

1923 ✦ 2023

100

Mitigwa



Operations
Guide

The vision of the Mitigwa Scout Reservation is to be a premier provider of the Scouting experience.

Scouts and Scouters,

It is going to be a legendary summer on the hills above the river. We are celebrating our 100th anniversary at the Mitigwa Scout Reservation, we have big plans to commemorate this milestone.

We will be kicking the summer off with a Centennial Celebration on June 10, 2023. Troops are being invited to host a booth or event highlighting a scout skill or a piece of our camp's history. The public is being invited to come out to camp, browse the scout show, visit our museum, and learn about the future of the Mitigwa Scout Reservation. The day will culminate with an awards ceremony honoring those members of our community that provided outstanding service to our camp.

This summer we will be reintroducing COPE to the Mitigwa Scout Reservation. After several years without a COPE course, we have built a new one on Cassady Ridge to reduce travel time for our scouts. We are also establishing an older scout Bike Trek this summer. This first trek will take Scouts away from camp for three days and two nights, as they explore the bicycle trails of central Iowa.

Thursday evenings will be the Scout Carnival. Troops will have the opportunity to host a station that features a carnival style game or a test of a scout skill. On Fridays we will have the second edition of the Mitigwa Mayhem. Troops will be able to build their best human powered vehicle and race around camp testing their skills at check points hosted by our staff.

With our Tech Craft scouts will be able to try their hand at movie making or photography, maybe you would prefer to try life in front of the camera at the Theater Merit Badge. Maybe you are contemplating life outside an office and will journey over to our Trades Crafts area. We are excited that the Welding Merit Badge will be back along Plumbing, Woodworking and Electricity.

There really is something for everyone to try at Camp Mitigwa. What will you become a legend for?

I look forward to seeing you all on the Hills above the River this summer celebrating our 100th birthday.

Scott Robinson
Mitigwa Scout Reservation Director

Short History of the Reservation

Camp Mitigwa first opened its gates on June 12, 1923, under the leadership of Council Executive Fred G. Davie and Council President Anselm Frankel. 124 acres were originally purchased and was designed to host nearly 100 Scouts each week. John Hurst, known as Uncle Bade, was appointed the first caretaker. Uncle Bade was a naturalist and was raised amongst Native Americans living in the area. He would often tell stories and share his passion for conservation with all campers. Legend has it that the Ashes Ceremony of Camp Mitigwa was gifted to and performed by Uncle Bade.

As camp expanded, more land was purchased to the south of the original camp, which has become known as Frankel Ridge, in honor of Anselm Frankel. The additions to camp are what are now known as Blank and Cassidy Ridges. Frankel Ridge is the home of Camp Akela and was dedicated to Cub Scout Resident Summer Camping in 2007.

Scouts began camping on Blank and Cassidy Ridges in the 1960s and developments at camp led by AH Blank expanded the camping program. Camp Mitigwa became known as a leader in camping excellence and was visited by E. Urner Goodman, National Director of Programs of the BSA, and founder of the Order of the Arrow.

In celebration of our 100th anniversary, a capital campaign was launched to update camp facilities to match our excellence in program. The vision of the Mitigwa Scout Reservation is to be a premier provider of the Scouting experience. With the standard established by of our founders and with the diligence of stewards since then, Camp Mitigwa continues to deliver on the promise of Scouting.

Registering for Camp

Camp Mitigwa utilizes Black Pug software for registration. All registrations can be done via campiowa.org. More detailed information about registration requirements can also be found at this site.

Deposit and Site Reservation

When making campsite reservations, a \$100 non-refundable deposit (applied to the final reservation) is due, as well as an estimated number of adults and youth participants. When providing estimated participant numbers please be as accurate as possible. The deposit phase ends January 31, 2023. After the deposit phase ends, minimum payments per participant will be required upon registration.

Full Registration

Beginning February 1, 2023, in order to enter participant information you will be required to verify your youth and adult participant numbers and pay a \$150 minimum payment for each youth. After you verify your youth participants and may the minimum payment, those participants are considered fully registered. Nothing is due at the time for verified adult participants. All new registrations starting February 1, 2023, will require a verified count of youth and adults, with a \$150 deposit per youth.

Merit Badges

Merit Badge class registration will tentatively open March 15, 2023. All youth and adult participants must be verified, have required personal information filled in, and \$150 minimum payment per youth to register youth for Merit Badges.

Campsites

Campsites are assigned based on the order that the registration is received. Earlier registrations with proper registration deposit receive campsite priority. Campsite assignments are subject to change.

Camp Fees

Camp Mitigwa is competitively priced with Scout camps within the region and strives to keep Summer Resident Camp affordable. Camperships for Mid Iowa Council Scouts are available, with information about these from the Mid Iowa Council office (515-266-2135).

2023 Camper Base Fees

Scout	\$330
Adult	\$150

All Scouts and leaders registered and paid by February 15 will receive a limited edition Mitigwa 100th Anniversary Neckerchief

*Newly registered Scouts in units that paid by February 15, 2023, will be guaranteed the Anniversary Neckerchief with a copy of the completed application. Scouts are considered new if they have recently joined the program or crossed over from Webelos.

Refund Requests

Reservation deposits are non-refundable. These funds may not be applied for the next summer.

From April 1 to June 1, 2023, there will be a \$100 fee for any Scout or Scouter that is cancelled. Transfers are allowed. After June 1, 2023, there are no refunds allowed except per the regular Mid Iowa Council Refund Policy.

All payments of fees for District and Council events are non-refundable except under the following conditions:

- Serious illness, with refund request accompanied by a physician's note
- Death in the family
- Special unexpected and extraordinary circumstances, with detailed explanation
- Event is cancelled

More information can be found at campiowa.org/refundpolicy/

Camp Check-in

The Camp Commissioner will contact the unit leader registering the unit for camp at least one week prior to your arrival at camp. You will be assigned a check-in time based on your travel distance and campsite location. Camp check-in begins at 1pm Sunday of your week at camp. PLEASE DO NOT arrive prior to your assigned check-in time.

One leader will be allowed to take your troop trailer to your campsite, coordinated through the camp commissioner corps. You will be greeted at the office by your campsite guide who will take you through the check-in process. Units will make stops for health form checks, swim checks, and dining hall seating assignments.

All campers are required to turn in the appropriate BSA Medical Form with Parts A, B, and C completed per BSA standards.

If you are bringing a unit trailer, make sure to pack all personal gear in the trailer. A flatbed trailer will be available to haul gear on a very limited basis. Please plan accordingly. ALL personal vehicles must remain in designated parking areas.

Swim Checks

We strongly encourage each unit to complete their swim checks prior to their arrival at camp. This will significantly decrease your check in time! The Swim Check Certification Form is found in the Appendix.

Medical Forms

Per National BSA policy, all participants must have a current annual physical exam to determine appropriateness for participation in Scouting activities. All participants staying at camp 72 hours or longer must have parts A, B, and C of the Annual Health and Medical Record filed with the Camp Nurse. Others staying less than 72 hours must have parts A and B on file. Please plan accordingly and make sure any medical exams have been completed within the calendar year of the week you are attending camp. Expired Annual Health and Medical Records will NOT be accepted. A copy of the Annual Health and Medical Record form is in the Appendix.

Uniforms

Summer Resident camp is a uniformed event. Scouts and Scouters must conform to uniform policy as outlined by the BSA. Campers are requested to wear Scout uniform to all evening flag ceremonies and to all campfires. Outside of the pool and shower house, shirts and closed toed and heeled shoes are required at all times.

Getting Around Camp

ALL vehicles must remain in the parking lot and will NOT be allowed on service roads without explicit permission from the Reservation Director. Camp utilizes service vehicles that are operated by certified drivers. NO personal vehicles are allowed without the explicit permission of the Reservation Director prior to your arrival at camp. Contact scott.robinson@scouting.org .

Bicycles are no longer allowed to be ridden in camp. Exceptions can be made on a case by case basis due to physical limitations. Approval must be given by the Reservation Director prior to your arrival at camp.

Personal use of ATVs, UTVs and Golf Carts is prohibited. Golf carts may be allowed on a case by case basis for mobility issues for peoples with disabilities only, and approval must be given by the Reservation Director prior to your arrival at camp.

Leaving Camp Early

Unit leaders are responsible for the arrival and departure of their individual Scouts. Camp is interested in helping maintain a safe and secure Scouting experience. All campers (youth and adult) must sign out at camp headquarters if they are leaving camp during their regularly scheduled week.

Scouts that are leaving early must have the person they are leaving with listed on their Annual Health and Medical Record Form as a designated, approved person to take the Scout with them. A Minor Release Form (see Appendix) must also be filed with the camp office. Campers returning to camp will need to sign in at the camp office and will be reissued a camper wrist band (see Health and Safety Policies).

Camp Visitors

ALL visitors must check in at the camp office upon arrival. Visitors will sign in and receive a visitor's wrist band. Visitors should make arrangements to visit camp between 9:00am and 9:00pm. Anyone without a wrist band is considered an intruder and should be escorted to the camp office right away. If the unregistered visitor does not comply, please alert a camp staff member immediately.

Visitors attending meals, including family night visitors eating in the dining hall, must purchase a meal ticket at the Trading Post. Meal tickets are \$8 each.

Leader & SPL Meetings

The first Leader and Senior Patrol Leader meeting will take place Sunday evening. We require one adult leader and one Senior Patrol Leader from each unit to attend this meeting. Monday through Thursday, leaders will be meeting in the morning with the camp leadership team to review the camp schedule, program and service opportunities, and address any questions. Senior Patrol Leaders will meet with the Program Director after the completion of Merit Badges. It is important units actively participate in these meetings to get vital information.

Checking Out

Check out from camp will begin on Saturday at 7:00am. Units will sign up for check-out times with the Camp Commissioner, who will coordinate trailer haul out. During check-out, campsite guides will check that campsites have been cleaned up and that units are ready to leave. One unit leader will be responsible for stopping at the office to receive health forms, camp patches, paperwork, and any awards earned throughout your stay. You will also be required to pay any fees accumulated by your unit during your stay if you have not done so prior to check out. These fees may include Ordeal fees for the Order of the Arrow or other camp programs your campers may have participated in. Units wishing to reserve their spot for next summer are encouraged to do so via campiowa.org.

Health and Safety

Please review all Health and Safety policies with all campers and visitors to camp.

Camp Security

All campers are required to wear wrist bands to identify them as campers. Staff will wear name tags to identify themselves. Visitors are **required** to check in at the camp office. They will be given a wristband of a different color to help identify them. Anyone not wearing a wrist band or a staff name tag should be escorted to the office to register. Anyone encountering someone without a wristband should notify a staff member.

Buddy System

All Scouting activities are to use the Buddy System as outlined in the Scout Handbook. It is the responsibility of the unit to ensure the Buddy System is being used. Please make arrangements for all of your Scouts to have buddies with them during their time at camp.

Hazing and Bullying

The BSA has a zero tolerance policy for hazing or bullying. Should you be concerned about hazing or bullying at camp, please alert the Camp Director or Program Director immediately.

Conservation and Leave No Trace

Camp Mitigwa follows the Leave No Trace principles. It is important to review these principles with your troop prior to arriving at camp. Please make sure to dispose of unit garbage in the appropriate places as designated by Reservation Leadership. Units may sign up with the Camp Commissioner to assist with ongoing conservation projects at the Reservation.

Inclement Weather

In the event of inclement weather, camp will utilize its emergency procedures related to weather conditions. Each weather event brings its own issues; therefore, the Reservation Director will make any decision to utilize storm shelters. Guidelines for shelter usage include 40+ MPH winds, large hail, spotted tornado, and advisement from Weather Call Services detecting a tornado within 10 miles of camp. Campsites shall use their assigned storm shelters. Leaders are encouraged to sign up for Weather Call when they arrive at camp.

Storms have greatly impacted the trees at Mitigwa Scout Reservation making inclement weather planning even more important. Please do a visual inspection of the surrounding trees when placing tents and report issues to camp staff. **DO NOT** allow anyone into the ravines, especially during seasonal storms.

Missing Scout

Cases of missing Scouts can be alleviated by use of the Buddy System as outlined in the Scout Handbook. It is the responsibility of the unit leadership to know where their Scouts are at all times. Missing Scouts or Scouters should be reported to the camp office. After an initial search, emergency mobilization plans will be implemented to search for the missing person. Procedures for this will be distributed and discussed upon your arrival at camp.

Guide to Safe Scouting

The Mitigwa Scout Reservation adheres to and enforces all policies as outlined in the Guide to Safe Scouting. Please review the policies in this guide book for further details as related to Summer Resident Camp programs.

Fire Safety

All units will be required to fill out a Unit Fire Guard Sheet. A sample is included in the appendix of this guide. This sheet appoints a fire warden to maintain fire safety in your campsite. Please make sure that all Scouts utilizing fire have been Firem'n Chit trained. Camp staff will let units know if there should be extra precautions taken or if there is a fire ban. Please make staff aware of any wild fires. Do NOT use liquids to start fires. Gas lanterns may be used under adult supervision. All liquid fuels must be locked in proper storage according to National Camp Accreditation Practices (NCAP). NCAP prohibits the use of flames in tents at any time. Never leave a fire unattended. Always put out fires with water before leaving the area or going to bed. Fires are only allowed in designated fire rings.

Dietary Requests and Allergies

The Mitigwa Scout Reservation can accommodate most medical and religious identified dietary restrictions. (Currently we are unable to offer kosher prepared meals). If you or a member in your group has dietary restrictions, please complete the form during the registration process. We would also like to have any dietary restrictions emailed to scott.robinson@scouting.org at least 14 days prior to attending camp. Please identify group number, session your group will be attending and the name of the participant along with the dietary restriction and any special instructions that may be needed.

Medication at Camp

Unit leaders are responsible for the administration of medications for their Scouts at camp. Medications should be listed on the Annual Health and Medical form. All medications for Scouts, including over the counter, must be secured in a lock box. Troops may also use their locking trailers as long as access is restricted to adults. Camp will provide your unit with a lock box if you need one. Scouts needing to carry inhalers, EpiPens, or other medications for immediate emergencies should do so, but practice administration securely. Medications requiring refrigeration may be stored in the Camp Health Lodge facility. Please make sure that all medications are in their original containers.

Camper Insurance

Primary accident and sickness insurance is the responsibility of the parent/ guardian or adult Scouter. Secondary insurance is provided to all registered members of Mid-Iowa Council.

Proper Attire

Please make sure to review appropriate attire with all campers. Closed toed shoes appropriate for camping and hiking are required. No sandals outside of the pool area. Scouts must be fully clothed when outside of the showers or aquatics areas. Clothing must be in clean, sanitary condition and consistent with Scouting values. Campers are encouraged to dress comfortably, functionally, and appropriately for camping activities. Please make any potential visitors to camp during your stay aware of these policies as well.

Animals at Camp

No pets are allowed on camp properties per National BSA Camp Accreditation Program Standards. Service animals may be allowed on a case-by-case basis with approval from the Reservation Director, scott.robinson@scouting.org . This policy also applies to visitors. This is to ensure that reasonable accommodations may be made for the service animal and their owner. Mitigwa Scout Reservation is home to many species of animals. Please practice Leave No Trace principles by appreciating camp wildlife from a distance and leaving them undisturbed.

Facilities

The following facilities are available to make your stay more pleasant.

Campsites/Tent Campsites

When registering for camp, your unit will need to provide their own tents. We will not be providing canvas tents for units. Campsites are rustic-style campsites with picnic tables, latrine, fire ring, posting board, and a flag pole in each site. Firewood may be collected from already downed wood. Do not bring firewood from outside as disease may spread. Camp does not provide canvas rain flies for troop usage, so each unit is encouraged to bring a carport or suitable shade/shelter.

Shower Facilities

Showers for adults are located at the Year-Round Shower House near the Scoutcraft Area. No youth are allowed to use these facilities. Youth showers are located at Maytag Pool Shower House. Shower schedule times, to allow for equitable access for youth male and females, will be posted upon your arrival at camp.

Blank Health Lodge

A Health Officer serves as a regular member of camp staff and serves the entire reservation. In the event of a serious accident, illness, or hospitalization, parents are contacted. Medical care is given at camp without charge to the parents. If the Health Officer deems the patient must be treated outside of camp, the expense is the family's and can be filed with the family's insurance (family's responsibility). Make sure necessary medications, inhalers, bee allergy kits, and other emergency items are brought to camp and kept with an adult leader. All prescription drugs must be kept locked up in a lock box or a unit trailer. Please notify the Health Officer if you need a lock box provided for your unit. If refrigeration is needed, please contact the Reservation Director before you arrive at scott.robinson@scouting.org.

Deere Conference Center and Scoutmasters' Lounge

Reservation Headquarters can be found at the Deere Conference Center. Connected to the office is Scoutmasters' Lounge. No youth are allowed in Scoutmasters' Lounge. Scoutmasters' Lounge is the location of adult leader trainings and the daily leader roundtables. It is equipped with open-access internet for your use. Leaders may use Scoutmasters' Lounge for other business. It is not a meeting place for units. Please be respectful of those trying to conduct business and plan your usage mindful of times Scoutmasters' Lounge is used for programming.

Three Oaks Trading Company

In the beautiful Three Oaks Trading Company, we have a lot of selection for you to remember your trip to the Mitigwa Scout Reservation. We are excited to bring several new items for purchase, including a plethora of items branded for the 100th anniversary of the Mitigwa Scout Reservation. There will also be a supply of essential items for those things that were forgotten at home or for those Merit Badges that require kits. If there is something you are missing, let us know, and we will do our best to bring in that item for you or your unit.

Program Insights

This section reviews general program guidelines. More details are available in the Program Guide.

Camp Patches

All campers staying the entire week of camp will receive a complimentary camp patch. Patches will be packaged for check-out. Registration numbers are used to allocate the number of patches received. Additional patches for campers staying part of the week may be available in the camp office on a case-by-case basis. Mitigwa Scout Reservation also has a variety of patches available for purchase through the Three Oaks Trading Company.

Merit Badge Offerings

Camp Mitigwa uses the methods of Scouting to design its Merit Badge offerings. This includes age and skill appropriateness. Please take note of the suggested age and skill levels listed in the Program Guide when helping Scouts select Merit Badges. Make sure to review the pre-requisites listed for Merit Badges. Some badges are specifically not able to be completed during summer camp. For this reason, Scouts are encouraged to complete or start those requirements not able to be done at camp prior to your arrival. However, each unit may pull a completion report via your online registration, allowing Scouts to continue to work on Merit Badges after summer camp.

Sunrise and Sunset Programming

Sunrise and Sunset Programming refers to program offered before morning flags or after evening flags, respectively. Program details will be announced at a later date, but could include rank advancement opportunities, Merit Badge offerings, or casual fun. Make sure to review the camp literature upon arrival for a description and location for the Sunrise and Sunset Programs.

Open Areas

Scouts will have the opportunity in the afternoon to visit their favorite areas to complete work on merit badges or participate in scheduled activities. Check the weekly schedule when you are in camp for a listing of these activities.

Swim Classification Record

(Changes and/or corrections to the following chart should be initialed and dated by the test supervisor.)

Unit Number _____

Date of Swim Test _____

	Full Name (Print) <small>(Draw lines through blank spaces)</small>	Medical Recheck Parts A-B	Swim Classification		
			Non-Swimmer	Beginner	Swimmer
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

The swim classification test performed at a unit level should be conducted by one of the following council-approved resource people: Aquatics Instructor, BSA; BSA Lifeguard; BSA Swimming & Water Rescue; or other lifeguard, swimming instructor, etc. Test administrators should utilize chapter 5 of the [BSA Aquatics Supervision Guide](#).

NAME OF PERSON SUPERVISING & FACILITATING THE SWIM TEST:

Print Name

Signature

Type of Authorization/Training
(Attach a copy of certification if required by council procedure)

Expiration Date if applicable

SWIM CLASSIFICATION PROCEDURES

The swim classification of individuals participating in a Boy Scouts of America activity is a key element in Safe Swim Defense and Safety Afloat. These swim classification tests are a foundational unit of the Aquatics Continuum.

All persons participating in BSA aquatics are classified according to swimming ability. The classification tests and test procedures have been developed and structured to demonstrate a skill level consistent with the individual's circumstances in the water.

SWIM TESTS FOR COUNCIL ACTIVITIES

Swim tests for **council activities** are conducted following procedures approved by a council-level committee, preferably the Council Aquatics Committee. The council committee should use the guidance contained in *BSA Aquatics Management Guide*. SPECIAL NOTE: When swim tests are conducted away from camp, the camp aquatics director retains the right to review or retest any or all participants to ensure that standards have been maintained.

REGARDLESS OF WHERE OR WHEN THE SWIM TEST IS GIVEN THE FOLLOWING PROCEDURES APPLY:

- **The test is given one-on-one.** The test administrator and the swimmer are buddies during the administration of the test.
- **Each component of the test is important.** The test must not be changed either to assist the Scout or to expedite the process.
- **The test must be completed without aid or support.** Aid includes lifejackets, wetsuits, fins, etc. Swim goggles may be used to avoid eye irritation.
- **Swim tests must be renewed annually,** preferably at the beginning of the outdoor season.

TO THE SWIM TEST ADMINISTRATOR

SWIMMER'S TEST:

Jump feet first into water over the head in depth, level off, and begin swimming. Swim 75 yards in a strong manner using one or more of the following strokes: side stroke, breaststroke, trudgen, or crawl; then swim 25 yards using an easy resting back stroke. The 100 yards must be swum continuously and include at least one sharp turn. After completing the swim, rest by floating.

BEGINNER'S TEST:

Jump feet first into water over the head in depth, level off, swim 25 feet on the surface, stop, turn sharply, resumeswimming as before, and return to starting place.

Anyone who has not completed the beginner or swimmer tests is classified as a **nonswimmer**.

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: _____



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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
		Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (anginal)/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 <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date: _____
		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
		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: _____



Part C: Pre-Participation Physical

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

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____



You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient. You can also visit www.scouting.org/health-and-safety/ahmr to view this information online.

Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate			

Yes	No	Allergies or Reactions	Explain
		Medication	
		Food	

Yes	No	Allergies or Reactions	Explain
		Plants	
		Insect bites/stings	

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

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

Examiner's Certification

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

True	False	Explain
		Meets height/weight requirements.
		Has no uncontrolled heart disease, lung disease, or hypertension.
		Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
		Has no uncontrolled psychiatric disorders.
		Has had no seizures in the last year.
		Does not have poorly controlled diabetes.
		If planning to scuba dive, does not have diabetes, asthma, or seizures.

Examiner's signature: _____ Date: _____

Examiner's printed name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Office phone: _____

Height/Weight Restrictions

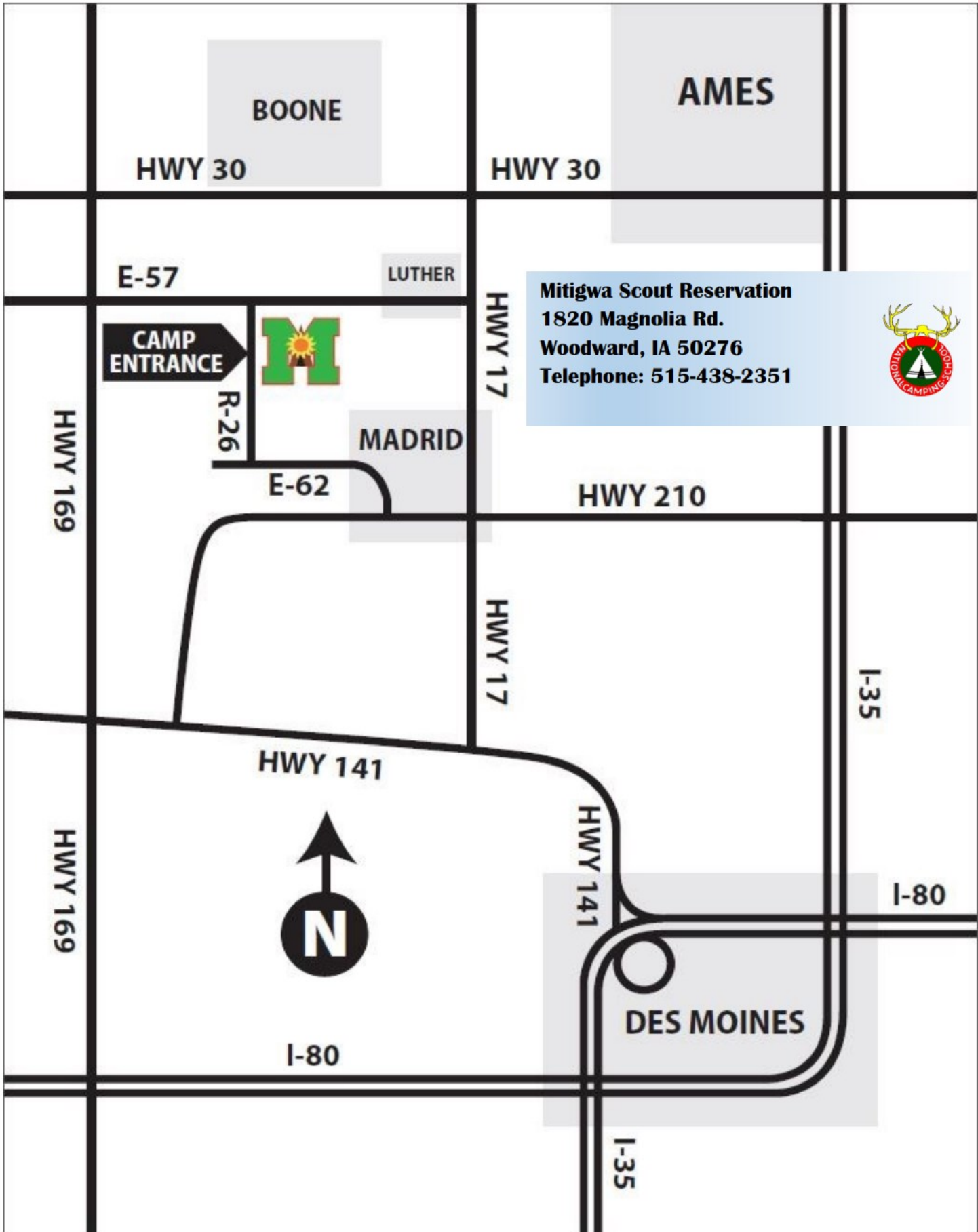
If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295



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