Jervis.
- Entering Port Jervis, turn right at 3<sup>rd</sup> traffic light – N. Maple Avenue. (Go through the tunnel.)
- Go approximately 4.5 miles to a stop sign.
- At the stop sign, turn right onto 209 North towards Huguenot.
- Go approximately 4 miles to a blinking light (Route 211).
- Shortly after light, turn left (uphill) onto Oakland Valley Road (Orange County Road 7).

## ***Cuddebackville Turn to Camp Turrell:***

- Go approx. 4 miles on Oakland Valley Road. (passing Oakland Valley Speedway and go over a river.)
- About ½ mile after the river, make left onto Galligan Road. In approximately ½ mile, the road becomes dirt.
- Go past the old railroad bed and look for the brown Drukker Scout Reservation/Camp Turrell sign and stay right.
- It is a long 2.5-mile road into camp. Go past Camp Kluge turnoff and up into the parking lot.
- ***NOTE: THE CAMP SPEED LIMIT is 10mph.***
- Welcome to Camp Turrell!

# Camp Turrell Maps



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# BSA Summer Screening Checklist

For use at Camp \_\_\_\_\_

Name: \_\_\_\_\_ Date/Event: \_\_\_\_\_

Unit: \_\_\_\_\_ Campsite: \_\_\_\_\_

Do not participate if you have any of the following symptoms in the past 24 hours:

- Fever (100.4° F or greater)
- Diarrhea
- Vomiting
- New cough

**Do not participate** if you or anyone you live with has recently tested positive for COVID-19 or does not have test results back.

If you have a positive COVID-19 test, follow the CDC guidance for isolation and your personal health care provider's treatment recommendations.

Be responsible for your health and that of others. Isolate if you are sick. Do not attend any activity/meeting/event if you, anyone you live with or anyone you have recently been around feel unwell. Symptoms might include:

- Unexplained extreme fatigue
- Sore throat
- Unexplained muscle aches
- Open sore
- New rash

## MANDATORY IMMUNIZATIONS

The following immunizations are required for all campers attending camp in Sullivan County, NY, Tetanus immunization 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 (all)	
			Pertussis (all)	
			Diphtheria (all)	
			Measles, Mumps and Rubella (MMR) (all)	
			Polio (IPV/OPV) (all)	
			Varicella (Chickenpox) (all)	
			Meningococcal conjugate (6th -12 grade)	
			Hepatitis B (all)	

Dates need to be written in to the chart and proof of immunizations must also be attached to the medical form for all campers.

I hereby give permission for my child to carry and use sunscreen and/or insect repellent that I have provided a camp and throughout the day. If my child needs help re-applying either sunscreen or insect repellent, I give permission for camp staff to provide my child with assistance if they request it.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

## Part A: Informed Consent, Release Agreement, and Authorization

Full name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_

### High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_  
 or staff position: \_\_\_\_\_

### Informed Consent, Release Agreement, and Authorization

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

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

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

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

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

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

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

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



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

List participant restrictions, if any:

None

\_\_\_\_\_

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

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_

(If participant is under the age of 18)

### Complete this section for youth participants only:

#### Adults Authorized to Take Youth to and From Events:

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

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

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

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

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

#### Adults NOT Authorized to Take Youth to and From Events:

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

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

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

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



## Part B1: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**High-adventure base participants:**

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit leader: \_\_\_\_\_ Unit leader's mobile #: \_\_\_\_\_

Council Name/No.: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Health/Accident Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_



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

**In case of emergency, notify the person below:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Alternate contact name: \_\_\_\_\_ Alternate's phone: \_\_\_\_\_

### Health History

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

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



## Part B2: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

### High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_  
or staff position: \_\_\_\_\_

### Allergies/Medications

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

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

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

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

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

Check here if no medications are routinely taken.  If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

YES  NO Non-prescription medication administration is authorized with these exceptions: \_\_\_\_\_

Administration of the above medications is approved for youth by:

\_\_\_\_\_/\_\_\_\_\_  
Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)

**Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.**

### Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

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

**Please list any additional information about your medical history:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Reviewed by: \_\_\_\_\_

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

Further approval required:  Yes  No

Reason: \_\_\_\_\_

Approved by: \_\_\_\_\_

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



## Part C: Pre-Participation Physical

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

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

### High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_



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

### Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate			

Yes	No	Allergies or Reactions	Explain
		Medication	
		Food	

Yes	No	Allergies or Reactions	Explain
		Plants	
		Insect bites/stings	

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

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

### Examiner's Certification

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

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

Examiner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Examiner's printed name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Office phone: \_\_\_\_\_

### Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

#### Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295



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