Massawepie Scout Camps 2026 Health, Safety, and Medical Guide

This document is meant to help guardians and leaders complete medical paperwork and confirm their understanding of appropriate check-in and check-out procedures, as well as disciplinary policy. Please read this document in its entirety, as it pertains to important check-in and check-out information. A signed copy of this document must be included with your health forms.

Camp Conduct

Seneca Waterways Council values obeying the scout law and expects all camp participants to adhere to this standard. Severe behavioral issues from scouts, leaders, and volunteers will not be permitted. Massawepie Scout Camps has no tolerance for harassment, bullying, hazing, or violence against any scout, leader, volunteer, or staff member in any capacity. Vandalism, pranks, or other misconduct is also not permitted.

Seneca Waterways Council expects all camp participants to be in compliance with camp policies, health, and safety procedures. These include but are not limited to: Youth protection training, the scouters code of conduct, leave no trace, prohibition of sexual activity and items not allowed in camp. In the case of a major violation, camp management reserves the right to send a camp participant home to preserve their and others health and safety in camp. If your participant is sent home on behavioral grounds, it is the guardians' and unit leaders' responsibility to arrange pick-up with immediacy. Scouts or leaders being sent home will not be permitted to spend another night in camp, scouts or leaders being sent home on behavioral grounds are not eligible for a refund.

Arrival and Departure Authorization

The most important job of camp staff and troop leaders is to ensure the safety and security of all scouts in camp. This is achieved through diligent check-in and check-out procedures in camp. Typically, all scouts registered with your troop will arrive on Sunday afternoon. If a scout is arriving late, or is a last-minute drop from your registration, you are required to have a copy of the Absentee/ No-Show Verification form (found in the appendices of this document) filled out and signed by the guardian of each scout. Massawepie Scout Camps will conduct a roster check up on the arrival of your troop. Scouts missing from your troop that do not have the form filled out will result in your troop being put on hold during check-in until their guardian is contacted.

Likewise, the authorized early release process (the check-out of a scout before 10am on Saturday) is an essential aspect of ensuring scouts' safety, and that scouts are not checked-out by unauthorized individuals. Guardians should designate at least one adult to take youth to and from events on Annual Health and Medical Record form Part A, as well as their phone number. This does not take the place of the "authorized pickup/departure form" which must be filled out before a scout is released. Anyone who the scouts' guardians do not wish to remove scouts from camp should also be listed on this form. The scoutmaster must meet the person picking up the scout at the central office so the camp director or designee may release the scout from camp. The scout may only be released to a guardian or another authorized person listed on the medical form Part A.

It is the expectation of Massawepie Scout Camps that troop leaders will be partners in following these policies. Troop leaders are also expected to enforce the camper identification system by ensuring all scouts, leaders, and visitors have an identification wristband.

Medical Screening

In addition to the medical form, each camp participant will be asked a series of questions pertaining to medical information. These questions are intended to screen for any recent injuries not listed on the medical form, and to mitigate the risk of spreading communicable disease throughout camp. If there are obvious signs of potential communicable diseases or injuries, the camp staff, health officer, and council physician will coordinate next steps, which may include diagnostic testing at the Adirondack Medical Center in Saranac Lake. In the instance of confirmed cases of communicable disease, the health department may also be consulted. This may result in a camp participant being sent home. If a participant is sent home in this case, they will be eligible for a full refund less the $100.00 deposit. This can be prevented by doing the following:

1. Send your scout to camp with their full immunization record, including documentation of COVID, Flu, and Tdap or Td vaccinations.
2. Do not travel outside of the country three weeks prior to camp.
3. Do not send a scout experiencing a fever, cardio-respiratory, or gastro-intestinal symptoms to camp. Scouts experiencing last-minute medical symptoms or injuries are eligible for a full refund less than the $100.00 deposit.

Medical Forms and Required Details

As part of camp participants forms, this document must be read in its entirety, signed and attached to their medical forms. This is a requirement for each scout, leader, visitor, and volunteer. Ensuring all the places requiring the signature of a guardian, scout, participant, scout leader, and health practitioner (MD, DO, PA, or NP) makes check-in go smoothly for a troop, and that no participants will be turned away for an incomplete medical form. Participants turned away for an incomplete medical form are not eligible for a refund. A troop prepared for check-in will have the following:

1. Two binders with all participants' medical forms. One binder will be kept in your camp site, and the other will be given to the health officer/ check-in staff. To streamline the process, separate youth and adult participants, and alphabetize each section by last name. It is imperative that a binder be retained at the site for scouts' medication management. If the binder of forms given to the health officer are originals, a leader or scout master will have the opportunity to swap the originals for copies at the end of the week during the check-out process. It is the responsibility of troop leaders to create copies for the camp's record prior to their arrival in camp.
2. By New York State Law, all medications brought into camp must be in their original bottle, with the label clearly legible, designating the correct dosage and frequency of the medication and be dated within the last three months. The dosage, route and frequency on the medication bottle must match the dosage, route and frequency of the medication listed in Part B2. If a medication is brought to camp in a pill counter, unlabeled, or mixed with another bottle of medication, the health officer and camp director will confiscate the medication or turn the participant away. Confiscated medications will be returned upon check-out on Saturday morning. It cannot be guaranteed medications left behind after check-out can be returned to the participant through mail or other means of recovery. Upon arrival to camp, collect all medication (over-the-counter and prescription) and be prepared to present it to the check-in staff.
3. Troops prepared for check-in will have a designated unit medical coordinator. This individual can be the camp coordinator or another leader; however, they will be responsible for managing medical forms and managing scouts medications while in camp.
4. Ensure all parts of medical forms are filled out. A complete medical form will include:

a. This document signed by the unit leader, guardian, and scout, as well as the troop number and camp session (week) indicated.

b. Part A: Informed Consent, Release Agreement, and Authorization. It is imperative that the participant and their guardian sign and date this document.

c. Part B1: General Information/ Health History. Please ensure all fields are filled out in this form, including an emergency contact and health history. If your participant needs higher level of health care, this is the person that will be called.

d. A copy of the participants insurance card. If your participant does not have health insurance, please indicate that on Part B1.

e. Part B2: General Information/ Health History. Please ensure all fields are filled out in this form, including allergies/ medications. Please ensure the medication dose, route, and frequency match what is on this form. If you wish for your scout to receive non-prescription medication as- needed, the guardian and MD, DO, PA or NP need to sign the document.

f. The participants' full immunization record. By New York State Law, a T-DAP vaccine within the last 10 years is the only required vaccination to attend a summer camp. Tdap or Td can appear on a record as Adacel, Daptacel, Quadracel, Pentacel, Boostrix, Kinrix, and TDVAX. In the instance of disease outbreak or injury, knowing a scouts complete vaccination record helps camp staff determine who requires specialized care. A written record on Part B2 will not be accepted.

g. Part C: Pre-Participation Physical. This portion of paperwork must be filled out and signed by a physician (MD or DO), a physician assistant (PA), or a nurse practitioner (NP). This part of the form must be completed within the calendar year of the camp form being completed. For example, if the form was completed in March of 2025, then it is only valid until March 2026, and a new form will have to be filled out by the healthcare practitioner.

h. Summer Camp Youth Medication Permission Form. For youth participants, this form designates what over-the-counter medications the health officer can give the participant. This form must be filled out by a healthcare provider (MD, DO, PA, or NP), as well as signed by the youth participant's guardian. Youth will not be able to receive over-the-counter medications unless indicated by a practitioner from the health officer without this form. If your scout receives OTCs regularly, then this must be indicated on the form. The dose, route, and frequency must be indicated. This form is not required for adult participants.

i. If your youth participant is staying for more than seven consecutive nights, New York State Law requires a Meningococcal Meningitis Vaccination Response Form to be filled out and signed by the participant's guardian. This form is not required for adult participants. It is required for Trek participants, Saturday arrivals, two-week participants, staff, and CITs.

j. NYS Law does not recognize any religious, or ideological exemptions to vaccinations required for attendance to summer camp. Any exemption to the Tetanus/TDAP vaccination requirement must come from a qualifying healthcare provider- (MD, DO, PA, or NP), and be on the grounds of the health and safety of the child.

k. Absences/ No Shows Verification for Summer Camp- Camper Release Verification. These forms are intended for youth attending camp late and leaving camp early. Youth will only be released to an adult indicated on Part A in conjunction with the Camper Release Verification. This form is not required for adult participants.

5. All troops will have the opportunity to submit paperwork to the council office by May 31 for prescreening. Prescreened forms will be reviewed by council medical staff, and the unit medical coordinator will be notified of their status and any discrepancies. Forms can be submitted by mail, and should be addressed to: Attention Council Physician, 2320 Brighton Henrietta Road, Rochester NY, 14623. If your troop elects not to have forms pre-screened, they will be reviewed upon arrival to camp.
6. Have all late arrivals and early release forms ready to be presented upon check-in.
7. Be prepared to present all medications in their original bottles to the health officer. Medications should not be mixed between bottles. If a scout arrives with two medications, they must present two medication bottles. Over-the-counter medications must be in its original packaging. Blister packages or bubble packs with the correct medications, description, dosage, route, and frequency are permitted as long as the information is reflected on Part B2.
8. The unit medical coordinator should be prepared to keep youth medications in a lockbox in the troops campsite and administer them according to the medical form. A log for each scout will be distributed to ensure scouts are taking their medications. Each day the unit medical coordinator should stop by the health lodge to have it signed, as well as ask any questions. Controlled substances such as narcotics or stimulants will have to be double locked in compliance with New York State Law.

Troop Number:_____ Camp Session:_____

I have read, understand, and will comply with the policies and expectations laid out in the MSC Health, Safety, and Medical Guide for my troop.

_____

Unit Leader/ Medical Coordinator Signature

I have read, understand, and will comply with the policies and expectations laid out in the MSC Health, Safety, and Medical guide for myself/ my scout. I understand myself or my participant may need to be picked up from MSC if they are noncompliant with camp policy, exhibit injury, illness, or have incomplete medical paperwork.

_____ _____

Parent/ Guardian Signature Scout Signature

All forms referred to are herein attached below as appendices to this document.

Part A: Informed Consent, Release Agreement, and Authorization

A

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

B1

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 ☐ 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

B2

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
☐	☐	Medication	
☐	☐	Food	

Yes	No	Allergies or Reactions	Explain
☐	☐	Plants	
☐	☐	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: _____

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C

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 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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SENECA WATERWAYS COUNCIL BOY SCOUTS OF AMERICA
Summer Camp Youth Medication Permission Form

Last Name:_____ First Name:_____ Unit: _____

Street:_____ City/State: _____

Phone:_____ Date of Birth:_____ Weight: _____

Oral Agents	Dosage	Indication and Schedule	Camper Health Care Provider Approval		Initials	Comments
Diphenhydramine (such as Benadryl)	<90# 25 mg >= 90# 50 mg	Allergic Reaction/ Hay Fever every six hours as needed for 24 hours	Yes	No		
Maalox	30 cc	Indigestion/ heartburn once	Yes	No		
Milk of Magnesia	30 cc	Constipation daily twice as needed	Yes	No		
Robitussin	Per label instructions	Colds every six hours as needed	Yes	No		
Acetaminophen (such as Tylenol)	15 mg/kg (below)	Fever, Headache, Pain Control, Toothache every 4 hours as needed	Yes	No		
Ibuprofen (such as Motrin)	200 mg	Fever, Pain every 6 hours as needed	Yes	No		
Ibuprofen Liquid (such as Motrin)	5 ml per wt (below)	Fever, Pain every 6 hours as needed	Yes	No		
Topical Agents	**Dosage**	**Indication and Schedule**	**Camper Health Care Provider Approval**		**Initials**	**Comments**
Triple Antibiotic (such as Neosporin)	Per label instructions	Wound care (scrapes, poison ivy) twice daily as needed	Yes	No		
Pramoxine (such as Caladryl)	Per label instructions	Insect Bites/ Poison Ivy twice daily as needed	Yes	No		
Miconazole Powder (such as Desenex)	Per label instructions	Athletes Foot twice daily as needed	Yes	No		
Clotrimazole (such as Lotrimin)	Per label instructions	Jock Itch three times daily	Yes	No		

Acetaminophen Dosing				
weight	50-75 lbs	75-95 lbs	95-150 lbs	>150 lbs
Dose	325 mg	500 mg	650 mg	1000 mg

Ibuprofen dosing				
weight	48-59 lb	60-71 lb	72-95 lb	96+ lb
Liguid	10 ml	12.5 ml	15 ml	20 ml
200mg tablet	1 tab	1 tab	1 1/2 tab	2 tab

OTC Medication	Dosage / Route	Indication and Schedule	Camper Health Care Provider Self-Administration		Initials	Comments
			Yes	No		
			Yes	No		

Health Care Provider:_____ Phone: _____

Address:_____ License: _____

Signature:_____ Date: _____

I hereby give permission for my son/ daughter receive over the counter and prescription medications as indicated by my child's Health Care Provider and request self-administration of prescription drugs. In addition, I give permission to carry and use sunscreen or insect repellent at camp and to use it throughout the day. If my child needs help re-applying sunscreen or insect repellent, I give permission for camp staff to provide my child with assistance if he/she requests it.

Signature of Parent or Guardian:_____ Date: _____

MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires that a parent or guardian of campers who attend an overnight children's camp for seven (7) or more consecutive nights, complete and return the following form to the camp.

The Centers for Disease Control and Prevention recommends two doses of MenACWY vaccine (Brand names: Menactra, Menveo) for all healthy adolescents 11 through 18 years of age: the first dose is given at 11 or 12 years of age, with a booster dose at 16 years of age. Children and adolescents with certain medical conditions may need to begin the MenACWY series at a younger age and/or receive additional doses. Consult with your child's healthcare provider regarding any medical conditions they may have.

If the first dose is given between 13 and 15 years of age, the booster should be given between 16 and 18 years of age. If the first dose is given after the 16th birthday, a booster is not needed.

Young adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series (Brand names: Trumenba, Bexsero). Parents/guardians should discuss the Meningococcal B vaccine with a healthcare provider.

Check one box and sign below.

☐ I have received and reviewed the information regarding meningococcal meningitis. My child has received meningococcal immunization (Menactra or Menveo) within the past 10 years.

Date received: _____

OR

I have received and reviewed the information regarding meningococcal meningitis. I understand the risks of meningococcal meningitis and the benefits of immunization at the recommended ages.

☐ I have decided that **my child**, who is **younger than 11 years of age**, will **not** obtain immunization against meningococcal disease at this time; or

☐ I have decided that **my child**, who is **11 years of age or older**, will **not** obtain immunization against meningococcal disease at this time.

Signed: _____ Date: _____
(Parent / Guardian)

Camper's Name: _____ Date of Birth: _____

Mailing Address: _____

Parent/Guardian's E-mail Address (optional): _____

2023

Seneca Waterways Council | Massawepie Scout Camps -Camp Pioneer

Absences/No Shows Verification

Week_____Date_____Camp_____Pack/Troop_____

Camper Name _____

Phone # (Camper) _____

Pack/Troop Leader Name _____

Time/Date of Call to Scout Household _____

Contact Person _____

Reason for not attending camp

_____

Reservation Director Signature _____

The Scout is attending camp but will be attending late:
If for any reason the Scout cannot make check-in on time whether it be a game, family obligation, or other reason a parent/legal guardian's signature will put a hold on the verification process. If the Scout does not arrive in camp on the time specified verification of the Scout's whereabouts would be initiated. Please complete the information below.

Reason for being late: _____

Person accompanying Scout at check in: _____

Expected time of arrival in camp:

Parent's Signature _____

Seneca Waterways Council | Massawepie Scout Camps – Camp Pioneer

Summer Camp – Camper Release Verification

Week_____Pack/Troop_____Date_____

Camper's Name _____

Return Time/Date_____

Person Picking up Camper_____

If pick up by person other than parent / guardian, Reservation Director may only sign out a Scout to adults identified on the health and medical form or have verbal or specific written permission from the parent / guardian that acknowledges that Scout is leaving camp.

Reservation Director certification of non-parent / guardian pickup: Adult authorized on medical form
Parental permission obtained in writing (attach copy)

Parental permission obtained over phone
Time:_____Date: _____
Verbal Instructions: _____

Driver's License Number of Person Picking up Camper: _____

Reason/Destination_____

Returning to Camp: Yes / No
Estimated Time of Return and Date: _/_____/_____ ___:_____

Pack/Troop Leader Signature_____

Reservation Director Signature_____

The Unit Leader, Adult Picking up the Scout and the Scout must be present at the Camp Office in order to sign out a Scout. Adults that are picking up a Scout must be listed on the Scout's Health and Medical record as approved by the parent / guardian. Parental verification may be required by the Reservation Director so please leave plenty of time for sign-out.

Please remember to sign in upon returning to Camp
Thank You!!!