

Appendix D / INFORMATION & FORMS

Critical dates and deadlines

Registration Guidelines

Website

Opportunity fund application / campership form (submit by May 15)

Menu

Program Selections worksheet

BSA Medical form & risk factors

Troop Equipment Guide

Map to camp

Campsite locations map

Program locations map

Youth Protection & 2 deep leadership requirements

Adult Leadership standards

Youth code of conduct

BSA Medical form A,B,C

Medical FAQ's

Medical risks factors for participating in scouting activities

Know and understand the risks associated with camp BSA Annual Health and Medical Record form.

Crater Lake council Medical protocols

Council refund policy

Council refund request form

Games & fun guide

Dutch oven cooking helps.

Campsite management rule

Any additional questions or concerns please feel free to contact

Camp Director

Heather Volkman

heather.volkman@scouting.org

campmcloughlin@gmail.com

Program Director

Alison Weatherhead

alisonwx@aol.com

Crater Lake Council

Camp Mcloughlin Staff Advisor

Kayle Moffat

kayle.moffat@scouting.org

(541) 664-1444

Camp Mcloughlin Leadership for 2022



Heather Volkman – Camp Director

Heather has been associated in Scouting for a combined 29 years. She has served as a Den Leader, Assistant Cubmaster, multiple committee positions, Day Camp archery and administration. Heather loves hiking and outdoor activities. Program is important to Heather. Her approach to all things Scouting is “Do your best and delivering a quality camp”. Both her husband and son are Eagle Scouts and continue the tradition of Scouting. Heather has a unique theater and stage education background - supporting the roles that make for a great performance is her skill. For Heather “the show must go on”.

Alison Weatherhead - Program Director

Alison has been involved in BSA for decades. Her family has been involved with BSA all of her life. She has three brothers, all Eagles, three sons, all Eagles, and three nephews who were scouts, one is an Eagle. When her sons began Scouting, she began her volunteer leadership. She was in the Army for 20+ years and joined Scouting as a way for her children to meet people in new communities. After her sons completed their youth Scouting experiences, she remained on the District Committee for another eight years. She has been out of scouting since 2013, but just felt the need to come back to working with the youth. She has run five camps over the years and is a Buffalo in Wood Badge.

Alison lives in La Pine with her husband, Randy, three cats, three chickens and a dog.

Randy Sell – Camp Ranger

Randy Sell is a Rangers Ranger. A Scout for many years, Randy has served youth in the key role as Scoutmaster of troop 48 in Eagle Point Oregon. Mentoring, guiding, and helping young Scouts achieve the skills and principles that build young boys into men of character. Randy’s background as a business owner and skilled craftsman enables him to achieve a level of camp facility management that singularly focus’ on a well maintained, managed, and responsive facility. Campers, staff, and young Scouts benefit quietly from Randy’s careful and watchful eye.

If you have any questions or concerns, please feel free to contact the Crater Lake Council.

[www.craterlakecouncil](http://www.craterlakecouncil.org) / 541-664-1444

Registration - Jody Stonebrook, jody.stonebrook@scouting.org
Staff Advisor - Kayle Moffat, kayle.moffat@scouting.org
Scout Executive - Jim Westfall, james.westfall@scouting.org

Join the Fire, build character



Summer Camp 2022 Dates & Deadlines



BOY SCOUTS
OF AMERICA
CRATER LAKE COUNCIL

September 27, 2021

Crater Lake Council Summer Camp dates & fees for 2022

Scouts BSA Resident Camp - Youth = \$ 394.00

Adults = \$ 209.00

Cub Scout Resident Camp - Youth = \$ 209.00

Adults = \$ 168.00

- No early bird or advance registration fee reduction.
- Completed roster & paid in full fees by May 1, 2022



October 1, 2021 – June 1, 2022

- ✓ Camp Unit Reservation and online registration begins and ends.
- ✓ All reservation, fees, rosters, payments & registrations are done online at

This is the time to decide with your unit your summer camp attendance plans for 2022. Early decisions help you to be ready for camp. Using the program year from now until early spring to plan and 'get ready' will greatly add to your summer camp experience. Unit leaders – start early and promote camp. Your cub and Scouts BSA Scouts will really be prepared. Additionally, adults and other attendees will have time to plan and prepare their time to be involved.

Up to February 28, 2022

- Per Scout & Adult fee of \$25.00 (non-refundable) is due. Which includes your 'estimated' attendance – number of youth and adults. Two deep leadership must be maintained while camp is in session in every circumstance.

April 1, 2022

- 2nd payment 50% of the total fee is due.
- Fee per attendee must equal 50% of the camp fee. Forfeiture of your reserved spot will occur if 50% is not received.
- Online merit badge selection & registration window opens. 50% registration payment must be met to register for merit badges.

May 1, 2022

- Full & complete roster is due. 100% fees paid.
- \$50.00 late registration fee per Scout After May 1, 2022, thru June 15, 2022.
- Registration Closes June 15, 2022.

Note that bridging Webelos and "new to the pack or troop" Scouts will not be charged the \$50.00 late fee.

All reservation, fees, rosters, payments and registrations are done online at:

Scouts BSA Camp: <https://scoutingevent.com/491-2022scoutsbsacamp>

Cub Scout Camp: <https://scoutingevent.com/491-cubscout2022camp>



Summer Resident Camp Dates 2022

Cub Scout Resident Camp & Scouts BSA Camp
will be held at Camp McLoughlin



Staff Week Friday - Wednesday June 24, 25, 26, 27, 28, 29

Scouts BSA Summer Resident Camp

Sunday - Saturday #1 - July 10, 11, 12, 13, 14, 15, 16

Sunday - Saturday #2 - July 17, 18, 19, 20, 21, 22, 23

Sunday - Saturday #3 - July 24, 25, 26, 27, 28, 29, 30

*Troops arrive Sunday afternoon,
depart Saturday morning.
(times & schedule to be determined)*

Cub Scout Summer Resident Camp

Monday - Thursday #1 - August 1, 2, 3, 4

Thursday - Sunday #2 - August 4, 5, 6, 7

*Packs arrive 1:00 and depart at 10:00
(Campers are in camp for 72 hours)*

Lease Camp (family reunions, groups, and organizations)

After August 9, 2021

2022 JUNE						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

2022 JULY						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

2022 AUGUST						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

We would like to invite you and your Pack & Troop to join us at Crater Lake Councils Summer Resident Camps for 2022. From basic Scouts skills to high adventure. You won't want to miss it. It will be well worth your time.

Camp is a great time in the life of a Scout. It is a lifelong memory with friends. Enjoy experiences that shape lives, builds character and growth. As Lord Robert Baden Powell, the founder of Scouting, said. "A week of camp life is worth six months of theoretical teaching in the meeting room".

When properly applied the Scouting program teaches, builds, and forges strength and confidence. This is our mission for your Scouts at our summer camps. We are fortunate to have such a great outdoor space. The life of our young Scout friends is in your hands.

Join the Fire, build character



Unit Program Selection Worksheet

Please review these items and indicate what programs & merit badges individuals and/or your unit will want to participate in. Please return it completed to camp McLoughlin@gmail.com

TROOP _____ **City** _____
Council _____
District _____
ScoutMaster _____
email _____
phone (_____) _____ - _____
Scout or Leader Name _____ / **age / Rank / position** _____

Adventure
 river float
 zip line
 mt. mcLoughlin hike
 mountain bike
 Crater Lake
 10/10/10 row/bike/hike
 Kamath lake kayak/nature paddle
 Mountain Lakes wilderness overnight
 leather
 woodwork
 crafts
 handcraft
 Scoutcraft
 program area.
 Scoutcraft opportunities can be either individual or items/requirements in a merit badge program area.

TTFC
 Trail to first class in camp program
 nature
 first aid
 cooking
 swimming
 lifesaving
 canoeing
 rowboat
 rifle shooting
 wilderness survival
 pioneering
 hiking
 environmental science
 kayaking
 forestry

merit badges
 leadership training
 Youth leadership training
 Adult leadership training
 Scouting Heritage
 Fingerprinting
 Archery
 Chess
 Astronomy
 Leatherwork
 Orienteering
 Archery

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Youth Protection in Scouting

How does the BSA prevent child abuse in Scouting?

The Boy Scouts of America has adopted a number of policies aimed at eliminating opportunities for abuse within the Scouting program. These policies focus on leadership selection and on placing barriers to abuse within the program.

Leadership

The Boy Scouts of America takes great pride in the quality of our adult leadership. Being a leader in the BSA is a privilege, not a right. The quality of the program and the safety of our youth members call for high-quality adult leaders. We work closely with our chartered organizations to help recruit the best possible leaders for their units.



The adult application requests background information that should be checked by the unit committee or the chartered organization before accepting an applicant for unit leadership. While no current screening techniques exist that can identify every potential child molester, we can reduce the risk of accepting a child molester by learning all we can about an applicant for a leadership position—his or her experience with children, why he or she wants to be a Scout leader, and what discipline techniques he or she would use.

Barriers to Abuse Within Scouting

The BSA has adopted the following policies to provide additional security for our members. These policies are primarily for the protection of our youth members; however, they also serve to protect our adult leaders from false accusations of abuse.

Note: Bold type denotes rules and policies.

- **Two-deep leadership.**
Two registered adult leaders or one registered leader and a parent of a participant, one of whom must be 21 years of age or older, are required on all trips and outings. The chartered organization is responsible for ensuring that sufficient leadership is provided for all activities.
- **No one-on-one contact.**
One-on-one contact between adults and youth members is not permitted. In situations that require personal conferences, such as a Scoutmaster's conference, the meeting is to be conducted in view of other adults and youths.
- **Respect of privacy.**
Adult leaders must respect the privacy of youth members in situations such as changing clothes and taking showers at camp, and intrude only to the extent that health and safety require. Adults must protect their own privacy in similar situations.
- **Separate accommodations.**
When camping, no youth is permitted to sleep in the tent of an adult other than his own parent or guardian. Councils are strongly encouraged to have separate shower and latrine facilities for females. When separate facilities are not available, separate times for male and female use should be scheduled and posted for showers.
- **Proper preparation for high-adventure activities.**
Activities with elements of risk should never be undertaken without proper preparation, equipment, clothing, supervision, and safety measures.
- **No secret organizations.**
The Boy Scouts of America does not recognize any secret organizations as part of its program. All aspects of the Scouting program are open to observation by parents and leaders.
- **Appropriate attire.**
Proper clothing for activities is required. For example, skinny-dipping is not appropriate as part of Scouting.

- **Constructive discipline.**
Discipline used in Scouting should be constructive and reflect Scouting's values. Corporal punishment is never permitted.
- **Hazing prohibited.**
Physical hazing and initiations are prohibited and may not be included as part of any Scouting activity.
- **Junior leader training and supervision.**
Adult leaders must monitor and guide the leadership techniques used by junior leaders and ensure that BSA policies are followed.

How can parents help protect their children?

Parents participate in the protection of their children in a variety of ways. BSA recognizes the need for open lines of communication so that children are encouraged to bring any troubles to their parents for advice and counsel. In addition, parents need to be involved in their sons' Scouting activities. All parents receive important information concerning the Scouting program as part of their sons' membership applications. This information is provided so that parents can detect any deviations from the BSA's approved program. If any deviations are noted, parents should call these to the attention of the chartered organization or the unit committee. If the problems persist, parents should contact the local council for assistance.

Parents also need to review the booklet, "How to Protect Your Children from Child Abuse and Drug Abuse: A Parent's Guide," inserted in every Boy Scout and Cub Scout handbook. The information in this booklet should be the subject of discussions between Scouts and their parents prior to joining a pack or troop.

Why do most child victims of sexual abuse keep the abuse secret?

A victim of child sexual abuse is under a great deal of pressure to keep the abuse secret. In many cases of child molestation, the molester has threatened to harm the child or a member of the child's family. The molester might have told the child that he would not be believed even if the child did tell. Another common situation is that the molester will tell the child that if the child tells about the abuse, he will get into trouble. The clear message is given to the child that if another person finds out, something bad will happen to the child. This pressure to maintain silence can often be successfully overcome by establishing open communication between children and adults through a proper educational program for children.

What should I do if a child tells me that he has been sexually abused?

How an adult responds to a child when he tries to disclose abuse can influence the outcome of the child's victimization. By maintaining an apparent calm, the adult can help reassure the child that everything is going to be okay. By not criticizing the child, we counteract any statements the molester made to the victim about the child getting into trouble. Reassure the child that you are concerned about what happened to him and that you would like to get him some help. **Allegations by a Scout concerning abuse in the program must be reported to the Scout executive.** Since these reports are required, the child should be told that you have to tell the proper authorities but that you will not tell anyone else. It is important that you not tell anyone other than the Scout executive or the child protective services agency about allegations of abuse—if the allegations cannot be substantiated, you could be sued for defamation of character.

How do I know what my reporting responsibilities are?

Every state, the District of Columbia, and the U.S. territories have different reporting requirements. As part of youth protection training, you will receive reporting instructions for your area and for your council. People are often concerned about being sued for reporting child abuse. You are not required to know for certain that a child has been abused. All that the law requires is that you have a reasonable suspicion and are reporting in "good faith." When these requirements are met, all states provide immunity from liability for child abuse reporters.

What youth protection educational materials does the BSA have for youth members?

"How to Protect Your Children from Child Abuse: A Parent's Guide" is a tear-out booklet bound in with BSA youth books. It is designed for parents or guardians and young people to use together for youth protection training. The BSA also has separate age-appropriate videos for Cub Scout-age and Boy Scout-age boys to address the problems of sexual abuse. The video for Cub Scouts, "It Happened to Me," should be used annually by packs or

dens, but only for Cub Scouts accompanied by a parent or other adult family member. The video for Boy Scouts, "A Time to Tell" introduces the "three Rs" of Youth Protection, and should be viewed by troops annually.

How can Scout leaders who are not social workers teach children about youth protection?

The BSA recognizes that many of our leaders feel unprepared to talk to children about preventing sexual abuse. For this reason, the BSA has meeting guides for both of the videos produced to be viewed by youths. The guides address everything from scheduling the meeting, contacting the police or social services for assistance, and notifying parents (a sample letter is provided), to questions and answers for discussion after the video has been viewed.

What are the "three Rs" of Youth Protection?

The "three Rs" of Youth Protection convey a simple message that the BSA wants its youth members to learn:

- **Recognize** situations that place him at risk of being molested, how child molesters operate, and that anyone could be a molester.
- **Resist** unwanted and inappropriate attention. Resistance will stop most attempts at molestation.
- **Report** attempted or actual molestation to a parent or other trusted adult. This prevents further abuse of himself and helps to protect other children. Let the Scout know he will not be blamed for what occurred.

Youth Member Behavior Guidelines

The Boy Scouts of America is a values-based youth development organization that helps young people learn positive attributes of character, citizenship, and personal fitness. The BSA has the expectation that all participants in the Scouting program will relate to each other in accord with the principles embodied in the Scout Oath and Law.

One of the developmental tasks of childhood is to learn appropriate behavior. Children are not born with an innate sense of propriety and they need guidance and direction. The example set by positive adult role models is a powerful tool for shaping behavior and a tool that is stressed in Scouting.

Misbehavior by a single youth member in a Scouting unit may constitute a threat to the safety of the individual who misbehaves as well as to the safety of other unit members. Such misbehavior constitutes an unreasonable burden on a Scout unit and cannot be ignored.

Member Responsibilities

All members of the Boy Scouts of America are expected to conduct themselves in accordance with the principles set forth in the Scout Oath and Law. Physical violence, hazing, bullying, theft, verbal insults, and drugs and alcohol have no place in the Scouting program and may result in the revocation of a Scout's membership in the unit.

If confronted by threats of violence or other forms of bullying from other youth members, Scouts should seek help from their unit leaders or parents.

Unit Responsibilities

Adult leaders of Scouting units are responsible for monitoring the behavior of youth members and interceding when necessary. Parents of youth members who misbehave should be informed and asked for assistance in dealing with it.

The BSA does not permit the use of corporal punishment by unit leaders when disciplining youth members.

The unit committee should review repetitive or serious incidents of misbehavior in consultation with the parents of the child to determine a course of corrective action including possible revocation of the youth's membership in the unit.

If problem behavior persists, units may revoke a Scout's membership in that unit. When a unit revokes a Scout's membership, it should promptly notify the council of the action.

The unit should inform the Scout executive about all incidents that result in a physical injury or involve allegations of sexual misconduct by a youth member with another youth member.

Each Cub Scout den and Webelos Scout den and each chartered Cub Scout pack, Boy Scout troop, Varsity Scout team, and Venturing crew shall have one leader, 21 years of age or older, who shall be registered and serve as the unit or den leader. A unit leader may not serve simultaneously in any other position within the same unit. The head of the chartered organization or chartered organization representative and the local council must approve the registration of the unit or den leader on the appropriate form.

Primary reference: Rules and Regulations of the Boy Scouts of America

Leadership Requirements for Trips and Outings

1. **Two-deep leadership:**
Two registered adult leaders, or one registered adult and a parent of a participating Scout, one of whom must be at least 21 years of age or older, are required for all trips or outings. There are a few instances, such as patrol activities, when no adult leadership is required. Coed overnight activities require male and female adult leaders, both of whom must be 21 years of age or older, and one of whom must be a registered member of the BSA.
2. During transportation to and from planned Scout outings,
 - A. Meet for departure at a designated area.
 - B. Prearrange a schedule for periodic checkpoint stops as a group.
 - C. Plan a daily destination point.
A common departure site and a daily destination point are a must. If you cannot provide two adults for each vehicle, the minimum required is one adult and two or more youth members—*never one on one.*
3. **Safety rule of four: No fewer than four individuals (always with the minimum of two adults) go on any backcountry expedition or campout.** If an accident occurs, one person stays with the injured, and two go for help. Additional adult leadership requirements must reflect an awareness of such factors as size and skill level of the group, anticipated environmental conditions, and overall degree of challenge.
4. **Male and female leaders must have separate sleeping facilities. Married couples may share the same quarters if appropriate facilities are available.**
5. **Male and female youth participants will not share the same sleeping facility.**
6. **Single-room or dormitory-type accommodations for Scouting units: Adults and youth of the same gender may occupy dormitory or single-room accommodations, provided there is a minimum of two adults and four youth. A minimum of one of the adults is required to be youth-protection trained. Adults must establish separation barriers or privacy zones such as a temporary blanket or sheet walls in order to keep their sleeping area and dressing area separated from the youth area.**
7. **When staying in tents, no youth will stay in the tent of an adult other than his or her parent or guardian.**
8. If separate shower and latrine facilities are not available, separate times for male and female use should be scheduled and posted for showers. The buddy system should be used for latrines by having one person wait outside the entrance, or provide Occupied and Unoccupied signs and/or inside door latches. Adult leaders need to respect the privacy of youth members in situations where the youth are changing clothes or taking showers, and intrude only to the extent that health and safety require. Adults also need to protect their own privacy in similar situations.
9. **Two-deep adult leadership is required for flying activities. For basic orientation flights, the adult licensed pilot in control of the aircraft is sufficient for the flight, while two-deep leadership is maintained on the ground.**

REQUEST FOR CAMP REFUND

File with the camp business manager **BEFORE** departing camp.



BOY SCOUTS OF AMERICA
CRATER LAKE COUNCIL

COUNCIL _____ UNIT # _____ RESERVATION # _____

DATE _____ NAME _____ CAMP _____

Please note: Notice must be received by August 10th to be considered

Refunds will be mailed to committee chair by September 30.

We are requesting a refund for the following Scout(s) for the following reasons:

NAME OF SCOUT	REASON FOR REFUND (BE SPECIFIC PLEASE)	APPROVED	DENIED

- Cancellations on or before April 30: all fees paid, are transferable within the reservation. If the entire unit reservation is cancelled, \$350 deposit per Unit is forfeited.
- Cancellations between May 1 and **two weeks** prior to camp: a refund of all fees paid, less a program cost recovery fee of 60% of the per Scout fee, is made.
- **Within two weeks of camp, a refund for fees paid minus the 60% program cost recovery fee will only be made for:**
 - A) family moves out of council
 - B) there is a death or serious illness in his immediate family requiring his attendance
 - C) becomes ill and unable to attend camp
 - D) if a Scout becomes ill while attending camp and is sent home by the camp medical personnel, the Scout shall be entitled to a pro-rated refund based on the fee less a program cost recovery fee of 60%.

***No refund requests submitted after August 10th will be considered.

FOR CAMP USE ONLY:

Received by _____ Date: _____

FOR OFFICE USE ONLY:

Refund amount approved \$ _____ Refund Denied _____ Date _____

By _____ Reason Denied _____



CRATER LAKE COUNCIL CAMP/EVENT SCHOLARSHIP FORM

Applications should be submitted before May 1st for all Summer Camps and not later than 120 days prior to any High Adventure trip. Camperships will be available until funds are depleted. * Funded from the Kevin Padrick Memorial Fund

To be completed by a parent or legal guardian:

Please indicate the camp or event:

Camp McLoughlin Camp Makualla National Jamboree* Woodbadge NYLT
 NOAC* High Adventure* Trip name _____
 High Adventure Equipment Needs* Trip Name _____

Scouts Name: _____ Unit _____

Scouts address _____

City _____ State _____ Zip _____

Parent or Guardian Signature _____

Parent's email address to send confirmation to _____

Camperships are given to families with various needs including unemployed head of household, medical hardship, low-income family, multiple Scouts attending camp.

Approximate household annual income:

under \$20,000 \$20,001-\$30,000 \$30,001-\$40,000 \$40,001 or more

Please briefly state situation including equipment needs

Total Camp/Equipment Fee: \$ _____
- Amount Scout Will Pay \$ _____
- Amount unit will pay \$ _____
= Amount Requested \$ _____ (up to 50% of the total fee with a max of \$400)

To be completed by Unit Leader

Unit participates in: FOS Popcorn Unit Spring Product Sale

I hereby certify that our Unit Committee has confirmed the circumstances, and to the best of our knowledge the need reflected is accurate.

Unit Leader Signature _____ Date _____

Unit Leader Name (please print clearly) _____

Unit Leader E-mail _____ Unit Leader Cell _____

Confirmation will be e-mailed to the unit leader/parent. Retain a copy of your confirmation and bring to camp. Forms can be emailed to jody.stonebrook@scouting.org or mailed to 3039 Hanley Rd, Central Point OR 97502

Approved on _____ Amount \$ _____ Camp _____

Approved by _____ SE signature _____

From Account _____ To Account _____ *Funded from Kevin Padrick Fund _____

Answers to Frequently Asked Questions Concerning the Annual Health and Medical Record. Answers can be found here:

www.scouting.org/health-and-safety/ahmr/medical-formfaqs/

Frequently Asked Questions Concerning the Annual Health and Medical Record

AHMR Purpose

- Q. Why does the Boy Scouts of America require all participants to have an Annual Health and Medical Record?
- Q. Why has the Annual Health and Medical Record form changed? What are the changes?
- Q. Where can I find the Annual Health and Medical Record?
- Q. Can the AHMR form be modified?
- Q. Can I use another medical exam, such as a school sports exam, and attach it to the Annual Health and Medical Record?
- Q. Does Wood Badge OR National Youth Leadership Training (NYLT) require Part C, the pre-participation physical?

AHMR Requirements

- Q. Who needs to complete an Annual Health and Medical Record?
- Q. What is meant by "Annual"?
- Q. What should I do if the participant's health status changes between the time he/she has the physical exam and the activity occurs?
- Q. What do I do if the medications listed on the form change between the pre-participation physical and the Scouting event?
- Q. Our camp is at least 30 minutes from the local hospital by ambulance or EMS. Does this mean that we automatically have to meet the height/weight requirements for all activities at the camp?
- Q. What does it mean by "adults authorized to take youth to and from events"?

Health and Weight Information

- Q. When does the height/weight chart apply? We have differing opinions in our unit/district.
- Q. I believe my body fat percentage will prove that I am fit and able to participate in the events described in the Annual Health and Medical Record requiring the use of the height/ weight chart. Can I obtain a body fat test from my physician and use those results?
- Q. My child is underweight according to the chart on the Annual Health and Medical Record. Can they still participate in high-adventure activities?
- Q. What is the appropriate maximum weight to use if my child/I am under 60 inches tall?
- Q. Why are there weight limits if I'm healthy?

Maintaining Records

- Q. What do adult leaders do with the Annual Health and Medical Records they collect?
- Q. Can I keep a record of my Annual Health and Medical Record somewhere at my council's office or online?

- Q. Why don't we have an online version or high-tech medical record?
- Q. Why do you need to know if I use an asthma rescue inhaler or an epinephrine auto-injector?
- Q. Do I really need to explain everything about myself or my child, such as learning disabilities or depression? I don't want myself or my child to be treated differently.
- Q. Isn't the Annual Health and Medical Record covered by the Health Insurance Portability and Accountability Act?
- Q. Is the AHMR available in other languages?

Immunizations

Immunization Policy in the Guide to Safe Scouting

- Q. What are the required immunizations, and where did this list originate?
- Q. Why are the immunization requirements being changed?
- Q. When does this go into effect?
- Q. Who must have these immunizations
- Q. Is the current AHMR (Annual Health and Medical Record) valid after 6/1/2022?
- Q. I / My child has a condition that will not allow immunizations. How will that be handled?
- Q. My vaccination record has a bunch of information that I do not understand. How do I know if my child or I have the required immunizations?
- Q. What if I do not have immunization records?
- Q. Will my child or I have to have a COVID vaccine?
- Q. Do I need immunization if I had the disease?

Supplemental Risk Advisory

- Q. What do I do with the supplemental risk advisory and why is it important?

Reviewing the AHMR

- Q. Where can I get a brief explanation of the Annual Health and Medical Record and how to review it?

Exceptions

- Q. Can I decline medical treatment?
 - Q. If a participant does not believe in the use of doctors, how can they complete the medical form to attend summer camp?
-

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Informed Consent, Release Agreement, and Authorization

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

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

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

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

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

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

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

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

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

List participant restrictions, if any: None

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

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:

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

Name: _____

Name: _____

Phone: _____

Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____

Name: _____

Phone: _____

Phone: _____



Part B1: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

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

Address: _____

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

Unit leader: _____ Unit leader's mobile #: _____

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

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

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

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

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

Yes	No	Condition	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
<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/reactive airway disease	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/eyes/nose/sinus problems	
<input type="checkbox"/>	<input type="checkbox"/>	Muscular/skeletal condition/muscle or bone issues	
<input type="checkbox"/>	<input type="checkbox"/>	Head injury/concussion/TBI	
<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"/>	Neurological/behavioral 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 or epilepsy	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"/>	Skin issues	
<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	



Part B2: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

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

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

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

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
<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 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"/>		Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>		Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>		Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>		Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>		Polio	
<input type="checkbox"/>	<input type="checkbox"/>		Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Other (i.e., HIB)	
<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 to view this information online.

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
<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	

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"/>	
Genitalia/hernia	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	
Skin issues	<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"/>	Has no uncontrolled heart disease, lung disease, 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 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



Prepared. For Life.®

Additional information can be found at:

<https://www.scouting.org/health-and-safety/safe/>

Medical Risk Factors for Your Participation in Scouting

Scouting can be physically and mentally demanding. Environmental, emotional, or physical demands may push the limits of one's ability to deal with problems. This can result in worsening of preexisting medical or mental health conditions. To help its members Be Prepared, the Boy Scouts of America recommends that everyone who participates in a Scouting activity have an annual medical evaluation by a certified and licensed health-care provider: a physician (MD or DO), nurse practitioner, or physician assistant. If you are on medications, these should be continued while you are at Scouting events. Be certain that the event leader knows about all of your current medications. Based on the vast experience of the medical community, the BSA has identified risk factors that could become issues during weekend camping, hikes, treks, tours, or other activities. If you have any of the risk factors on this list, it means that you may have an increased chance of having problems while at a Scouting event. Therefore, someone else, preferably the event leader, should know about your risk status. Completing the Annual Health and Medical Record (AHMR), having a discussion with your health-care provider regarding the types of activities you will be participating in, and sharing your current health information with adult leaders who will be joining you on these activities will help to keep you and everyone healthy and safe.

Become familiar with the following risk factors to ensure all Scouts and Scouters are prepared.

Excessive Body Weight (Obesity)

Excessive body weight increases the risk for numerous health problems. To ensure the best experience, Scouts and Scouters should be of proportional height and weight. One such measure is the Body Mass Index (BMI), which can be calculated using a tool from the Centers for Disease Control (Reference 1). Calculators for both adults and youth are available. Adults with a BMI of 30 or greater should consult with their health-care provider prior to participation in Scouting events. It is recommended that youth fall within the fifth and 85th percentiles. Those in the 85th percentile or above are at risk and should work to achieve a higher level of fitness.

Cardiac or Cardiovascular Disease

These include

- Angina (chest pain caused by blocked blood vessels or supplying the heart)
- Myocardial infarction (heart attack)
- Heart surgery or heart catheterization (including angioplasty to treat blocked blood vessels, balloon dilation, or stents)
- Stroke or transient ischemic attacks (TIAs)
- Claudication (leg pain with exercise, caused by hardening of the arteries)
- Family history of heart disease or a family member who died unexpectedly before age 50
- Heart failure
- Smoking

Youth who have congenital heart disease or acquired heart disease such as rheumatic fever, Kawasaki's disease, or mitral valve prolapse should undergo a thorough exam.

Hypertension (High Blood Pressure)

Scouts and Scouters should have a blood pressure lower than 130/85. Persons with significant hypertension (>140/90) should be under treatment, which often requires medication, and their condition should be under control. If participating in a Scouting event that is physically demanding, it is recommended that hypertension be under control in the six months prior to the date of the event. The goal of the treatment should be to lower blood pressure to normal levels (Reference 2). Those already on antihypertensive therapy with normal blood pressures should continue treatment and should not choose the time they are at any Scouting event to experiment with or change medications.

Diabetes

Any individual with insulin-dependent diabetes mellitus should be able to self-monitor blood glucose and know how to adjust insulin dose based on activity, meals, or other factors — or be accompanied by a guardian that is knowledgeable in these matters. The individual with diabetes and/or the guardian should also know how to administer a self-injection/injection and recognize signs of high and low blood sugar. If planning on participating in an overnight experience of any kind, bring enough medication, testing supplies, and equipment for the entire Scouting event. This includes batteries for pumps or blood glucose monitors (without the need for recharging) to be both brought to and taken away from the event (remember Leave No Trace guidelines). With change in exertion levels and diet while camping, hiking, or involvement in other strenuous activities, glucose levels may need to be checked more frequently.

An insulin-dependent individual who desires to participate in a physically demanding Scouting event should reconsider participation if they have been newly diagnosed (within six months of the fitness examination) or undergone a change in their insulin delivery system (e.g., an insulin pump) in the same period. This also applies to an individual who has been hospitalized for treatment of diabetes or has had problems with low blood sugar in the last year.

All individuals with diabetes, including non-insulin-dependent diabetics, may be susceptible to foot problems because of poor circulation and/or nerve problems causing decreased sensation in the feet. When camping, it is particularly important that well-fitting boots or shoes be worn; socks be clean and changed daily; and feet be examined at least daily — if not more often — for blisters, sores, bruises, and foreign bodies such as thorns (Reference 3, 4).

Seizures (Epilepsy)

Seizure disorder or epilepsy should be well-controlled by medications if an individual desires to participate in a physically demanding Scouting event. A minimum of six seizure-free months prior to the fitness examination is considered under control. Participants with a history of seizures need to limit high-adventure activities (e.g., climbing, rappelling, and scuba diving).

Asthma

Acute or severe bronchial asthma under treatment anytime during the past 24 months should be well-controlled before participating in physically demanding Scouting events. Key indicators of well-controlled are:

- The use of a rescue inhaler no more than twice a week.
- No need for nighttime treatment with a rescue inhaler.

Well-controlled asthma may include the use of long-acting bronchodilators, inhaled steroids, or oral medications such as Singulair. If the Scouting event is physically demanding, individuals with the following asthma conditions should reconsider participation:

- Exercise asthma is not controlled by medication.
- Participant has been hospitalized, or has gone to the emergency room, for asthma treatment in the six months prior to the Scouting activity.
- Participant has received treatment that required oral steroids (prednisone) in the six months before the Scouting activity.

When participating in any overnight Scouting event, participants must bring an adequate supply of medications, along with a backup supply and spare rescue inhalers. Ensure all medications and inhalers are not expired. Participants must carry a rescue inhaler at all times during any Scouting event.

Sleep Apnea

Scouts and Scouters with sleeping disorders may experience health risks due to long days and short nights for many Scouting events. Individuals with sleep apnea should consult with their health-care provider about the use of their CPAP equipment at a Scouting event. For individuals with sleep apnea, it is suggested that all equipment (e.g., CPAP machine) be brought by the Scout or Scouter for overnight Scouting events. This may include batteries (with or without the need for recharging) to be both brought to and taken away from the Scouting event (remember Leave No Trace guidelines).

Allergies or Anaphylaxis

Scouting events may present several risks (e.g., nuts, pollens, wasps, hornets, and other stinging insects) that could trigger anaphylactic reactions in individuals prone to these reactions. It is recommended that Scouts and Scouters who have had an anaphylactic reaction from any cause contact the appropriate medical personnel of the Scouting event to confirm participation eligibility before arrival, especially if the event includes an overnight experience. Participants will be required to have appropriate treatment (e.g., an EpiPen) with them at all times.

For longer Scouting events such as summer camp, jamborees, and high-adventure programs, allergy shots required for maintenance doses may be acceptable for persons who have not had an anaphylactic reaction. Contact the appropriate medical personnel for the event for confirmation.

Ingrown Toenails, Recent Musculoskeletal Injuries, and Orthopedic Surgery

Many Scouting events put a great deal of strain on feet, ankles, and knees. If the Scouting event is physically demanding, ingrown toenails should be treated at least a month prior to the event. Scouts and Scouters who have had orthopedic surgery, including arthroscopic surgery, or significant musculoskeletal injuries, including back problems, should have a release from the surgeon or treating physician to participate in Scouting events.

Psychiatric/Psychological and Emotional Difficulties

Psychiatric/psychological and emotional disorders do not necessarily exclude an individual from Scouting events. Parents and advisers should be aware that most Scouting events are not designed to assist in overcoming psychological or emotional problems. Experience demonstrates that these problems frequently are magnified, not lessened, when participants are subjected to the physical and mental challenges of many Scouting activities.

Any condition must be well-controlled without the services of a mental health practitioner. Under no circumstances should a participant choose to stop their medication on their own for any of these issues before or during a Scouting activity. If the Scouting event is an overnight experience, Scouts and Scouters are required to bring an appropriate supply of medication for the duration of the event, including travel to and from the event.

Immunodeficiency

Immune deficiency, also known as immune compromise, is when the body's immune system is unable to normally fight infections. Immune deficiency can exist due to some diseases such as HIV or cancer, certain genetic diseases, or malnutrition. It can also be a side effect of steroid medication or medications given for cancer, autoimmune disease, or after-organ transplantation. Camping, particularly wilderness and/or long-term camping, may expose the individual to increased infection risks. The individual should discuss with their health-care provider as to whether their level of immune deficiency requires special precautions or if they should avoid the planned activity altogether (Reference 5).

Other Risk Factors

Sickle-cell anemia, hemophilia, leukemia, severe blood problems, and HIV infection — as well as the need for blood thinners (e.g., coumadin, Eliquis, Xarelto, or Plavix) — provide special challenges to Scouts and Scouters. To plan for, prepare for, and support those having these medical conditions, it is recommended that an individual evaluation of each situation be performed by the appropriate medical personnel.

There may be instances where proper medical support at the Scouting event is impossible. Under such circumstances, participation may be denied. This article is not meant to be comprehensive. For information on any other health issues, contact your personal health-care provider.

References:

1. Centers for Disease Control and Prevention, Body Mass Index: <http://www.cdc.gov/nccdphp/dnpa/bmi/>
 2. Bearfoot Theory, 10 Tips for Hiking With Type 1 Diabetes: <https://bearfoottheory.com/diabetes-hiking-tips>
 3. Healthline, Diabetes Foot Care: <https://www.healthline.com/health/diabetes-foot-care>
 4. CDC Yellow Book 2020. Health Information for International Travel, Chapter 5—Travelers with Disabilities.
-

National Statement on COVID-19

Revised August 2021

The safety of our Scouts, volunteers, employees, and communities continues to be our top priority. We must continue our vigilance to assure that youth and their families are safe while they enjoy the many benefits of Scouting.

We continue to follow the guidance from expert agencies and follow the measures that have become second nature to many – hand hygiene, masks, distancing, meeting in cohorts and remaining at home if you have symptoms or feel bad.

We encourage everyone to consult with their physician and get vaccinated. It is our best hope for returning to normalcy in our Scouting family.

The critical need of today is for all to understand the rationale for our caution and actions. Because of the pandemic, fewer youth have joined our Movement. To welcome new members and their families, we must demonstrate that we are safe and are concerned with the health of all. The success of the Scouting program depends on conducting regular meetings and activities in a safe and responsible way.

As always, please be mindful of the Scout Oath and Law as we continue to navigate a safe return to the activities we enjoy.

Model COVID-19 Pre-Event Medical Screening Checklist

Use this checklist to assist in identifying potential COVID-19 cases before event participation.

Review with each youth and adult participant their current health status, both before departure and upon arrival at the event. **Anyone entering a camp or event – including visitors, vendors, etc. – must be screened.**

Councils should customize with input from their council health supervisor and local health department.

- Yes No Have you or has anyone in your household been in [close contact*](#) in the past 14 days with anyone known or suspected to have COVID-19 or is otherwise sick?
- Yes No Have you or has anyone in your household been in [close contact*](#) with anyone who has been tested for COVID-19 and is waiting for results?
- Yes No Have you or has anyone in your household been sick in the past 14 days, or have you or they been tested for any illness and are waiting for results?
- Yes No Has anyone in your household been exposed to an individual known or suspected to have COVID-19 in the past 14 days?
- Yes No Have you or has anyone you have been in [close contact*](#) with traveled on a cruise ship or internationally or to an area with a known communicable disease outbreak in the past 14 days?

***According to the Centers for Disease Control and Prevention (CDC), “close contact” means:**

- You were within 6 feet of someone who has COVID-19 for a cumulative total of 15 minutes or more over a 24-hour period
- You had direct physical contact with an infected person (hugged or kissed them)
- You shared eating or drinking utensils
- An infected person sneezed, coughed, or otherwise got respiratory droplets on you

If the answer is YES to any one of the five questions above, the participant must stay home.

If all answers above are NO, proceed to the symptoms list below.

Symptoms of COVID-19

*If anyone in your household has **any one** of the following new or worsening signs or symptoms of possible COVID-19, **the entire household must stay home.***

- Shortness of breath
- Cough
- Fever of 100.0° or greater
- Flu-like symptoms
- Repeated shaking with chills
- Fatigue
- Muscle or body aches
- Headache
- Sore throat
- Loss of taste or smell
- Diarrhea
- Nausea or vomiting

****Potential Higher-Risk Individuals****

- Yes No Are you in a higher-risk category as defined by the [CDC guidelines](#), including older adults, people with medical conditions, and those with other individual circumstances?

If the answer is “yes,” we recommend that you stay home.

Should you choose to participate, you must have approval from your health care provider.

Boy Scouts of America Scouter Code of Conduct

On my honor I promise to do my best to comply with this Boy Scouts of America Scouter Code of Conduct while serving in my capacity as an adult leader:

1. I have or will complete my registration with the Boy Scouts of America, answering all questions truthfully and honestly.
 2. I will do my best to live up to the Scout Oath and Scout Law, obey all laws, and hold others in Scouting accountable to those standards. I will exercise sound judgment and demonstrate good leadership and use the Scouting program for its intended purpose consistent with the mission of the Boy Scouts of America.
 3. I will make the protection of youth a personal priority. I will complete and remain current with Youth Protection training requirements. I will be familiar with and follow:
 - [BSA Youth Protection policies and guidelines, including mandatory reporting](#)
 - [The Guide to Safe Scouting](#)
 - [SAFE Checklist](#)
 4. When transporting Scouts, I will obey all laws, comply with Youth Protection guidelines, and follow safe driving practices.
 5. I will respect and abide by the Rules and Regulations of the Boy Scouts of America, BSA policies, and BSA-provided training, including but not limited to those relating to:
 - Unauthorized fundraising activities
 - Advocacy on social and political issues, including prohibited use of the BSA uniform and brand
 - Bullying, hazing, harassment, and unlawful discrimination of any kind
 6. I will not discuss or engage in any form of sexual conduct while engaged in Scouting activities. I will refer Scouts with questions regarding these topics to talk to their parents or spiritual advisor.
 7. I confirm that I have fully disclosed and will disclose in the future any of the following:
 - Any criminal suspicion, charges, or convictions of a crime or offense involving abuse, violence, sexual misconduct, or any misconduct involving minors or juveniles
 - Any investigation or court order involving domestic violence, child abuse, or similar matter
 - Any criminal charges or convictions for offenses involving controlled substances, driving while intoxicated, firearms, or dangerous weapons
 8. I will not possess, distribute, transport, consume, or use any of the following items prohibited by law or in violation of any Scouting rules, regulations, and policies:
 - Alcoholic beverages or controlled substances, including marijuana
 - Concealed or unconcealed firearms, fireworks, or explosives
 - Pornography or materials containing words or images inconsistent with Scouting values
 9. If I am taking prescription medications with the potential of impairing my functioning or judgment, I will not engage in activities that would put Scouts at risk, including driving or operating equipment.
 10. I will take steps to prevent or report any violation of this code of conduct by others in connection with Scouting activities.
-



Scouts and their parents expect all Boy Scouts of America activities to be conducted safely. To ensure the safety of participants, the Boy Scouts of America expects leaders to use the four points of **SAFE** when delivering the Scouting program.

SUPERVISION

Youth are supervised by qualified and trustworthy adults who set the example for safety.

- Accepting responsibility for the well-being and safety of youth under their care.
- Ensuring that adults are adequately trained, experienced, and skilled to lead the activity, including the ability to prevent and respond to likely problems and potential emergencies.
- Knowing and delivering the program of the Boy Scouts of America with integrity.
- Using qualified instructors, guides, or safety personnel as needed to provide additional guidance.
- Maintaining engagement with participants during activities to ensure compliance with established rules and procedures.

ASSessment

Activities are assessed for risks during planning. Leaders have reviewed applicable program guidance or standards and have verified the activity is not prohibited. Risk avoidance or mitigation is incorporated into the activity.

- Predetermining what guidance and standards are typically applied to the activity, including those specific to the Boy Scouts of America program.
- Planning for safe travel to and from the activity site.
- Validating the activity is age-appropriate for the Boy Scouts of America program level.
- Determining whether the unit has sufficient training, resources, and experience to meet the identified standards and, if not, modifying the activity accordingly.
- Developing contingency plans for changes in weather and environment and arranging for communication with participants, parents, and emergency services.

FITNESS AND SKILL

Participants' Annual Health and Medical Records are reviewed, and leaders have confirmed that prerequisite fitness and skill levels exist for participants to take part safely.

- Confirming the activity is right for the age, maturity, and physical abilities of participants.
- Considering as risk factors temporary or chronic health conditions of participants.
- Validating minimum skill requirements identified during planning and ensuring participants stay within the limits of their abilities.
- Providing training to participants with limited skills and assessing their skills before they attempt more advanced skills.

EQUIPMENT AND ENVIRONMENT

Safe and appropriately sized equipment, courses, camps, campsites, trails, or playing fields are used properly. Leaders periodically check gear use and the environment for changing conditions that could affect safety.

- Confirming participants' clothing is appropriate for expected temperatures, sun exposure, weather events, and terrain.
- Providing equipment that is appropriately sized for participants, is in good repair, and is used properly.
- Ensuring personal and group safety equipment is available, properly fitted, and used consistently and in accordance with training.
- Reviewing the activity area for suitability during planning and immediately before use, and monitoring the area during the activity through supervision.
- Adjusting the activity for changing conditions or ending it if safety cannot be maintained.