

*SCOUTS, BSA
ADVENTURE WEEKEND
2025 GUIDE BOOK*



**LEATHERSTOCKING COUNCIL
BOY SCOUTS OF AMERICA
WWW.LEATHERSTOCKINGCOUNCIL.ORG**

WELCOME!

Dear Scouts, Scouters, and Parents,

We have put this guidebook together to give you the answers to the most frequently asked questions: however, it is impossible to answer everything. If you have any questions or concerns, please don't hesitate to contact us.

Yours in Scouting,

Rob Mahardy

Scouts, BSA Adventure Camp Director

romahard@scouting.org

315-368-3743



PROGRAM REQUIREMENTS

- ❖ Participants must be registered Scouts, BSA
- ❖ Participants must have Scoutmaster approval.
- ❖ Participants must have a completed BSA Medical Form (Parts A, B)
- ❖ Participants must follow current COVID protocols and guidelines.

TABLE OF CONTENTS

Welcome Letter/Program Requirements	2
Arrival/Departure and Camp Forms	4
General Information	5 & 6
Payment and Questions	7
Health and Safety	8
Discipline Policy	9
What to Bring	10
Daily Schedule	11
Complete Angler.....	12
STEM/Communications and Marketing.....	12
Range and Target Sports.....	12
Program Activities/Merit Badges.....	12-13
Other Program Opportunities	14
Appendix A: Dietary Needs Form	15
Appendix B: Authorization for Camper Release Form	16
Appendix C: Early Release Form	17
Appendix D: Authorization for Non-Prescription Medicine & Topical Ointment	18
Appendix F: Medication Label	19
Appendix G: Talent Release Form	20
Appendix H: BSA Health History Form: Parts A,B and C	21-24
Appendix I: Pre-Event Screening Form	25
Appendix J: Map of Camp Kingsley.....	26

Revised: 3/10/2025

ARRIVAL and DEPARTURE

ARRIVAL DAY:

CH4ECK IN BETWEEN 6-7:30 PM on FRIDAY, April 11th, 2025.

Early arrivals will not be checked in prior to 6:00 pm as our staff is making final preparations to welcome you. If you need to make other arrangements, please contact the Camp Director.

Please make sure all Camp Forms have been sent in 2 weeks prior to your camp dates, or bring them with you to hand in at check-in.

Upon arrival in the parking lot, please leave your equipment in the car. Scouts and adults need to check-in at the camp office, and bring required camp forms and medications with them. Once you have checked-in, a staff member will guide you to your campsite or staging area with your equipment.

The check-in process takes some time, so please plan accordingly. Upon arrival, campers will meet the camp administration to verify all contact information and any special needs. Each camper will also meet briefly with the camp health officer who will verify that all health forms are present and complete, collect any medications, and then check the camper for head lice.

DEPARTURE:

CAMPERS WILL DEPART on Sunday, April 13, 2025

Leaving camp, except at the designated times, is discouraged. If the camper needs to leave camp for any reason other than a function of camp, a parent/guardian is responsible for transportation and needs to make prior arrangements with the camp director. Campers will be released only to those listed on the camper release form (Appendix B) and early release form (Appendix C).

CAMP FORMS

PARENTS PLEASE PAY SPECIAL ATTENTION: Anyone that does not have a **COMPLETED HEALTH FORM**, will **NOT** be allowed into camp. There are **NO** exceptions to this policy and it is **STRICTLY** enforced. Required Camp Forms Include the following:

- Annual Health and Medical Form (Parts A and B)
- Non-Prescription Medication and Topical Ointment Release
- Medicine Labels
- Dietary Needs Form (if special meals are needed)
- Authorization for Camper Release (if parent or guardian is not picking Scout up)
- Early Release Form (if Scout is leaving camp early)
- Talent Release Form

All necessary forms are available in the appendices of this guidebook.



GENERAL INFORMATION

CAMP ADDRESS and PHONE NUMBER

Camp Kingsley, 1910 Camp Kingsley Road, Ava, NY 13303

Phone: 315-942-2511

LODGING:

Scouts will be housed in lean-tos, own tent, or cabins. Those participating in Wilderness Survival will sleep in their shelters on night 2 (Saturday)

DINING:

All meals will be provided in the dining hall at scheduled times. Please let us know in advance of any special dietary needs by using the Dietary Needs Form (Appendix A).

CAMP KINGSLEY GRACES

Morning -

Gracious giver of all good,
Thee we thank for rest and food,
Grant that all we do or say,
In thy service be this day. Amen

Noon -

Father for this noonday meal,
We would speak the thanks we feel,
Health and strength we have from thee,
Help us lord to faithful be. Amen

Evening -

Tireless guardian on our way,
Thou has kept us well this day,
While we thank thee we request,
Care continue, pardon rest. Amen

TRADING POST

A trading post will be open for scouts to buy Camp memorabilia, camp supplies, snacks, merit badge books, and other items. The hours of operation will be posted.

UNIFORMS

The Scouts, BSA field uniform should be worn to the evening flag ceremony and evening meal each day. The rest of the day and night scouts and leaders may wear whatever they chose, as long as it is appropriate. Weather conditions will be a major factor in how the scouts dress.

VISITORS

All visitors must check in and out at the Camp Office. Visitors will be given visitor identification. Visitors are welcome to purchase meals. Please try to let staff know of any guests in advance so that enough food can be prepared. Guest meals are \$8.00 per meal. Current Covid recommendations will be in place.

SIGN-IN AND SIGN-OUT:

When leaving camp for any reason (going home early, eating out, and going to the store), all scouts and adults must sign out at the camp office. Anyone that will not be attending a meal must notify the Camp Director or Program Director prior to departure. Upon returning to camp they must sign-in at the camp office. This is very important because in the event of a camp wide emergency we need to account for everyone who is registered in camp.

VEHICLES IN CAMP:

Vehicles are only permitted in designated parking areas. Vehicles are NOT permitted in camp sites or program areas. Carts are available to transport gear to the cabins and lean-tos.

GENERAL INFORMATION (continued)

CAMP IDENTIFICATION:

All staff, scouts and adults will wear a wrist band while they are in camp. If you see an anyone who does not have a wrist band, please ask them to report to the camp office to sign-in.

PHOTO USE POLICY:

Our staff and leaders often take pictures of our camp in action. These pictures may be included in camp promotional materials. You will be asked to turn in a Talent Release Form (Appendix G) with your camp forms. If you do not wish your child to be photographed, please inform your leader and the camp director in writing before camp begins.

PRE-CAMP LEADERS and PARTICIPANTS MEETING:

All leaders will be notified of a virtual pre-camp meeting to be held on Apr. 17th. This is YOUR opportunity to meet the Camp Director and Program Director, to turn in paperwork, to ask questions; learn how the program works, etc. Hope to see you all there.

TIMELINESS:

Please be on time to all program areas, activities, meals, etc. Our staff begins sessions promptly and if they are departing for a hike or additional locations for sessions, you may miss out.

ANIMALS IN CAMP:

Pets are not allowed in camp unless prior approval has been granted by the Leatherstocking Council Scout Executive and Camp Ranger. Please leave your pets at home, and remind parents and visitors that pets are not welcome in camp at any time.

SCOUT BEHAVIOR:

It is important that scouts remember they are scouts and as such, they should remember to use proper outdoor manners and to learn to live by the "Outdoor Code." Scouts should not cut down live trees and/or plants or destroy nests or other wildlife that live in our great Camp Kingsley. Also, when traveling around our camp, scouts should try to pick up any garbage or trash along their travels and dispose of it properly. The general rule of Scout camping is "You leave it cleaner than when you found it."

Scouts should adhere to the principles of the "Scout Oath" and "Scout Law." If camp rules are ignored or broken the Camp Director will follow the "Two Strike" policy as outlined on page 9. Should it be necessary the Camp Director reserves the right to dismiss any individual from camp for serious policy or rule infractions and/or safety violations.

POCKET KNIVES:

NO POCKETKNIFE BLADES CAN BE LONGER THAN 3". SHEATH OR SURVIVAL KNIVES ARE NOT ALLOWED IN CAMP (unless by staff for instructional purposes only.)

WHAT NOT TO BRING

Alcohol, Tobacco, Electronic Cigarettes, Fireworks, Firearms, Ammunition, Arrows, Chainsaws, Pets, and any other item that is dangerous or inappropriate. Failure to adhere to these policies will result in the immediate intervention by the Camp Director, Program Director and/or Camp Ranger. Please also leave any electronic games and other expensive items at home.



SCOUTS | BSA

PAYMENT

2024 PAYMENT SCHEDULE

Payments due by April 6th, 2024

Boy Scout or Venture Crew member	\$99
Adult Leader	\$50

Registration Closes on April 6th or when Sold-Out

PAYMENT OPTIONS:

- Pay online at www.leatherstockingcouncil.org
- Mail or drop off your invoice with a check (made payable to Leatherstocking Council), or credit card information to the Council Office at 1401 Genesee Street, Utica NY 13501

*All checks returned for non-sufficient funds (NSF) will be electronically debited for the face value plus a returned check processing fee as allowed by New York State law.

QUESTIONS

Registration, Payment, Financial Assistance, Expectations, etc.:

Call 315-735-4437 (Utica Office) or email the Camp Director (Rob Mahardy) at romahard@scouting.org

For more information, see our camping section on our website at leatherstockingcouncil.org ; or visit us on Facebook at the following pages:

Camp Kingsley and Leatherstocking Council as well as each District page.

HEALTH and SAFETY

The foremost concern of all camp staff is the well-being, health and safety of the campers. All camp programs follow the camping guidelines set forth in The Guide to Safe Scouting.

Please note: Camp staff reserves the right to cancel and/or reschedule any activities due to safety, health or weather concerns.

BUDDY SYSTEM:

Scouts should never be by themselves. Each boy should travel with a buddy. This policy will be reviewed with all campers during the camp orientation.

MEDICAL FACILITIES:

Scouts, BSA Adventure Camp will have a fully trained Health Officer to provide any needed medical assistance.

EMERGENCY ALERTS

In the event of a camp wide emergency the siren will sound. All Scouts and leaders will proceed to the emergency assembly area (Flag Poles). Staff and other designated personnel will respond as assigned in accordance to the type of emergency.

HEALTH HISTORY FORMS:

All participants, youth and adults, must bring a current copy of their BSA Medical Form parts A and B (Appendix H). BSA health forms are also available online at the council and national websites. This form must be signed by parents. All injuries and ailments should be reported to the camp Health Officer.

MEDICATIONS:

Any prescriptions at camp must be reported and locked up. Medications should be locked up and administered by the camp Health Officer. Please fill out the Medication Label form (Appendix F) and turn in with medicine during check-in. Emergency medications (epi-pen, inhalers, etc.) should be kept on the user at all times and should not be locked up. For campers to receive the administration of any over the counter medications the Authorization For Non-Prescription Medicine & Topical Ointment form (Appendix D) should be turned in with all other health forms.

YOUTH PROTECTION:

Leaders must be current with BSA Youth Protection Training. Report any suspected child abuse incidents immediately to the Camp Director ONLY.

PERSONAL CLEANLINESS:

Being clean in body and mind are part of the Scout Law and part of Scout training. Scouts should wash up each morning and in the evening prior to going to bed. A package of handi-wipes would be useful for this. Be sure that they change their clothing regularly and clean their hands before coming to each meal. Hands will be inspected prior to entering the dining hall.

LATRINES:

Latrines need to be swept out regularly. Wash-stands need to be kept clean. Paper towels and toilet paper can be obtained from the dining hall. It is important that scouts use the latrine properly. Urinating near a cabin, shelter or lean-to is a health hazard and can make your site unlivable.

COVID Protocols:

We will be following the most current guidelines and recommendations of Oneida County Health Department, NYS and the CDC. Protocols will be described at camper orientation and at Day 1 leader's meeting.

TWO STRIKES POLICY

Scouts, BSA Adventure Camp

Dear Parent,

Your Scout's time at camp will be a fun filled, memorable learning experience. Meeting new Scouts and making new friends, while having fun in the outdoors, is a central goal of Camp. It is our goal as a staff that each Scout has a chance to enjoy this opportunity. One factor, which may create difficulty for scouts to fully enjoy their camping experience, is poor discipline. Unfortunately, this is an issue that we must address in camp.

As a camp staff, we do not want a session of camp to have a negative impact on any Scout. It should be noted that camp starts immediately upon entering the Camp Kingsley property. Any infraction will be made known to the Camp Director. Should an infraction occur, we act on a "two-strikes" rule.

For minor rule violations this initially involves a staff member explaining the broken rule and why it is important for that rule to be followed. For more serious violations or persistent minor infractions, the First Strike consists of the Camp Director and the Scout discussing the rule transgression. Should inappropriate behavior continue, the Second Strike is notification of the Scout's parents by the Scout, Camp Director, and Scoutmaster. If this situation should occur the Camp Director and Scout's parents will work together to decide on the next step. This step may be another chance or immediate dismissal from camp. Any further actions necessary at that time will also be discussed between the Camp Director and parent. Should your child be sent home, Leatherstocking Council **will not** refund any remaining fees for that session. Although few cases ever reach the second strike it is important to have this policy in place. All discipline actions are presented in a positive manner and are aimed at helping the Scout grow. If you review these guidelines with your child, together we can make Scout camp a most positive experience.

Sincerely,

The Scouts, BSA Adventure Camp Staff



WHAT TO BRING

A well-prepared camper will have more fun at camp. These recommended quantities are for a 3 day, 2 night that enable them to layer clothing for outdoor activities. Please pack so that scouts can manage repacking and moving their own bag!

- All Necessary Camp Forms (See Page 4)
- Class A Scout Uniform
- Pajamas
- 4 pairs of socks
- 3 pairs of underwear
- Sleeping Bag (a stuff sack is recommended for easy transport)
- Laundry bag
- 1 bath towels, hand towels and wash cloths
- Deodorant (non-aerosol)
- Handi-wipes or Soap in plastic case and shampoo
- Toothbrush and toothpaste
- Comb or brush
- 1 pair of sneakers
- Pen or pencil and writing items
- Scout Handbook
- Folding Pocket Knife
- Flashlight with extra batteries/bulb
- Plastic bags for packing wet items
- Small day pack or tote bag
- Canteen or water bottle on lanyard
- Lip balm
- Facemask

STEM- Communications/Marketing

- Paper/ Pen
- Digital Camera (optional)

Fight to Eagle

- Merit Badge Pre-requirements Documents
 - Camping
 - Communication
 - Etc.
- Eagle Scout Draft or Idea
- Paper and Pen

STEM – Rocketry

- Merit Badge Pre- Requirements Documents
- Prereqs

DO NOT BRING

Cell Phones (unless adult), iPods, MP3 Players, Gum or Candy, Scented Sprays or Lotions, Survival Knives, Valuables, Video Games. They will be taken away until the end of camp. Tobacco products and e-cigarettes are prohibited by minors in camp.

2025 ADVENTURE CAMP SCHEDULE

Schedule is subject to change.

Friday

6:00 pm	Check- In Health check/forms, COVID Screening, gear check, settle into campsites
7:30 pm	Evening Flags/ Welcome/ Camp Orientation/Cracker Barrel
7:45 pm	Leader's Meeting
8:00 pm	Program Activity/Merit Badge Sessions
10:00 pm	Quiet Time
10:30 pm	Lights Out

Saturday

7:50 am	Opening Flags
8:00 am	Breakfast
9 am-12 pm	Program Activities/Merit Badges
12:15 pm	Lunch
1 pm-4:45 pm	Activities/Merit Badges
5:30 pm	Evening Flags/ Dinner
6:30-7:30 pm	Open Programs/Activities/MB sessions
8:00 pm	Campfire
8:30 pm	Cracker Barrel
10:00 pm	Quiet Time
10:30 pm	Lights Out

Sunday

7:50 am	Opening Flags
8:00 am	Breakfast
9 am-12 pm	Activities/Merit Badges
12:15 pm	Lunch
1 pm-3 pm	Activities/Merit Badges
3:15 pm	Closing/Evening Flags/Ckcheck-out

PROGRAM ACTIVITIES

Range and Target Sports

- Archery MB
- Axe Throwing
- Slingshot
- Shotgun Shooting MB (age 13)
- Safety, Safety, Safety
- Creating own unique action shoot
- Camp Activities – campfire, games, fellowship
- Open to 1st Class - Life Scouts

Complete Angler

- Fishing, Fly Fishing, Fish and Wildlife MBs
- Conservation Project
- Development of Council Cub Scout Fishing Education Materials
- Camp Activities – campfire, games, fellowship
- Open to Tenderfoot and above

STEM- Communications & Marketing

- Communications, Photography and Movie Making Merit Badges
- Introduction to Programming
- Learn about Jobs in this field
- Brainstorming and Marketing development activities
- Hands-on Programs
 - Videography
 - Photography
 - Web Site Design
- Camp Activities – campfire, games, fellowship
- Open to Tenderfoot and above

MERIT BADGES

STEM- Marketing and Communications

COMMUNICATIONS

Prerequisites: 5-attend public meeting

PHOTOGRAPHY

Prerequisites: None

MOVIE MAKING

Partial only

RANGE and TARGET SPORTS

SHOTGUN SHOOTING

Prerequisites: Age 13

ARCHERY

Prerequisites: None

COMPLETE ANGLER

FISHING

Prerequisites: None

FLY FISHING

Prerequisites: None

FISH and WILDLIFE MANAGEMENT

Prerequisites: None

TROOP SHINGLES

Shingles will be available from the Crafts area for each troop to decorate and hang up in the Dining Hall.

CAMP FIRE PROGRAM

Scouts will have the opportunity to perform skits and songs for the camp at the Unit Run Campfire on Day 2. This campfire will be planned, organized, built and run by the "Flight to Eagle" group.

GAMES

Whether it's Ga-Ga Ball, Human Foosball, Can Jam, Bean Bag Toss, or sports, CK has lots of games that scouts can participate in either individually or through troop/patrol competition.

HONOR CAMPER

Staff and leaders can nominate the camper that they believe best exemplifies the spirit of the Scout Oath and Law through the course of the weekend. This will be awarded at closing ceremony.

OA EVENING

Wear your sash to support our lodge Saturday at dinner and join in fellowship at the OA sponsored cracker barrel on Sat evening.

LEATHERSTOCKING COUNCIL #400

Boy Scouts of America

DIETARY NEEDS FORM

Scouts, BSA Adventure Camp, Camp Kingsley

The purpose of this form is to communicate special dietary needs, food allergies, health reasons, religious reasons, etc. for any child, teen, or adult who will be attending camp. Please complete this form and send it to the Leatherstocking Council (Attention: Scouts, BSA Adventure Camp, Camp Director) no less than 2 weeks prior to your camp session. We will attempt to accommodate your needs from within our resources. This form, which details the food substitution or modification requested, includes an identification of the medical or other special dietary condition which restricts the person's diet, texture changes requested, food or foods to be omitted from the child's diet, and food or choice of foods to be substituted. Food allergies are potentially life threatening, so it is important that parents notify the camp of any food allergy so that they may be accommodated appropriately. Students with disabilities may require modifications in texture, and the food may need to be chopped, ground or pureed. Students may also require food substitutions based on philosophical or religious beliefs.

Name: _____ Troop No: _____ Date _____

Check One: ☐ Camper (11-18 years old) ☐ Staff (18+ years old) ☐ Adult Volunteer

In the space below, please list all food allergies or intolerances for the person listed above and any necessary precautions that should be taken:

In the space below, indicate any special diet or dietary restrictions (non-allergy) for the person listed above and food substitutes that may be considered:

List all foods that need changes in texture. If all foods need to be prepared in this manner, indicate "ALL". Use an additional sheet if necessary:

Food Requiring Texture Modifications	Modification (chopped, finely ground, pureed or blended, thickened liquids)

Parent/Guardian Name:

Printed Name Signature

Date

Medical Provided Name:

Printed Name

Signature

Date

LEATHERSTOCKING COUNCIL #400

Boy Scouts of America

AUTHORIZATION FOR CAMPER RELEASE

Scouts, BSA Adventure Camp, Camp Kingsley

This form is used in the event a Scout will be transported to camp by a person other than his parent or guardian. The below named individual(s) are authorized to pick up my Scout(s). Photo identification is required.

I, _____ give permission for my child/children

_____ to be dropped off and picked up from Camp Kingsley by the following individuals:

_____	_____	_____
name	relationship	phone number
_____	_____	_____
name	relationship	phone number
_____	_____	_____
name	relationship	phone number
_____	_____	_____
name	relationship	phone number
_____	_____	_____
name	relationship	phone number

Parent/Guardian Signature: _____

Parent/Guardian Name (Printed): _____

Date: _____

LEATHERSTOCKING COUNCIL #400

Boy Scouts of America

EARLY RELEASE FORM

Scouts, BSA Adventure Camp, Camp Kingsley

This form is used in the event a Boy Scout will need to leave camp, for any reason, prior to the scheduled end of his camp week or session. The below named Scout(s) is/are authorized to depart camp earlier than scheduled by his Troop. Additionally, the below named individual is the person authorized to pick up my Scout(s). Photo identification is required.

Date & Time of Release: _____

Name of Scout(s): _____

Unit No.: _____

Address: _____

City/State/Zip: _____

Home Phone No.: _____

Parent's Work/Cell Phone: _____

Authorized Individual to Pick Up Scout(s)

Name of Scout(s): _____

Address: _____

City/State/Zip: _____

Home Phone No.: _____

Work/Cell Phone No: _____

Parent's Printed Name: _____

Parent's Signature: _____

Date: _____

AUTHORIZATION FOR NON-PRESCRIPTION MEDICINE & TOPICAL OINTMENT**Scouts, BSA Adventure Camp**

The following over-the-counter non-prescription medicine and topical ointment can be administered by the Health Officer at Camp Kingsley:

- Sunscreen
- Insect Repellant
- Aloe for Treatment of Burns/Stings
- Rubbing Alcohol for Treatment of Stings
- Antibiotic Ointment/Cream
- Tylenol: Dosage: _____
Strength: _____
When to Use: _____
- Benadryl: Dosage: _____
Strength: _____
When to Use: _____
- Other: Dosage: _____
Strength: _____
When to Use: _____

The Authorization for Non-Prescription Medicine and Topical Ointment permission form must be completed by the parent/guardian before the topical medicine can be applied. If the instructions state that the item is not age-appropriate for the child, we must have a physician's note to administer it. All Medicine and Topical Ointment should be provided in the original container with a valid expiration date, clearly labeled with your child's first and last names, and given to the Health

Officer at registration.

I give the Leatherstocking Council and Camp Kingsley permission to apply the above noted non-prescription medication and topical ointments to _____ (name of Scout)

from: ____/____/____ to: ____/____/____ (not to exceed 90 days).

Special Instructions:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Printed): _____

Medication Label

Scouts, BSA Adventure Camp, Camp Kingsley

MEDICATION LABEL

Please fill this out completely and include it in the Ziplock bag with your medication:

Name: _____ Troop #: _____ Age: _____

Type of Medication: _____

Reason for Medication: _____

Dosage Instructions: _____

Date Medicine Started: _____ Temporary _____ Permanent _____

Side Effects: _____

Special Storage Instructions: _____

LEATHERSTOCKING COUNCIL #400

Boy Scouts of America

Talent Release Form

Scouts, BSA Adventure Camp, Camp Kingsley

I hereby assign and grant to the Leatherstocking Council of the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me this date by Leatherstocking Council of the Boy Scouts of America, and I hereby release the Leatherstocking Council and the Boy Scouts of America from any and all liability from such use and publication.

I hereby 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 Leatherstocking Council of the Boy Scouts of America and I specifically waive any right to any compensation I may have for any of the foregoing.

PLEASE PRINT CLEARLY

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Troop #: _____ Troop City: _____

Signed (parent/guardian): _____

Pali1 Informed Consent, Release Agreement, and Authorization

A

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crow 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 these 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 GSA 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.



NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continuously 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, Philmont Training Center, Northern Tier, Florida 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: _____

or _____

(If participant is under the age of 18)

Second parent/guardian signature for youth: _____

(If required, for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

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

Name: _____

Adults NOT Authorized to _____

Youth To and From Events _____



Prepared. For Life.®

640-001
2016 Printing

Part B: General Information/Health History

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crow No.: _____

or staff position: _____

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

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Unit leader: _____ Mobile phone: _____

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



Prepared. For Life.®

648-001
2014 Printing

Part B: General Information/Health History

B

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crow No.: _____

or staff position: _____

Allergies/Medications

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
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<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 INDICATE 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 by the CDC. 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"/>	Masles/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., HIV)	
<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: _____



Prepared. For Life.®

680-001
2014 Printing

Part C: Pre-Participation Physical

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

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/traw No.: _____

or staff position: _____



You are being asked to certify that this individual has no contraindication for participation inside 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.



Examiner: Please fill in the following information:

		Yes	No	Explain	
Medical restrictions to participate		<input type="checkbox"/>	<input type="checkbox"/>		

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/stings	

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

	Normal	Abnormal	Explain Abnormalities
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	
Ears/nose/throat	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
Genitals/hernia	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

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
<input type="checkbox"/>	<input type="checkbox"/>	Meets height/weight requirements.
<input type="checkbox"/>	<input type="checkbox"/>	Does not have uncontrolled heart disease, asthma, or hypertension.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled psychiatric disorders.
<input type="checkbox"/>	<input type="checkbox"/>	Has had no seizures in the last year.
<input type="checkbox"/>	<input type="checkbox"/>	Does not have poorly controlled diabetes.
<input type="checkbox"/>	<input type="checkbox"/>	If less than 18 years of age and planning to scout drive, does not have diabetes, asthma, or seizures.
<input type="checkbox"/>	<input type="checkbox"/>	For high-adventure participants, I have reviewed with them the important supplemental risk advisory provided.

Examiner's Signature: _____ Date: _____

Provider 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	165	65	195	70	235	75	260
61	172	66	201	71	240	76	267
62	179	67	207	72	246	77	274
63	186	68	214	73	252	78	281
64	193	69	220	74	257	79 and over	286



Prepared. For Life.®

640-001
2014 Printing

BSA Pre-Event Medical Screening Checklist

This is a tool to help leaders identify potentially communicable diseases in advance of event participation. The intent of this checklist is to review with each participant their current health status both before departure and upon arrival at the event.*

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)
- ☐ Vomiting
- ☐ Diarrhea
- ☐ 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
- ☐ Unexplained muscle aches
- ☐ New rash
- ☐ Sore throat
- ☐ Open sore

Participants who are symptomatic or ill should not attend or return to an activity until cleared by their health care provider.

CAMP KINGSLEY

SCOUT RESERVATION



Map Version 1.0 • 1-1-24

CAMPsites

- 1 - Onondaga
- 2 - Jamboree
- 3 - Algonquin
- 4 - Tuscarora

BUILDINGS

- 9 - Toilets/Showers
- 10 - Evans Cabin
- 11 - Harden Cabin
- 12 - Bike Building

ACTIVITY SPACES

- 13 - Welcome Center
- 14 - Toilets/Shower
- 15 - Smith Building
- 16 - Dining Hall
- 17 - Pavilion

ACTIVITY SPACES

- 18 - Williams Building
- 19 - Toilets/Showers
- 20 - A-Frames
- 21 - BMX
- 22 - Shooting Sports
- 23 - Fishing Dock

ACTIVITY SPACES

- 24 - Campfire
- 25 - Waterfront

RANGER'S HOUSE

BSA Shooting Sports