

Welcome Camp Families,

We are very excited to welcome you to the Camp Yaw Paw Family. Whether your child is a returning camper or is joining us for the first time, we are pleased to offer them a unique and memorable summer experience. We know that finding the right summer camp can be a difficult decision, but we can assure you that your child will have an amazing summer experience and we thank you for choosing to send them to Camp Yaw Paw.



Our camp is all about YOUR child. Lord Baden Powell, once said, “My belief is that we were put into this world of wonders and beauty with a special ability to appreciate them, in some cases to have fun of taking a hand in developing them, and also in being able to help other people instead of overreaching them and, through it all, to enjoy life-that is, to be happy.” At Yaw Paw our goal is to provide a fun, entertaining summer experience for your Scout while we introduce them to a variety of new activities, challenges and friends. We only have our children for so long and during that time it is our responsibility to ensure that we give them the opportunity to learn about the world around them and to learn about the ability inside each of them to accomplish things they never thought possible. Beyond this, the Scouting America program provides opportunities for leadership as well as morals and ethics you will find in no other program!

Our staff takes great pride in the camp and the program we have put together. As the premier Cub Day Camp of Northern New Jersey, we have a lot to offer. Your Scout will spend their day boating, swimming, fishing and hiking. They'll spend time playing a variety of sports and of course shooting BBs and archery with our certified staff. All activities will be themed around our camp theme which is Leveling Up Adventure at Camp Yaw Paw! This theme is taken from the video game world and various characters will be present around the camp to guide them through their adventures.

We also know that summer is about one very important thing and that's being a kid. Here at Yaw Paw, we strive to instill community and foster camp spirit. In addition, our regular program, campers will have the opportunity to take part in camp-wide activities and theme days – all the things that make summer...well, summer!

The following information will help you understand the procedures and policies regarding your child's time at Yaw Paw Day Camp. A careful reading will answer many questions and help you prepare for your child's time at camp this summer. Together we can work to give your camper a positive growing experience that will last a lifetime.

Please call me or e-mail me with any questions you have about camp.

Yours in Scouting,

***Billy Cook***

Camp Director

Email: [CampYawPaw@ScoutingNNJ.org](mailto:CampYawPaw@ScoutingNNJ.org)

## **2025 Camp Yaw Paw Cub Scout Day Camp General Information sheet**

### **About the 2025 Staff**

- All staff are registered members of the B.S.A.
- All staff have completed Safeguarding Youth and Hazardous Weather Training
- All staff have gone through Criminal Background Checks
- All staff have gone through Personal Interviews and Training

### **General History Information**

Camp Yaw Paw has been in operation since 1922 as a Boy Scout Camp and Webelo overnight camp for the Ridgewood – Glen Rock Council. With the merger of those two councils and the Bergen Council, Camp Yaw Paw began operating as a Cub Scout Day Camp. In 2025, Camp Yaw Paw will operate Monday to Friday from 9:00am to 4:00pm, for 5 weeks beginning Monday, July 7, 2025, and ending on Friday, August 8, 2025. Scouts will not only have fun but will begin working on advancements for their next year's rank. All Scouts attending Camp Yaw Paw are members of Scouting America. Those Scouts that will be attending camp for multiple weeks will experience some different and advanced activities to keep them excited and interested in the program.

### **Lost and Found Policy**

Camp Yaw Paw will hold items in camp when it is in session, except for food/perishables, which will be disposed of properly. Articles may be retrieved by claiming the item in person at the office during the day. After camp is over, the items will be dispensed in an appropriate manner. Northern New Jersey Council is NOT responsible for anything left or forgotten at camp. Please label all items that your child brings to camp including backpacks.

### **Security**

- All Cub Scouts are given colored bands that must be worn during the entire week. We usually place this band on your child's backpack. Each bus has a color that coordinates to your child's band to assist Scouts when getting on the buses.
- All staff members are required to wear name tags that are always visible.
- If you are picking up your Scout early, please plan on arriving by 2:45pm. You can pick up your Scout from the office.
- We need everyone to exit the road by 3:15pm, prior to the buses coming up the road. If someone other than the Scout's parent is picking up his or her child, we must have this in writing to release the Scout from camp.
- If your Scout is unable to attend camp on a certain day, please email the camp in the morning ([CampYawPaw@ScoutingNNJ.org](mailto:CampYawPaw@ScoutingNNJ.org)) so we are not looking for them.

## Gate Code

The gate code will be given to you in your weekly packet. **Please lock the gate after you open it**, making sure to push the red latch back in and scramble the numbers on the padlock. Camp Yaw Paw is located on Bear Swamp Road, in Mahwah, New Jersey, 07430. Bear Swap Road is off Route 202. If using a GPS, use 100 Bear Swamp Rd. as the address.

## Visitors

All visitors to Camp Yaw Paw are required to stop at the office and sign in. At no time may a visitor proceed to any area of the camp without first signing in and receiving a visitor pass. **Visitors that are not parents or NNJ Council employees will be escorted through the camp by an adult staffer.**

## Lunch

All staff, adult volunteers, and campers bring their own lunch. **The lunches are carried in the Scouts backpack all day so please consider what you send. Any products that may spoil, such as dairy, need to be packed with a cold pack.** Please label your Scout's bag. If a Scout has a food allergy, please let us know so we can take appropriate cautions. Scouts should bring a beverage for lunch and a **separate water bottle** that they will carry with them in their day pack. There are water stations located throughout camp that your Scout may use to refill their water bottle.

## Dens

Scouts are placed in Dens by the grade they are entering in September.

- Scouts going into **First** Grade in the fall are put in Tiger Dens.
- Scouts going into **Second** Grade in the fall are put in Wolf Dens.
- Scouts going into **Third** Grade in the fall are put in Bear Dens.
- Scouts going into **Fourth** in the fall are put in Webelos Dens.
- Scouts going into **Fifth** grade in the fall are put into Arrow of Light Dens.

**Additional requests for den placement will be considered if possible, however Scouting regulations on camper to staff ratios must be maintained and this takes priority.** Each Den has staff members who act as Den Chiefs who will work with the Scouts and bring them to each program area. Scouts will begin to work on advancement for their next rank in Cub Scouts.

## Programs at Camp Yaw Paw

- Camp Yaw Paw begins at 9:00am with the opening ceremony where the Cub Scouts will participate in raising the American Flag and the Northern New Jersey Council Flag.
- Scouts will recite the Pledge of Allegiance, Cub Scout Oath, Law, and the Cub Scout Motto: DO YOUR BEST!
- During each day, the Cub Scouts will participate in Swimming, Boating, Bouldering, Cub Skills and Nature, Sports, BB Shooting, Archery, Scout Crafts and Fishing.
- The day ends with the lowering of the American Flag. The buses leave Camp Yaw Paw at approximately 4:00 pm.

**Swimming:** All Scouts and staff are given swim tests at Camp Yaw Paw. Everyone is classified into three ability groups, Swimmer, Beginner and Learner. Everyone is required to use the buddy system in their own group. Each ability group has their own separate swimming area. Swimming lessons are offered during all swimming periods. **The Waterfront Director is trained and certified in Aquatics Administration.** There are private changing rooms for the Scouts.

**Boating:** All Scouts are permitted to use the paddle boats. Scouting America requires all youth, staff and adults to wear **Personal Flotation Devices (life jackets)** at all times. Scouts that are classified as Swimmers are permitted to use the rowboats. There must always be a buddy in all boats.

**Nature:** Cub Scouts will learn about nature and how we interact with nature. Special emphasis is placed on how we can properly interact with concerns specific to the local environment of Yaw Paw.

**Sports:** Everyone is encouraged to participate in the sports program to the best of his ability. Cub Scouts will learn about team building and supporting each other as well as the need for proper physical fitness.

**BB's:** Our BB range is operated by a trained staff member certified in operating a BB range. The Range Director teaches proper BB gun safety. After the lesson, Scouts will be given the opportunity to shoot at targets. Scouts can earn their Shooting Sports Award in BB Shooting with us (which is not available anywhere else outside of a Scout Summer Camp).

**Archery:** At Archery, our certified instructor teaches proper archery safety and proper shooting technique. Scouts can earn their Shooting Sports Award in Archery (which is not available anywhere else outside of a Scout Summer Camp).

**Cub Skills:** At Scout Craft, the Cub Scouts will learn about fires, cooking and some map and compass, along with knots.

**Bouldering** Scouts can test their strength and agility by not only staying on the wall, but by using different paths to traverse across it. This wall tops out at 7 ft and it is **not** a vertical climb. A trained staffer and the Den Chiefs will monitor the Scouts at all times.

**Fishing:** Camp Yaw Paw has a great lake for fishing. The camp has fishing poles, so Scouts should NOT bring their fishing poles. The Scouts could fish every day, once they've demonstrated the ability to cast and not catch another Scout. Since we follow the catch and release policy, we will provide the kids with barbless hooks and fishing poles

### **First Aid/Medical**

A licensed E.M.T. (Emergency Medical Technician) is on staff to treat any injuries and administer any medication. All Scouts are required to bring to a completed medical form. **It is imperative that you send your Scout's medical form with them on the first day.** Immunization records must be filled out. Since the Scouts are not staying overnight, you do not need to have a doctor's signature. Scouts that arrive at camp without a complete medical cannot participate in any activity. **If a Scout needs to be given medicine, it must be turned into the E.M.T. and only the E.M.T. may administer any medicine.**

**\*\*Please do not let your Scout wear open toe footwear, sandals, or flip flops. Our trails are rocky. Since the Scouts walk on trails during the day they need proper footwear.**

### **Bus Safety**

Scouts are transported to Camp Yaw Paw on licensed, insured inspected school buses. All drivers have been licensed by the state of New Jersey cleared by a background check. **Please review with your Scout proper bus procedures including keeping hands and arms inside the bus, never throwing anything out of an open window, refraining from causing a distraction or other dangerous situation, and remaining seated any time the bus is in motion.** All buses are equipped with seat belts, and it is required that they are always worn.

### **Trading Post**

There is a trading post where soda and snacks are sold along with small accessories. Purchases and transactions are monitored by an adult staffer.

### **Weather**

Scouts should be prepared for the possibility of rain and have a rain poncho with them in their backpack. Camp operates every day, but there will be different activities in inclement weather.

### **First Day of Camp**

The first day of camp requires a lot of special attention. Throughout their week with us, the Scouts will be working in age-appropriate activities swimming, boating, fishing, using BB guns, using bows, and working with fire (where age-appropriate deemed by the Guide to Safe Scouting). Sometimes, these items can be very dangerous if used improperly. Although our focus is “fun with a purpose”, our main concern is everyone’s safety. Therefore, the first day tends to be a round robin where the Scouts learn the safe methods in each station, and have their medical forms evaluated one on one with our health officer. They do participate in some activities that first day, but again this is limited based on the program area and the number of Scouts in the den. That out of the way, the rest of the week is action-packed!

### **Things to Wear to Camp:**

1. Sneaker or work boots (NO Open Toed Shoes)
2. T-Shirt (Although we would love to see the kids in the camp shirts every day, Scout shirts and camp shirts are strictly optional – never required.)
3. Shorts or long pants

### **Things to Bring to Camp:**

1. **CURRENT COMPLETED MEDICAL FORM** (We do not need a Doctor's signature since Day Camp is a non-overnight activity) for 1<sup>st</sup> Day of Camp to Participate in Waterfront Activities
  - a. You Will Need the **"General Information" Sheet** & the **"Informed Consent & Hold Harmless/Release Agreement"** Sheet. NO DOCTOR VISIT/SIGNATURE NECESSARY!
  - b. **Medication in Original Container**
  - c. SEE ATTACHED FORM
2. Lunch (EVERY DAY) with name, carried with the Scout.
3. Refillable Water Bottle
4. Towel
5. Bathing Suit
6. Pocket Money for Trading Post
7. Rain Jacket or Poncho
8. Day Pack

### **Optional Things to Bring:**

1. Bug Spray (Cream Instead of Aerosol)
2. Sunscreen (Cream Instead of Aerosol)
3. Hat
4. Water Shoes
5. Extra Pair of Socks
6. Sunglasses
7. Snacks

### **Things NOT to Bring:**

1. Personal music devices
2. Cell Phones
3. Electronic Games
4. Personal Fishing Poles
5. Pocket Knives (Absolutely NO knives at Yaw Paw. They will be confiscated.)
6. Personal Archery or BB Equipment
7. Pokemon Cards (no, seriously)
8. Anything valuable (Jewelry, sentimental trinkets, or other irreplaceable items)

2025 Camp Yaw Paw Bus List					
Bus	Stop	Town	Location	Pick-Up Time	Drop-Off Time
Bus A	A1	Oradell	Reformed Church of Oradell - 641 Church St	7:50 AM	5:15 PM
	A2	Emerson	Stop & Shop - 600 Kinderkamack Rd	8:00 AM	5:05 PM
	A3	Westwood	Westwood Elks - 532 Kinderkamack Rd	8:05 AM	5:00 PM
	A4	Upper Saddle River	Cavailini Middle School- 392 West Saddle River Rd	8:25 AM	4:35 PM
Bus B	B1	Hoboken	ShopRite of Hoboken - 900 Madison St	7:10 AM	5:55 PM
	B2	Clifton	Clifton Commons - AMC Theater, Rt 3 East	7:45 AM	5:20 PM
	B3	Saddle Brook	First Reformed Church - Saddle River Rd & Ackerman Ave	8:00 AM	5:05 PM
	B4	Glen Rock	Glen Rock Central Elementry School - 600 Maple Ave	8:15 AM	4:40 PM
Bus C	C1	South Orange	South Orange Middle School - 70 North Ridgewood Rd	7:35 AM	5:20 PM
	C2	Verona	Kings Food Market- 265 Pompton Ave	7:55 AM	5:00 PM
	C3	Wayne	Lowes Theater - 67 Willow Brook Blvd	8:05 AM	4:50 PM
	C4	Haskell	Stop & Shop - 4 Union Ave	8:20 AM	4:35 PM
	C5	Oakland	Copper Tree Mall(Valley Bank)-Route 202 (Ramapo Valley	8:35 AM	4:20 PM
Bus D	D1	New Milford	ShopRite of New Milford - 250 River Rd	7:45 AM	5:15 PM
	D2	Ridgewood	Old Paramus Reformed Church - 660 E Glen Ave	8:00 AM	5:00 PM
	D3	Allendale	Archer United Methodist Church- 37 E Allendale Ave.	8:15 AM	4:35 PM
	D4	Mahwah	Continental Park - Route 202 (Ramapo Valley Rd)	8:30 AM	4:20 PM

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

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

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

High-adventure base participants:

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

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

### Informed Consent, Release Agreement, and Authorization

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

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

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

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

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

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

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

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



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

List participant restrictions, if any:

☐ **None**

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

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

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

(If participant is under the age of 18)

### Complete this section for youth participants only:

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

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

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

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

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

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

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

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

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

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

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



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## Part B1: General Information/Health History

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

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

High-adventure base participants:

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

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

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

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

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

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

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

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



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

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

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

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

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

## Health History

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

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



## Part B2: General Information/Health History

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

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

High-adventure base participants:

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

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

### Allergies/Medications

DO YOU USE AN EPINEPHRINE  
AUTOINJECTOR? Exp. date (if yes) \_\_\_\_\_ ☐ YES ☐ NODO 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
<input type="checkbox"/>	<input type="checkbox"/>	Medication	
<input type="checkbox"/>	<input type="checkbox"/>	Food	

Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polio	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influenza	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., Hib)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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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**REQUIRED FOR CUB DAY CAMP, CUB RESIDENT CAMP, & SCOUTS BSA RESIDENT CAMP**

I hereby give permission for my son/daughter \_\_\_\_\_  
(please print youth's name)

to carry and use sunscreen and/or insect repellent that I have provided at 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 he/she requests it.

Parent or Guardian Signature: \_\_\_\_\_

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



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