Appendix A-1: Pack Overnighter Site Approval Form

Pack Overnight Campout Site Appraisal Form

This site appraisal form is to be used by the local Scouting America council to evaluate pack overnight family camping locations. It should be kept on file in the council office for local unit reference and is periodically reviewed for accuracy.

Site: _____ Phone: _____

Address: _____ Website: _____

Site contact: _____ Title: _____

Site managed by (check one): City ☐ County ☐ State ☐ Federal ☐ Private ☐ Scouting America ☐

Amenities	Meets Standard Yes	No
1. The camping site is clean and safe from hazards.	_____	_____
2. The site is not located near any natural or manmade hazards.	_____	_____
3. Campsite areas are available for tents.	_____	_____
4. Facilities are available for proper sanitary disposal of garbage.	_____	_____
5. Drinking water from an approved source is provided at convenient locations.	_____	_____
6. Emergency medical services (EMS) are available within 30 minutes from site.	_____	_____
7. Cellular phone service is available.	_____	_____
8. If fires are permitted, an adequate fire lay area is provided.	_____	_____
9. Any individual site hookups provided for electricity, water, or sewer meet all appropriate local and state health codes.	_____	_____
10. Each family site is located within 300 feet of a sanitary toilet facility.	_____	_____
11. Shelter is available for program activities during inclement weather.	_____	_____
Optional		
12. If swimming is available, facilities meet county and state health standards. Scouting America safety guidelines for Safe Swim Defense are followed. ☐ N/A	_____	_____
13. Recreational vehicle sites are available.	_____	_____
14. Group campsite areas are available.	_____	_____
15. Clean and warm showers are available for all campers.	_____	_____
16. Sufficient picnic tables are available.	_____	_____
17. A permanent charcoal cooking station is available at each camping site.	_____	_____
18. An open area is available for group games and other recreational activities.	_____	_____
19. Well-marked and easy-to-follow trails are available.	_____	_____
20. Playground equipment is available and in good repair.	_____	_____

Additional Opportunities

List any items of interest, historical sites, etc., that are inside or near the campsites.

_____

List alternate plans for any amenities that received a "no" response. A "no" response does not eliminate this location.

_____

Site appraisal requested by: _____ Date: _____

Site appraised by: _____ Date: _____

Council contact: _____ Phone: _____

Site appraisal expires (date): _____ (This is two years from the date of review.)

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430-902
2025 Printing

https://www.scouting.org/wp-content/uploads/2025/09/430-90225-Pack-Overnight-ApprForm-FILLABLE.pdf

Appendix A-2: Campsite Safety Checklist

Campout Safety Checklist

Campout Description: _____

Campout Dates: _____ Campout Location: _____

Unit Single Point of Contact (not a participant in the campout)

Name: _____ Cell: _____ Email: _____

The following checklist provides guidance on safety issues that you may encounter at a Scouting campout. Along with the *Guide to Safe Scouting*, this tool will help you in having conversations with both Scouts and adult leaders on identifying risks that need to be mitigated or eliminated.

Documentation Needed

General (common for nearly all outings)

- ❑ *Guide to Safe Scouting*
- ❑ Permission slips
- ❑ Medical records
- ❑ Maps of campsite
- ❑ Maps to and from campsite
- ❑ Other _____

Specialized (less common)

- ❑ Float plan
- ❑ Flying Plan Checklist

Training

General (needed for nearly all programs)

- ❑ Youth Protection Training
- ❑ Hazardous weather
- ❑ First aid/CPR
- ❑ Drivers/Risk Zone
- ❑ Safe Swim Defense
- ❑ Safety Afloat
- ❑ BALOO

Program or Activity Specific (Boy Scouts and Venturers)

- ❑ Wilderness First Aid
- ❑ Climb On Safely
- ❑ Trek Safely
- ❑ NRA instructor
- ❑ Range safety officer
- ❑ Other _____

Planning (Has the following been confirmed?)

- ❑ Weather conditions
- ❑ Route conditions
- ❑ Drivers licensed
- ❑ Drivers insured
- ❑ BSA swim check
- ❑ Service project guidelines
- ❑ Other _____

Equipment (If the following equipment will be used, is it in good order/inspected?)

- ❑ Trailer
- ❑ Personal vehicles
- ❑ First aid kit
- ❑ Fire extinguisher
- ❑ Tools
- ❑ Road emergency kit
- ❑ Other _____

Emergency Planning (Are plans in place for the following?)

- ❑ Local police/fire/EMS
- ❑ Local hospital
- ❑ Lightning
- ❑ Severe weather
- ❑ Lost Scout
- ❑ Active shooter
- ❑ Other _____

Program (Have the following program areas been addressed?)

- ❑ Age-appropriate activities
- ❑ Adult supervision
- ❑ Safety equipment
- ❑ Hazards identified and discussed
- ❑ Other _____

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2017 Printing

https://filestore.scouting.org/filestore/HealthSafety/pdf/campout_checklist.pdf

Appendix A-3: Leadership Requirements for Trips and Outings

Adult Supervision

Two registered adult leaders 21 years of age or over are required at all Scouting activities, including all meetings. There must be a registered female adult leader 21 years of age or over in every unit serving females. A registered female adult leader 21 years of age or over must be present for any activity involving female youth or female adult program participants.

Notwithstanding the minimum leader requirements, age and program-appropriate supervision must always be provided.

All adults staying overnight in connection with a Scouting activity must be currently registered as an adult volunteer or an adult program participant. Adult volunteers must register in the position(s) they are serving in. Registration as a merit badge counselor position does not meet this requirement. See **FAQ** for list of approved adult registration fee required positions. *Limited exception below for Cub Scout overnight Programs.*

Cub Scout Programs – Overnight Exception: Cub Scout parents or legal guardians taking part in an overnight Cub Scout program with their own child or legal ward are not required to register as leaders. All adults must review the "How to Protect your Children from Child Abuse: A Parent's Guide" that can be found in the front of each Cub Scout Handbook. In addition, the parent or legal guardian must be accompanied by a registered leader at any time they are with youth members other than their own child/ward. All other overnight adults must be currently registered in an adult fee required position.

One-on-one contact between adult leaders and youth members is prohibited both inside and outside of Scouting.

- In situations requiring a personal conference, the meeting is to be conducted with the knowledge and in view of other adults and/or youth.
- Private online communications (texting, phone calls, chat, IM, etc.) must include another registered leader or parent.
- Communication by way of social media (Facebook, Snapchat, etc.) must include another registered leader or parent.

Discipline must be constructive.

- Discipline must reflect Scouting's values.
- Corporal punishment is never permitted.
- Disciplinary activities involving isolation, humiliation, or ridicule are also prohibited.

https://www.scouting.org/health-and-safety/gss/gss01/

Appendix A-4: Cub Scout Outdoor FAQ

1. Can Cub Scouts go camping?

Yes! Cub Scouts can participate in **pack overnighters** and **Webelos/Arrow of Light den or patrol campouts**, but only if a **BALOO-trained adult** is present. Den-level camping is only allowed for Webelos and Arrow of Light.

2. What is BALOO and why is it required?

BALOO (Basic Adult Leader Outdoor Orientation) is a required training course for at least one adult leader on any Cub Scout overnight activity. It ensures leaders understand safety, planning, and age-appropriate outdoor programming.

3. What gear does my Cub Scout need?

Cub Scouts should bring the **Cub Scout Six Essentials**:

- Filled water bottle
- First-aid kit
- Flashlight
- Trail food
- Sun protection
- Whistle

For overnight trips, add:

- Tent
- Sleeping bag and pad
- Mess kit
- Weather-appropriate clothing
- Personal hygiene items

Refer to the **Gear Selection** section in the BALOO guide for more details.

4. What if my family doesn't own camping gear?

No problem! Many packs:

- Borrow gear from other families or local Scouts BSA troops.
- Use thrift stores or consignment shops.
- Rent gear from outdoor retailers.

No family should be excluded due to lack of gear.

5. Can my child attend without me?

Only if **Youth Protection guidelines** are followed. A Cub Scout **cannot share a tent with an adult who is not their parent or legal guardian**. If another family is bringing your child, they must sleep in a separate tent with other youth.

6. How do we choose a campsite?

Cub Scout camping must occur at **Council- or District-approved sites**. These sites are evaluated for safety, amenities, and suitability for Cub-age youth. Ask your pack leader for the approved list and how to request new site evaluations.

7. What safety measures are in place?

Scouting uses the **SAFE model**:

- **Supervision** by trained adults
- **Assessment** of risks
- **Fitness** and skill checks
- **Equipment** and environmental monitoring

All participants must submit a **BSA Annual Health and Medical Record (AHMR)**.

8. What about food and cooking?

Meals are planned to be simple, nutritious, and allergy-aware. Cooking is done by adults or under supervision. Sanitation is emphasized to prevent illness.

9. Can Cub Scouts swim or do water activities?

Yes, but only under **Safe Swim Defense** and **Safety Afloat** guidelines. Activities must be age-appropriate, supervised by trained adults, and follow strict safety protocols.

10. What if my child has medical needs or allergies?

Leaders review AHMR forms and follow **Medication Use in Scouting** guidelines. Parents should provide medications and instructions. Food allergies are considered in meal planning.

11. Are religious services part of camping?

Yes, optional **inter-religious services** may be offered. Scouts are encouraged to show reverence and duty to God in their own way. Prayers, inspirational thoughts, and moments of reflection are common.

12. What activities will my child do?

Cub Scout campouts include:

- Nature hikes
- Campfire programs
- Games
- Knot tying
- Cooking
- Outdoor ethics
- Ceremonies
- Optional aquatics or geocaching

All activities are **age-appropriate** and designed to be fun and safe.

Appendix A-5: Transportation Plan Template

Date:_____Destination:_____

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

- ☐ Two-deep leadership for duration of trip

Assessment—Activities are assessed for risk during planning.

- ☐ Route is planned.
- ☐ Passenger list is planned for trip, both to and from destination.
- ☐ Breaks are planned.
- ☐ Drive time is no more than 10 hours within a 24-hour period.
- ☐ Meets or exceeds vehicle liability insurance minimums.
- ☐ Passengers have seats with factory-installed seat belts.
- ☐ Weather/environment contingencies and communications are planned.
- ☐ If operating a 15-passenger van, manufacture date is after 2005.

Fitness and Skills—Leaders have prerequisite fitness and skill to operate vehicle.

- ☐ Driver Annual Health and Medical Records are reviewed.
- ☐ Driver is an adult, age 18 or over.
- ☐ Driver has a valid driver's license, a commercial license if applicable.
- ☐ Driver understands expectation to follow all applicable traffic laws.
- ☐ Driver is rested and not fatigued.
- ☐ Driver meets training requirements to operating vehicle.

Equipment and Environment—Safe and appropriate vehicle for Scouting trip. Leaders Inspect vehicles and monitor the environment for changing conditions.

- ☐ Vehicle inspection completed.
- ☐ Tires on each vehicle are no more than 6 years old.
- ☐ Weather forecast and conditions.
- ☐ Communication plan.

If there are any incidents:

1. Take care of the injured/find a safe place.
2. Preserve and document the evidence. Take photos if appropriate.
3. Immediately complete an incident report and notify your local council.
   For more information, go to www.scouting.org/health-and-safety/incident-report/.

Resources

Guide to Safe Scouting: https://www.scouting.org/health-and-safety/gss/
SAFE: https://www.scouting.org/health-and-safety/safe/

680-696
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Pre-Trip Transportation Inspection

Motor vehicles used to transport Scouts must complete Pre-Trip Transportation Inspection before travel for each driver and vehicle. This includes correcting all deficiencies. Make copies for additional drivers and vehicles.

Driver's Information

Driver's License Number: _____ Driver's Phone Number: _____

Vehicle Information

Make and Model: _____ Year: _____

☐ Inspection Current ☐ Registration Current ☐ Insurance Current ☐ Vehicle Inspection

Vehicle Inspection

Visual Inspection	Driver Adjustments	Operational Test
☐ Cleanliness	☐ Pedals	☐ Defrost
☐ Fluid Leaks	☐ Steering Wheel	☐ Horn
☐ Loose Parts	☐ Mirrors	☐ Brakes

Light Inspection	Engine Inspection	Tire Inspection
☐ Headlights	☐ Oil	☐ Tire Pressure
☐ Brake Lights	☐ Radiator	☐ Uneven Wear
☐ Turn Signals	☐ Battery	☐ Tread Depth
☐ Emergency Flasher	☐ Exhaust	☐ Spare Tire

Trailer Inspection

Trailer Gross Vehicle Weight: _____ Trailer Tongue Weight: _____

Vehicle Towing Capacity: _____ Vehicle Max Tongue Weight: _____

- ☐ Vehicle has capacity to pull trailer?
- ☐ Trailer overall visual inspection?
- ☐ Towing ball correct size?
- ☐ Safety chains connected?
- ☐ Trailer breakaway connected?
- ☐ Lights properly working, including taillights, clearance lights, brake lights, directional signals, hazard lights, reflectors?
- ☐ Tire inspection, including spare?
- ☐ Trailer's load is properly secured?

Commercial Driver's License (CDL)

- ☐ Driver meets CDL requirements, including valid CDL, medical card, and drug testing program?
- ☐ Vehicle meets all federal and state CDL requirements, including IFTA and electronic trip logs?
- ☐ Pro-Trip vehicle walk-around complete by CDL standards?

Emergency

- ☐ Passengers have seats with factory installed seat belts?
- ☐ Triangle reflectors and flares?
- ☐ First-aid kit and fire extinguisher?
- ☐ Emergency water, food, blankets?
- ☐ Incident reporting forms?
- ☐ Form of communication?

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May 2021 Revision

https://filestore.scouting.org/filestore/pdf/680-696%2821%29-SAFE-Transportation-Checklist-FPO3-5172021.pdf

Appendix A-6: Annual Health and Medical Record (AHMR)

Part A: Informed Consent, Release Agreement, and Authorization

A

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Informed Consent, Release Agreement, and Authorization

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

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

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

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

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

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

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

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

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

List participant restrictions, if any: ☐ **None**

_____

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

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:

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

Name: _____ Name: _____

Phone: _____ Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____ Name: _____

Phone: _____ Phone: _____

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Part B1: General Information/Health History

B1

Full name: _____

Date of birth: _____

High-adventure base participants:
Expedition/crew No.: _____
or staff position: _____

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

Address: _____

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

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

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

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

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

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

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

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

Part B2: General Information/Health History

B2

Full name: _____

Date of birth: _____

High-adventure base participants:
Expedition/crew No.: _____
or staff position: _____

Allergies/Medications

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

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

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

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

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

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

Medication	Dose	Frequency	Reason

☐ YES ☐ NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by:

_____ / _____

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

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

Immunization

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

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

Please list any additional information about your medical history:

_____

_____

_____

_____

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

Reviewed by: _____

Date: _____

Further approval required: ☐ Yes ☐ No

Reason: _____

Approved by: _____

Date: _____

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https://www.scouting.org/health-and-safety/ahmr/

Appendix A-7: General Fire Safety Rules

Campfire Safety

SUMMARY

Who doesn't love a glowing campfire at the end of the day? However, to make sure it won't be your tent that burns, let's look at some good fire safety practices.

GENERAL INFORMATION

Handbooks for each program have useful tips for campfires. Here are a few highlights:

Environmental conditions

- Leaders should understand the local campfire regulations or requirements.
- Beware of current fire conditions, especially if it has been dry and windy. Check for any active burn ban.
- Consider wind direction and projected size of fire before starting.

Maintain your campsite

- Use an established campfire ring, if available, and keep your campfire size appropriate.
- Be sure your fire is a minimum of 15 feet from tents, shrubs, trees or other flammable objects. Always check for low-hanging branches above the fire.
- Store matches, lighters, and items used as fire starters in a secure waterproof box or bag outside of your tent. In bear country store away from your campsite.

Additives and Fire Extinguishing

- Additives to the fire are prohibited. This includes chemicals, accelerants, color-changers, and other flame-enhancing products like Magical Flames™.
- Avoid cooking over a fire where chemicals or additives have been previously used.
- Always extinguish campfires properly. Ensure campfires are completely cold-out. Do a test on cooled ash for any sign of heat before you consider the fire extinguished.

Emergency Response

- Never leave a campfire unattended. Prepare a unit fireguard, and practice it.
- Always have a shovel/rake and water or other extinguishing materials handy.
- Be prepared to respond to burns or someone on fire with "Stop, drop, and roll."

https://www.scouting.org/health-and-safety/safety-moments/camp-fire-safety/

Appendix A-8: SAFE Checklist

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.

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

Appendix A-9: Scouter Code of Conduct

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 completed 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: www.scouting.org/training/youth-protection/
   - *The Guide to Safe Scouting:* www.scouting.org/health-and-safety/gss
   - SAFE: www.scouting.org/health-and-safety/safe/
4. When transporting youth, 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 youth 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 youth 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.

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https://filestore.scouting.org/filestore/HealthSafety/pdf/Scouter_Code_of_Conduct.pdf

Appendix A-10: Medication Use in Scouting

Medication Use in Scouting

The following guidance from the Boy Scouts of America on medication use in BSA-related activities has been developed for youth, parents or guardians, and adult leaders. Planning and preparation are key components.

The BSA's guiding principles for the safe use of medications include:

- All medication is the responsibility of either the individual taking the medication or that individual's parent or guardian.
- An adult leader, after obtaining all the necessary information and permission, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but the BSA does not mandate or necessarily encourage the leader to do so.
- BSA council camps may have their own standards and policies regarding the administration of medications.
- State or local laws that are more limiting than camp policies supersede any BSA guidance and must be followed.

Guidance—Eight Elements of Safe Medication Use

1. **Annual Health and Medical Record**
   - All participants in the BSA are required to complete an Annual Health and Medical Record (AHMR).
   - Participants must be candid when listing their medications in the Health History section in Part B of the AHMR. No medications should be kept secret.
   - A parent or guardian completing the form may authorize the administration of over-the-counter (nonprescription) medications.
   - In addition to the parent or guardian signature, some Scouting areas may require a signature from your health-care provider to permit over-the-counter medications to be given. Check with the camp you are attending for its requirements.

2. **Plan**
   - Parents are cautioned against using a BSA event as a "drug holiday" by suspending administration of medications taken regularly by their youth member unless there are specific instructions from a health-care provider.
   - Before the event and before an adult leader becomes involved in medication management for any youth member, the youth, the parent or guardian, and the adult leader should have a pre-event discussion that includes the reason for use and specifies the medication(s) that will be self-administered or kept by the youth member.
   - Plans may be simple or more complex based on the length of the outing, the maturity of the youth, and the complexity of the medications being taken.
   - Plans may include agreement on the participant's competency to self-administer; how the medicine will be accounted for; the quantity, labeling, and storage of the medication; and the protocol for emergency situations.
   - All information on administration, including any specialized equipment or medication (e.g., insulin injections, insulin pumps, and emergency medications) should be provided to leaders.
   - Special arrangements may be needed for events such as Order of the Arrow weekends, jamborees, Scouting contingents, and other events not unit–based.

3. **Supervision of Medication Administration**
    - Based on agreement that includes the degree of the individual's capacity for self-care, a decision is made on who is responsible for supervising the administration of the medication.
    - The youth participant with the agreed-upon capacity for self-care may be the best person to manage their own medication.
    - For the youth participant who is self-administering medication, there should be agreement on the method of supervision.
    - A parent or guardian who is present should assume responsibility.
    - If a parent or guardian isn't available during the event, a willing adult leader may take responsibility for medication administration to any youth who cannot self-administer the medication.
    - The identified leader must be informed by the youth and the parent or guardian about any special circumstances.
    - Special care must be given by the responsible adult to correctly identify the youth with assurance that the right medication is being administered at the right time in the right amount.
    - A process should be developed for the possibility of having to hand off the responsibility to another adult (e.g., a leader rotates home or must leave due to an emergency).
    - No adult leader should assume the responsibility unwillingly.

4. **Labeling**
    - Medication sent on an outing should preferably be in its original container and labeled with the name of the participant, medication, dose and strength, prescribing health-care provider's name, date of prescription, current instructions for use, special storage, etc.
    - If a prescription label is missing or placed on an external package, the internal item (such as a tube or inhaler) should be, at a minimum, labeled with the participant's name, name of the medication, and directions for use.

5. **Storage**
    - Medications must be stored securely, either under lock and key (e.g., a locking bank bag) or direct observation.
    - Security is especially important for controlled substances.
    - Most medications should be kept by an adult with some or full control of the process. (See "6. Emergency Medication" below for an exception for the youth participant.)
    - Special medication storage requirements by the manufacturer, such as protection from light or the need for refrigeration, should be discussed during the planning stage. Storage containers or coolers should be provided by the parent or guardian if possible.
    - To protect the medications, be sensitive to providing storage for medications in a controlled environment, e.g., avoiding a hot car or an environment where liquid medications might freeze.

6. **Emergency Medication**
   - Medications that may be needed for an emergency or on an urgent basis may be carried by the youth participant. A buddy or the responsible adult should be sure the youth has the emergency medication.
   - The youth participant must notify the adult leader immediately upon self-administering the emergency medication.
   - In many cases, an evaluation or further treatment by a health-care provider may be needed after the use of some emergency medications, e.g., epinephrine, even if the youth member feels OK. It may also be necessary to obtain an additional supply if no additional doses are available.
   - Planning should address how emergency medication will be administered and include how to develop the adult leader's comfort in assisting the youth if necessary.
   - The parent or guardian should be notified of the use of an emergency medication.

7. **Nonprescription/Over-the-Counter Medication**
   - Those nonprescription medications taken routinely or authorized for giving should be listed on the AHMR.
   - Nonprescription medications may be kept by youth with the capacity to self-medicate.
   - Limited supplies of similar medication (use approved by parent) may be kept by the adult leader.

8. **Accountability**
   - The pre-event discussion should include an agreement between the parent or guardian, leader, and participant on some method of keeping track of medication administration.
   - Accountability could range from none—although this may not be the best practice—to the use of the Routine Drug Administration Record form (see "Resources" below).
   - No specific form or process is mandated, but some approach is encouraged.

Resources

- BSA Annual Health and Medical Record: www.scouting.org/health-and-safety/ahmr/
- Scouting Safely: www.scouting.org/health-and-safety/
- *Guide to Safe Scouting:* www.scouting.org/health-and-safety/gss/
- Routine Drug Administration Record: www.scouting.org/health-and-safety/forms/

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https://filestore.scouting.org/filestore/HealthSafety/pdf/SAFE_USE_OF_MEDICATION_IN_SCOUTING.pdf

Appendix A-11: First Aid Kit Contents

First-Aid Supplies and Skills

You cannot render first aid if you do not have the tools and supplies necessary to treat an injured or ill person. A well-stocked first-aid kit is an essential item for all first-aiders. Equally important is learning and practicing difficult first-aid skills such as how to safely transport an ill person or an accident victim.

Personal First-Aid Kit

Carrying a few first-aid items on hikes and campouts will allow you to treat scratches, blisters, and other minor injuries and to provide initial care for more serious emergencies. You should be able to fit everything in a resealable plastic bag. Always take your personal first-aid kit when you set out on a Scout adventure. Your kit should include as a minimum the following:

- ❑ Adhesive bandages (6)
- ❑ Sterile gauze pads, 3-by-3-inch (2)
- ❑ Adhesive tape (1 small roll)
- ❑ Moleskin, 3-by-6-inch (1)
- ❑ Soap (1 small bar) or alcohol-based hand sanitizing gel (1 travel size bottle)
- ❑ Triple antibiotic ointment (1 small tube)
- ❑ Scissors (1 pair)
- ❑ Nonlatex disposable gloves (1 pair)
- ❑ CPR breathing barrier (1)
- ❑ Pencil and paper

https://filestore.scouting.org/filestore/pdf/first_aid_supplies_skills.pdf

Appendix A-12: AHMR FAQs

Frequently Asked Questions Concerning the Annual Health and Medical Record

AHMR Purpose

- Q. Why does Scouting America require all participants to have an Annual Health and Medical Record?
- 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"?

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