



Long Beach Area Council  
Boy Scouts of America  
Presents



# Memorial Day Family Camp

May 25<sup>th</sup>-28<sup>th</sup>, 2018



Camp Tahquitz, 41700 State Highway 38 Angelus Oaks, Ca 92305

Event Chair: John McIntosh (562) 480-1600 [sparky\\_90806@yahoo.com](mailto:sparky_90806@yahoo.com)  
Staff Advisor: Glen Goddard (562) 427-0911 x 272 [glen.goddard@longbeachbsa.org](mailto:glen.goddard@longbeachbsa.org)

# Table of Contents

|                                 |       |
|---------------------------------|-------|
| Background .....                | I     |
| Event Format .....              | I     |
| Disability Accommodations.....  | I     |
| Check In/Out .....              | I     |
| Parking .....                   | 2     |
| Meals .....                     | 2     |
| Uniforms .....                  | 2     |
| Activities .....                | 2     |
| Campfire Program.....           | 2     |
| Campfires and Open Flames ..... | 3     |
| Wilderness Warnings .....       | 3-4   |
| Trash Pickup .....              | 4     |
| Hydration .....                 | 4     |
| First Aid .....                 | 4     |
| Rules of Conduct .....          | 5     |
| Pool Use .....                  | 5     |
| Activity Consent Policy.....    | 5     |
| Prohibited Items .....          | 5     |
| Campsite Clean-up.....          | 5     |
| Suggested Camping List.....     | 6     |
| Schedule.....                   | 7-8   |
| Camp Tahquitz Map.....          | 9     |
| Medical and Consent Forms ..... | 10-13 |

## Background

Family camp weekend offers a unique opportunity for families to enjoy outdoor activities and experience wilderness camping in a mountain setting. Camp Tahquitz has over 640 acres and features numerous outdoor facilities, many of which will be in use for this event. Due to the terrain of Camp Tahquitz, we strongly recommend that attendees be no younger than 4 years of age.

## Event Format

Family Camp at Camp Tahquitz is a three-night, four-day organized event in which families can participate in crafts, games and other fun at their own speed. There will be plenty of time for families to camp and relax at their own pace, so please enjoy yourselves! All participants will be checked in and out at camp to ensure their safety. All participants must sleep in their own tents- there are no other facilities available for use. There is a moderate amount of walking in mountainous terrain.

## Disability Access

Camp Tahquitz can accommodate disability needs on request and has a handicap accessible campsite for campers with disabilities. Please contact the event chair if you have need of these services and we will try to accommodate you as best as possible. Handicap parking is available for those with placards or with staff approval.

## Check In/Check Out

Each participant must personally check in immediately when arriving, and check-out before leaving Camp Tahquitz at any time at the Commissary. Check-in is between 4pm and 9pm Friday evening, and 7am to 9am on Saturday. Due to BSA camp rules, traffic in camp is limited to staff and council personnel only; participants may not operate vehicles in camp during program times. Exceptions may be made for campers with special needs at the staff's discretion. Check-out begins at 9am Monday. Adults may only check-in/out participants who are in their direct responsibility; there are no exceptions. Any campers who need to leave the Camp for any reason (including local excursions) must check out with Camp Staff; after-hours there will be a sign-out sheet posted at the Commissary. Each campsite must be inspected by staff prior to the departure of the group at the end of the weekend, please practice "Leave no Trace" and keep your site clean!

## Parking

Parking at Camp Tahquitz is limited and carpooling is strongly encouraged. All vehicles must be parked in designated parking areas; vehicles must be parked facing outward for quick egress in the event of an emergency. **Parking is not permitted at campsites except for loading or unloading only.** Participants may drop off their gear near the campsite, and immediately return their vehicle to the designated parking area. In certain situations, cars may be double parked in parking areas, so please plan accordingly. Unattended vehicles at campsites or on fire roads will be towed or moved to a safe location for safety reasons. **Do not block any road or path at any time.** Drivers must keep their keys with them at all times.

## Activity Form Policies

All participants must have their A&B medical forms filled out and turned in at check-in. No exceptions to this rule will be made- if a youth's paperwork is not signed by a parent, they will **not** participate. Additionally, youth participating in shooting sports (10 ½ years and up for 22 rifles), climbing and the overnight backpacking excursion (12 and up) must have the appropriate releases signed and turned in before camp starts. Adults must also have signed release forms as well if they participate in climbing. Extra forms will be available at registration during check-in in case you forget yours at home.

## Activities

Activities that are currently being offered at this event are on a first come-first serve basis, and we cannot guarantee that there will not be unforeseeable circumstances such as inclement weather, limited supplies or logistical challenges we have not foreseen, but we will try to accommodate everyone wherever possible. Activities may include: BB guns, Archery, Swimming, Fishing (off site at Jenk's Lake) tie-dyeing, paracord crafts, leatherworking and more. Special offerings such as 22 rifles (restricted to youth 10 ½ and up) climbing (open to all, provided the equipment fits) and the backcountry trek (12 and up, 10 participants max) have separate release forms that must be filled out prior to participating. Adults are welcome to participate in any activities, but youth are given priority at all times.

## Meals

Ice is available for ice chests in the commissary on request, and extra chests that do not fit in bear boxes may be stored there as well; all other food items and “smellables” (deodorant, soaps, etc) must be stored in the bear boxes provided at night. Also due to fire restrictions, **campfire rings are restricted to propane only and will be provided.** All food and meals will be provided at the commissary as part of the event cost- but snacks are on your own.

## Campfire Program

Memorial Family Camp has a great campfire planned, with our host the Tribe of Tahquitz for Saturday night. You'll probably leave camp singing some classic scout songs, too! Additionally, there is a movie shown on Sunday night as well (see schedule for location and time).

## Campfires and Open Flames

Camp Tahquitz is in a high fire danger area. No campfires are allowed in the campsites, and battery operated lanterns are strongly recommended. No gas fueled lanterns or stoves may be used in tents, and only propane is permitted for use in BSA. No generators or other fueled equipment are permitted without the express written consent of staff and the Camp Ranger.

## Wilderness Warnings

Camp Tahquitz is in a wilderness setting featuring plants and animals that can hurt or kill. We are only visitors here; they live here year round, so please respect their space. **DO NOT ANTAGONIZE THEM!**



There are bears at Camp Tahquitz, and they have been known to arrive at campsites without announcement. Bears have an acute sense of smell and can break car windows or doors to get to food. For this reason, all foods must be consumed in the dining area in your campsite.

We will be happy to store any food or ice chests at the Commissary for you. **No food of any kind is allowed in any tent at any time, including any spilled food on your clothes.** Also, please avoid using or leaving out any personal items with strong smells or fragrances. Personal toiletries should be stored in the bear cabinets at each campsite.

What should you do if you encounter a bear?

- Never provoke a bear – Do NOT take flash pictures, try to get a closer look or throw things at it. Give adult bears and cubs a wide berth.
- Make a lot of noise if the bear approaches your campsite and is still at least 100 yards away. If the bear is closer than 100 yards, leave the area. Do not run! Do not try to save your gear...it can be replaced. You cannot.
- If you awaken to a bear around you or your tent, start talking in a calm voice. Do not play dead or try to hit the bear. If the bear is far enough away and you can move, slowly back away. Do not run!

## Trash Pickup

Trash will be picked up each night after 6:30pm; please have all trash ready at that time. Leftover trash items should be stored in the bear box overnight.

## Hydration

Family Camp may be hot, and there is a high risk of dehydration during physical activities at high altitudes. Participants should bring their own water container and take it with them at all times. Water will be available at the program stations throughout the weekend, but it is recommended that each site bring a water cooler for camp use.

## First Aid

Fully trained emergency medical staff will be available on a 24-hour basis during the entire event, and they are outfitted with a wide range of emergency equipment. Minor incidents will be handled on-site, while major or life threatening emergencies will be reported immediately to local authorities. Parents or guardians will be contacted immediately in response to any major incidents. Families and units are encouraged to bring their own first aid kits with them for their campsites.

## Rules of Conduct

A Scout is Trustworthy, Loyal, Helpful, Friendly, Courteous, Kind, Obedient, Cheerful, Thrifty, Brave, Clean, and Reverent.

**ALL youth must have a parent or legal guardian at all times during Family Camp. In addition, Youth Protection Guidelines still apply to all staff and participants- youth under 18 years of age may not be alone with another adult that is not their parent/guardian.** Everyone is expected to avoid profane or offensive language and gestures. There shall be NO alcoholic beverages, drugs or other controlled substances present at or consumed during camp.

Participants that violate these policies or who become disruptive to others will be required to leave the event.

## Pool Use

All swimmers shall take the BSA Swim Test before using the pool facilities. Changing rooms are designated by Scouts, Men and Women- youth are required to change in separate facilities. All pool activities are at the discretion of the Aquatics Director, and may be cancelled, changed or altered at any time. Separate changing facilities are provided for youth and adults and will be maintained in accordance with the BSA's youth protection guidelines. ALL participants must complete a swim test in compliance with BSA's swimming guidelines.

## Prohibited Items

Do not bring alcoholic beverages, drugs, lighters, any type of liquid fueled device (gasoline, white gas, kerosene, etc.), generators, play or real weapons, firearms, archery equipment, sheath knives, slingshots, saws, axes, hatchets, fireworks or pyrotechnics of any sort. Families are also discouraged from bringing or using these devices as an example to the youth. Please leave your pets at home. **Smoking is prohibited in camp except in the parking areas outside of campsite 2.**

## Campsite Clean-Up

Participants are responsible to "Leave No Trace" at their campsites. Pick up all trash, remove all personal gear, leave trash at pick-up stations, clean bathroom, and ask for a campsite inspection at the Registration table before leaving.

# Suggested Camping List

## Family Camping Items

- ☐ Tent, Stakes, Hammer, (Hand Broom & Dustpan Optional)
- ☐ Ground Tarp for Under Tent
- ☐ Sleeping Bag, Pad, Air Mattress, or Cot & Pillow
- ☐ Camp Chairs
- ☐ Ice Chest (if needed)
- ☐ 25 ft Nylon Cord and Clothes Pins for Drying Your Clothes
- ☐ Lantern with Extra Batteries
- ☐ First Aid Kit
- ☐ Recloseable Bags/trash bags
- ☐ Wet Wipes

## Personal Items

- ☐ Scouting Spirit
- ☐ Pocketknife
- ☐ Water Bottle
- ☐ Class A Uniform for Scouts for official activities (optional)
- ☐ Clothes
- ☐ Class B or Scouting T-Shirts for activities (optional)
- ☐ Sneakers or Hiking Boots. (No Open Toed Shoes or Sandals Due to the Terrain)
- ☐ Swimsuit and Towel
- ☐ Sleepwear
- ☐ Underwear and Socks (4 days)
- ☐ Long Pants for Cool Evenings and Mornings
- ☐ Sweater and/or Warm Jacket
- ☐ Flashlight & Spare Batteries
- ☐ Broad Brimmed Hat & Sunglasses for Sun Protection
- ☐ Rain Gear/Poncho (Thunderstorms may be possible)
- ☐ Personal Medications & Prescriptions
- ☐ Toiletries-Hair brush, etc. (No Shaving Lotion or Perfume)
- ☐ Toothbrush & Toothpaste\*
- ☐ Sun Block - Minimum SPF 15\*
- ☐ Chapstick\*
- ☐ Soap & Hand Towel\*
- ☐ Incidental Money for souvenirs at Trading Post
- ☐ **Fishing Gear if you want to fish!**

(\*Use fragrance-free if possible and store in bear box.)



# Family Camp 2017 Schedule

| Friday, May 25 <sup>th</sup> |                                          |                 |
|------------------------------|------------------------------------------|-----------------|
| Noon -4:00 PM                | Early Staff Set Up                       |                 |
| 5:00-6:00 PM                 | Staff Dinner                             | Commissary Area |
| 4:00-10:00 PM                | Family Check-In and Campsite Assignments | Commissary Area |
| 8:00-9:00 PM                 | Cracker Barrel (All Campers)             | Commissary Area |
| 9:00-9:30 PM                 | Staff and Leader Mtg                     | Commissary Area |
| 10:00 PM                     | Lights Out                               |                 |

| Saturday, May 26 <sup>th</sup> |                                      |                        |
|--------------------------------|--------------------------------------|------------------------|
| 7:00-9:00AM                    | Saturday Check-in                    | Commissary Area        |
| 7:00-8:30                      | Breakfast                            | Commissary             |
| 8:45-9:00 AM                   | Flag Ceremony and Announcements      | Trading Post           |
| 9:00-12:00 PM                  | Morning Activities                   | See Map at Commissary  |
| 12:00-1:30 PM                  | Lunch                                | Commissary             |
| 1:30-4:30 PM                   | Afternoon Activities and Family Time | See Map at Commissary  |
| 5:00-6:45 PM                   | Dinner                               | Commissary             |
| 6:45-9:00 PM                   | Campfire                             | Assemble at Commissary |
| 9:30-10:00 PM                  | Staff Meeting                        | Commissary Area        |
| 10:00 PM                       | Lights Out                           |                        |

**\*Schedules are subject to change due to conditions- see Commissary postings for actual event times and status**

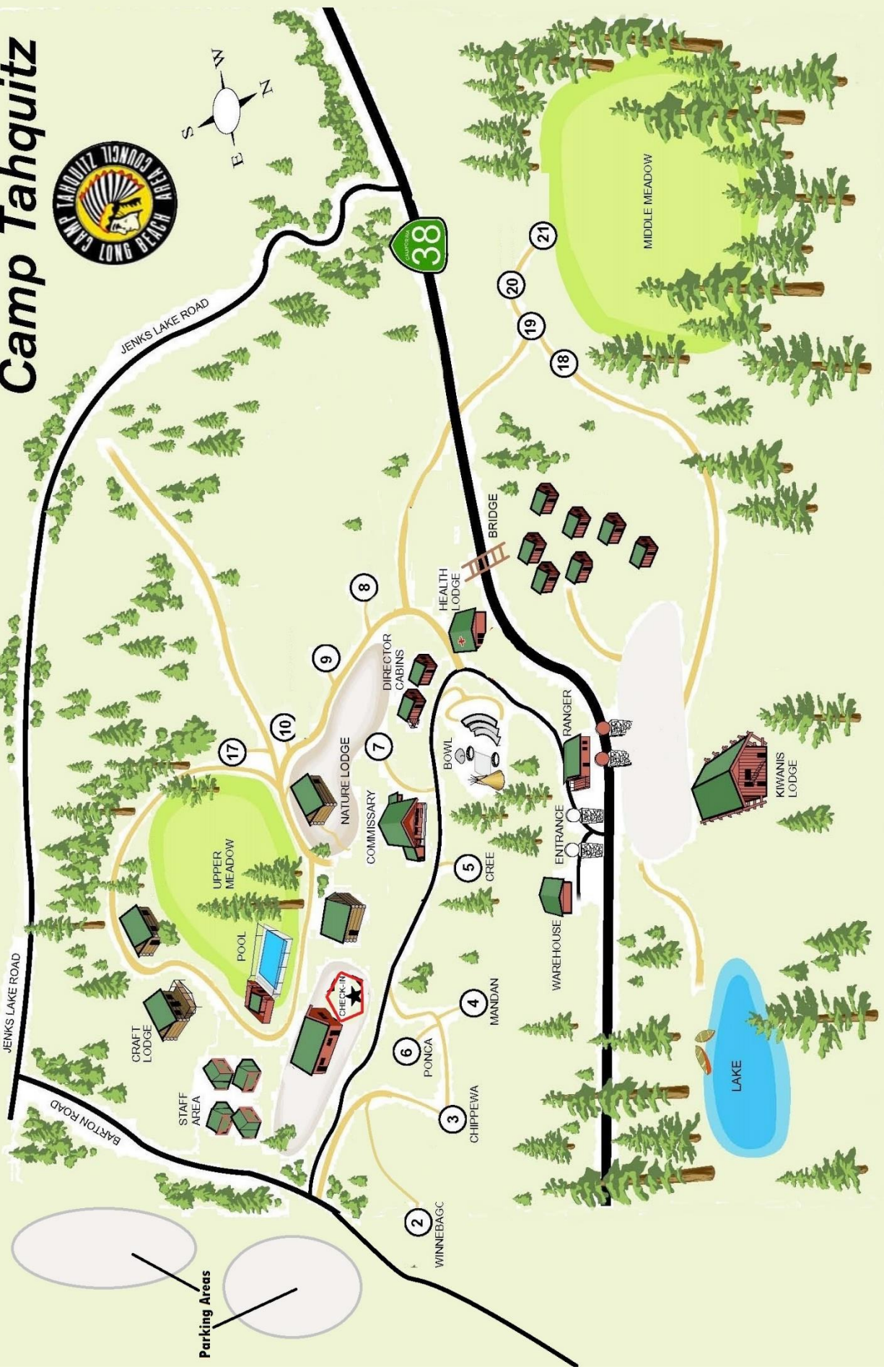
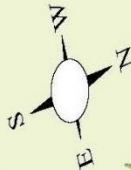
# Family Camp 2017 Schedule

| Sunday, May 27 <sup>th</sup> |                                  |                        |
|------------------------------|----------------------------------|------------------------|
| 5:30 AM                      | Sunrise Hike                     | Meet at Commissary     |
| 7:30-8:30 AM                 | Breakfast                        | Commissary             |
| 8:30-8:45 AM                 | Flag Ceremony/Announcements      | Trading Post           |
| 8:45-8:55 AM                 | Interfaith Worship Service       | At Trading Post        |
| 9:00-12:00 PM                | Morning Activities               | See Map                |
| 12:00-1:30 PM                | Lunch                            | Commissary             |
| 1:30-4:30 PM                 | Afternoon Activities/Family Time | See Map                |
| 5:00-6:00 PM                 | Dinner                           | Commissary             |
| 6:30 PM                      | Movie Night                      | Assemble at Commissary |
| 9:30-10:00 PM                | Staff Meeting                    | Commissary Area        |
| 10:00 PM                     | Lights Out                       |                        |

| Monday, May 28 <sup>th</sup> |            |            |
|------------------------------|------------|------------|
| 7:30-8:30 AM                 | Breakfast  | Commissary |
| 8:30-11:00 AM                | Break Camp | Campsites  |

**\*Schedules are subject to change due to conditions- see Commissary postings for actual event times and status**

# Camp Tahquitz





BOY SCOUTS OF AMERICA®

**CALIFORNIA RIFLE AND SHOTGUN PARENTAL/LEGAL GUARDIAN PERMISSION FORM**

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_,  
(Print Name of Parent or Legal Guardian) (Print Name of Child)

hereby give my child express permission and consent to be loaned and possess firearms (handguns and long guns) and ammunition to engage in lawful, recreational sport, including target practice, and/or a course of instruction in the safe and lawful use of a handgun. (Cal. Penal Code §§ 27945, 29610, 29615, 29650, 29655; 18 U.S.C § 922(x)). As used in this form, "firearms" include any handguns, long guns, or shotguns that may lawfully loaned to and possessed by a minor under state and federal law.

I also give my child express permission and consent to possess, and for a person to loan to my child, a "BB device" as defined in Cal. Penal Code \* 16250. (Cal. Penal Code § 19915).

This consent is valid, absent my express revocation thereof, for the calendar year of \_\_\_\_\_.  
(Calendar Year)

A photocopy or facsimile of this written consent will serve as an original.

I represent that I am (1) the parent or legal guardian of the minor named above and (2) not prohibited by Federal, state, or local law from possessing a firearm. I agree to indemnify and hold harmless the Boy Scouts of America, and any local Council and all officers, members, employees, and volunteers thereof, from all losses, damages, causes of action, cost and expenses, arising from any false statements or representations made by me herein.

**Please bring at least four (4) copies of this form to camp with your child. One (1) copy must remain in your child's possession at all times while he or she possesses any firearms or ammunition, and one (1) copy should be provided to the owner of the firearm.**

---

 Signature of Parent or Legal Guardian

---

 Date

Unit #:

Last Name:

First Name:

## Parental Informed Consent, Release and Indemnity Agreement, and Authorization For Cope / Climbing / Rappelling Activities

I understand that participation in the Cope / Climbing / Rappelling activity offered through

\_\_\_\_\_ (unit# or organization\*), Long Beach Area Council – BSA,

on \_\_\_\_\_ (dates\*), Involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about these activities may be obtained from the venue, activity coordinators, or 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 consideration of the benefits to be derived and after carefully considering the risk involved, and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my (son, daughter, self), I have

given (print participant name\*) \_\_\_\_\_ (my son/daughter/self)

my consent to participate in \_\_\_\_\_ (activity\*) on \_\_\_\_\_ (date\*)

I also certify that this participant can meet the health and physical fitness requirement of the trip or activity.

List Participants Restrictions\*, if any: \_\_\_\_\_  
Attach additional sheet if necessary\*

In the event of illness or injury occurring to my (son/daughter/self) while involved in this trip or activity, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be made.

With participation of the dangers and risks associated with programs and activities including preparation for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby voluntarily and unconditionally assume all and any risk of injury arising from participation in the activity, and fully and completely release and waive any and all claims of any nature whatsoever, to the fullest extent allowed by law, whether based on negligence or otherwise, for personal injury, death, or loss that may arise against, and indemnify and hold harmless therefor, 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.

\_\_\_\_\_  
Print Name \*

\_\_\_\_\_  
Signature (Parent/Guardian) \*

\_\_\_\_\_  
Telephone No.\*

\_\_\_\_\_  
Date\*

\_\_\_\_\_  
Medical Insurance (If known)

\_\_\_\_\_  
Policy Number (If known)

\_\_\_\_\_  
Print Participant's Name\*

\_\_\_\_\_  
Signature (Parent/Guardian)\*

\_\_\_\_\_  
Telephone No.\*

\_\_\_\_\_  
Date\*

\_\_\_\_\_  
Physician (If known)

\_\_\_\_\_  
Physician Phone Number (If known)

**\* Indicates required field**

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

# A

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

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.



**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, Philmont Training Center, Northern Tier, Florida Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

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

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

(If participant is under the age of 18)

Second parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_

(If required; for example, California)

## Complete this section for youth participants only:

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

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

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

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

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

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

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

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_



Prepared. For Life.®

680-001  
2014 Printing



## Part B: General Information/Health History

# B

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

**DOB:** \_\_\_\_\_

**High-adventure base participants:**

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

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Unit leader: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

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

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



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



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

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

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

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

## Health History

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

| Yes | No | Condition                                                                                                                                                           | Explain                                                        |
|-----|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
|     |    | Diabetes                                                                                                                                                            | Last HbA1c percentage and date:                                |
|     |    | 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                                                                                                                                                              | Last attack date:                                              |
|     |    | Lung/respiratory disease                                                                                                                                            |                                                                |
|     |    | COPD                                                                                                                                                                |                                                                |
|     |    | Ear/eyes/nose/sinus problems                                                                                                                                        |                                                                |
|     |    | Muscular/skeletal condition/muscle or bone issues                                                                                                                   |                                                                |
|     |    | Head injury/concussion                                                                                                                                              |                                                                |
|     |    | Altitude sickness                                                                                                                                                   |                                                                |
|     |    | Psychiatric/psychological or emotional difficulties                                                                                                                 |                                                                |
|     |    | Behavioral/neurological disorders                                                                                                                                   |                                                                |
|     |    | Blood disorders/sickle cell disease                                                                                                                                 |                                                                |
|     |    | Fainting spells and dizziness                                                                                                                                       |                                                                |
|     |    | Kidney disease                                                                                                                                                      |                                                                |
|     |    | Seizures                                                                                                                                                            | Last seizure date:                                             |
|     |    | Abdominal/stomach/digestive problems                                                                                                                                |                                                                |
|     |    | Thyroid disease                                                                                                                                                     |                                                                |
|     |    | Excessive fatigue                                                                                                                                                   |                                                                |
|     |    | Obstructive sleep apnea/sleep disorders                                                                                                                             | CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/> |
|     |    | List all surgeries and hospitalizations                                                                                                                             | Last surgery date:                                             |
|     |    | List any other medical conditions not covered above                                                                                                                 |                                                                |



**Prepared. For Life.®**

680-001  
2014 Printing

## Part B: General Information/Health History

# B

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

DOB: \_\_\_\_\_

### High-adventure base participants:

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

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

## Allergies/Medications

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

| Yes | No | Allergies or Reactions | Explain | Yes | No | Allergies or Reactions | Explain |
|-----|----|------------------------|---------|-----|----|------------------------|---------|
|     |    | 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 INDICATE ON A SEPARATE SHEET AND ATTACH.

| Medication | Dose | Frequency | Reason |
|------------|------|-----------|--------|
|            |      |           |        |
|            |      |           |        |
|            |      |           |        |
|            |      |           |        |
|            |      |           |        |
|            |      |           |        |

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

Administration of the above medications is approved for youth by: \_\_\_\_\_

Parent/guardian signature

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



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



## Immunization

The following immunizations are recommended by the BSA. 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: \_\_\_\_\_



Prepared. For Life.®

680-001  
2014 Printing



## Part C: Pre-Participation Physical

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

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

DOB: \_\_\_\_\_

**High-adventure base participants:**

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

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



**You are being asked to certify that this individual has no contraindication for participation inside a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient.**



**Examiner: Please fill in the following information:**

|                                     |  | Yes | No | Explain |  |
|-------------------------------------|--|-----|----|---------|--|
| Medical restrictions to participate |  |     |    |         |  |

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

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

|                  | Normal | Abnormal | Explain Abnormalities |
|------------------|--------|----------|-----------------------|
| Eyes             |        |          |                       |
| Ears/nose/throat |        |          |                       |
| Lungs            |        |          |                       |
| Heart            |        |          |                       |
| Abdomen          |        |          |                       |
| Genitalia/hernia |        |          |                       |
| Musculoskeletal  |        |          |                       |
| Neurological     |        |          |                       |
| Other            |        |          |                       |

### Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions):

| True | False | Explain                                                                                                                                                                                               |
|------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|      |       | Meets height/weight requirements.                                                                                                                                                                     |
|      |       | Does not have uncontrolled heart disease, asthma, or hypertension.                                                                                                                                    |
|      |       | Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician. |
|      |       | Has no uncontrolled psychiatric disorders.                                                                                                                                                            |
|      |       | Has had no seizures in the last year.                                                                                                                                                                 |
|      |       | Does not have poorly controlled diabetes.                                                                                                                                                             |
|      |       | If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures.                                                                                                 |
|      |       | <b>For high-adventure participants, I have reviewed with them the important supplemental risk advisory provided.</b>                                                                                  |

Examiner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider printed name: \_\_\_\_\_

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

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

Office phone: \_\_\_\_\_

#### Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

#### Maximum weight for height:

| Height (inches) | Max. Weight | Height (inches) | Max. Weight | Height (inches) | Max. Weight | Height (inches) | Max. Weight |
|-----------------|-------------|-----------------|-------------|-----------------|-------------|-----------------|-------------|
| 60              | 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.®

680-001  
2014 Printing