

Magical



Mystical

World of Cub Scouts



**2024 Guide to Cub Scout
and Webelos
Summer Camp at
Camp Akela at
Mitigwa Scout Reservation**



Dear Scout Leader/Parent,

The Camp Akela Staff is excited for you to join us for our 2024 summer camping adventure “The Magical, Mystical World of Cub Scouting.” We have two fun filled programs designed for your Cub Scout. Our three day Cub Scout Adventure is specifically designed for your Tiger through Bear Scouts with activities designed for each age group. Our Webelos Adventure Camp is for your Webelos and Arrow of Light Scout and will give them a little taste of being a Scouts BSA camper they won’t forget.

We look forward to seeing you at Camp Akela!

Mitigwa Reservation Staff



WELCOME TO MITIGWA SCOUT RESERVATION!

What Do Scouts Learn At Camp?

Self Sufficiency	Being on their own.
Physical Fitness	Getting outdoors and being active—fighting obesity.
Social and Life Skills	Working with Scouts from different communities and learning to appreciate the opinions of others.
Education	Earning advancements that can lead to life long interests/hobbies.
Setting Goals	Setting goals and completing them through camp activities.
Teamwork	Making new friends and working in groups.
Perseverance	Surviving a rigorous schedule of classes and activities through heat, rain, and other obstacles that PRE-



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Welcome

May the magic and mysteries of our forest friends be unveiled to you as you work through your activities and projects at Camp Akela this summer. Below are a few highlights of your adventure into our village.



Metal Engraving



Book Shelf



Fairy Garden



CUB SCOUT ADVENTURE CAMP

Cub Scout Summer Camp is a three-day, two-night program for graduating Lion, Tiger and Wolf Cubs (youth entering 1st, 2nd, & 3rd grade) offered at Camp Akela.

Cub Scout Summer Camp will give these younger Scouts an opportunity to have fun and earn advancements. Scouts will be placed in groups based on rank for easier skill level teaching. Activities include swimming, nature, shooting sports, games, a wood project, and more. Cub Scout Summer Camp provides Cub Scouts an opportunity to begin to learn outdoor living skills in a fun and safe environment.

Tentative Daily Schedule


Sunday	3:00 - 4:00 pm	Check in and set up camp
	4:15 - 4:45 pm	Leader's Meeting
	5:30 - 6:15 pm	Dinner 1
	6:20 pm	Flags/Messages
	6:30 - 7:15 pm	Dinner 2
	7:00 - 9:00 pm	Swim test/open swim
	9:00 pm	S'mores in campsites
	10:00 pm	Lights Out



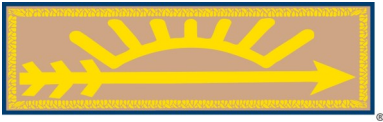


CUB SCOUT ADVENTURE CAMP

Tentative Daily Schedule, cont.

Monday	6:30-7:15 am	Polar Bear Swim	Tuesday	6:30-7:15 am	Polar Bear Swim
	7:15-7:45 am	Breakfast 1		7:15-7:45 am	Breakfast 1
	7:50-8:00 am	Flags/messages		7:50-8:00 am	Flags/messages
	8:00-8:30 am	Breakfast 2		8:00-8:30 am	Breakfast 2
	8:45-12:00 pm	Activity Areas		8:45-11:30 am	Activity Areas
	12:10-12:40 pm	Lunch 1		11:45-1:15 pm	Camp Cookout
	12:45-1:15 pm	Lunch 2		2:00 pm	Fairy Hunt
	1:15-1:45 pm	Nature Break		3:45 pm	Closing Ceremony
	2:00-4:45 pm	Activity Areas			
	5:15-6:00 pm	Dinner 1			
	6:10-6:15 pm	Flags/messages			
	6:15-7:00 pm	Dinner 2			
	7:00-8:00 pm	Camp Wide Games			
	8:00 pm	Camp Fire			
	10:00 pm	Lights Out			





WEBELOS SUMMER CAMP

The ultimate experience before Boy Scout Camp!!!

Webelos Adventure Camp is a four-day, three-night experience for graduating Bear Cubs and Webelos (youth entering 4th and 5th grades).

Activities include swimming, BB guns, Archery, handicrafts, Scouting Skills, nature, and our We Can Do It Village. These older Scouts will also get to spend time at our BSA Camp Mitigwa using the climbing tower and getting a glimpse of what the activities are at our Scouts BSA summer camp.

Tentative Daily Schedule

Wednesday	3:00 - 4:00 pm	Check in and set up camp
	4:15 - 4:45 pm	Leader's Meeting
	5:30 - 6:15 pm	Dinner 1
	6:20 pm	Flags/Messages
	6:30 - 7:15 pm	Dinner 2
	7:00 - 9:00 pm	Swim test/open swim
	9:00 pm	Smores in campsites
	10:00 pm	Lights Out





WEBELOS SUMMER CAMP, cont.

Tentative Daily Schedule, cont.

Thursday	6:30-7:15 am	Polar Bear Swim
	7:15-7:45 am	Breakfast 1
	7:50-8:00 am	Flags/messages
	8:00-8:30 am	Breakfast 2
	8:45-12:00 pm	Activity Areas
	12:10-12:40 pm	Lunch 1
	12:45-1:15 pm	Lunch 2
	1:15-1:45 pm	Nature Break
	2:00-4:45 pm	Activity Areas
	5:15-6:00 pm	Dinner 1
	6:10-6:15 pm	Flags/messages
	6:15-7:00 pm	Dinner 2
	7:00-8:00 pm	Camp Wide Games
	8:00 pm	Camp Fire
	10:00 pm	Lights Out

Friday

6:30-7:15 am	Polar Bear Swim
7:15-7:45 am	Breakfast 1
7:50-8:00 am	Flags/messages
8:00-8:30 am	Breakfast 2
8:45 am	Hike to Mitigwa for BSA Experience and camp fire.
10:30 pm	Lights Out

Saturday

6:30-7:15 am	Polar Bear Swim
7:15-7:45 am	Breakfast 1
7:50-8:00 am	Flags/messages
8:00-8:30 am	Breakfast 2
8:45-12:00 pm	Activity Areas
12:10-12:40	Lunch 1
12:45-1:15 pm	Lunch 2
1:15-1:45 pm	Nature Break
2:00-4:45 pm	Activity Areas
5:15-6:00 pm	Dinner 1
6:10-6:15 pm	Flags/messages
6:15-7:00 pm	Dinner 2
7:00-8:00 pm	Camp Wide Games
8:00 pm	Camp Fire
10:00 pm	Lights Out





WEBELOS SUMMER CAMP, cont.

Tentative Daily Schedule		
Sunday	6:30-7:30 am	Fairy Hunt
	7:30 am	Breakfast/ Break Camp
	8:45 am	Closing Ceremony



Preparing For Camp

Adult Leadership Requirements

Camp Akela requires adult supervision for the Scouts attending camp. **ALL** adults must have youth protection training before arriving at camp. You must provide your youth protection training date at the time you register for camp.

The ratio for youth/adult participation is set based on the session you attend.

Cub Scout Adventure Camp: 6 Cubs to 2 Adults, Tiger cubs must be accompanied by an adult partner.

Webelos Adventure Camp: 8 Cubs to 2 Adults

Health Forms

A BSA Annual Health and Medical Record with parts A and B is required for all campers (youth and adult). These forms should be brought with you and turned in at registration the first day of your camp. A copy of the **BSA Annual Health and Medical Record may be found in the appendix or can be downloaded from the registration page.**

Health forms may **NOT** be emailed. Should a person need to send their health form to camp they may use the camp fax number: 515-438-4277

Adults and Webelos attending Webelos Adventure Camp will need parts A, B and C of the Annual Health and Medical Record. Part C requires a physical examination by your doctor that has been dated within the 12 months prior to your arrival at camp.

Recommended Equipment List

Swimsuit (one piece or tankini/swim trunks)	Uniform shirt	Sunscreen (non-aerosol)
Pants/shorts/slacks	Jacket	Watch
Underwear & socks	Sweater/sweatshirt	Lawn chair or camp chair
Water bottle	Mosquito repellent (non-aerosol)	Towels
Small backpack	Rain gear	Spending money for the Trading Post
Cot	Sleeping bag	Cub Scout handbook
Pajamas	Pillow	Cub Scout knife (whittling chip required)
Camera	Flashlight	
Closed toed shoes	Tent	

Being prepared is vital to a great camping experience but bringing more than necessary may weigh down your check-in and check-out process. Please be mindful of bringing only the necessities for your session at camp. Camp Akela is not responsible for broken, lost, or stolen items.

Valuables should not be brought to camp.

Items that are prohibited at Camp Akela:

Personal Firearms, fireworks, alcohol/illegal drugs, electronics, pets, bicycles, aerosol sprays

Registering for Camp

2024 Session Fees and Refunds



Cub Scout Adventure Camp

Youth and Adults

\$120



Webelos Adventure Camp

Youth and Adults

\$240

50% due at time of registration — Entire balance due by June 1, 2024

Cancellation fees: Akela from April 2nd to June 1st there will be a \$30 fee for any Scout or adult that is canceled (transfers are allowed). After June 1st, there are no refunds allowed except per the regular Council Refund Policy.

Refund Policy: Our Registration & Refund Policy has been crafted to achieve a balance between meeting participant expectations of a quality experience while meeting the fiduciary responsibilities of the Council. Our event, activity, and camp budgets are planned to have minimal margins in order to keep the costs within the reach of every Scouting family. However, almost all events have upfront costs and overhead expenses (site reservation fees, patches, food, program supplies, etc.) that must be secured in advance of the event to meet participant expectations. Sometimes a pre-paid participant elects not to attend an event. This could, for example, be due to a family situation or simply a choice to not attend due to the weather forecast. Either way this doesn't change the fact that goods and services were purchased on the participant's behalf in expectation of their attendance. On September 1, 2016, the following board-approved guidelines took effect:

Refund Policy

1. A participant or Unit is not considered to be registered for an event until all fees are paid in full.
2. All payments of fees for District and Council events are non-refundable except under the following conditions:
 - A. Serious illness, must be accompanied by a doctor's note
 - B. Death in family
 - C. Special unexpected and extraordinary circumstances
 - D. Event is canceled

In cases where a refund may be considered, the request must be in writing (email or post), include a copy of the receipt, and be submitted to the Council Office within 15 calendar days after the end of the event. Requests made after 15 days will not be considered.

In the event a refund is approved, it shall be disbursed in keeping with Mid-Iowa Council policies and procedures for disbursement of funds. In the case of a unit registration, the unit will receive the refund. All refunds, excluding cancellation, will be less twenty-five percent (25%) of the activity fee to cover liquidated costs incurred in preparation of the activity.

Dietary Restrictions

The registration system allows for input of special dietary needs. Be sure your Scout's information is updated accordingly online prior to registering for camp.

If a dietary accommodation does not get added when registering for camp, please call the Maytag Scout Center or email mitigwaoperations@gmail.com to ensure proper meals are provided.

Cold and dry storage is available for Scouts or leaders who require a special diet and choose to bring their own food.

Medications

If your Scout requires medication, we ask that you follow several basic steps:

1. Gather information on the dosage requirements of each medication for each Scout from the Annual Health and Safety Record section on prescription medications.
2. This form gives permission to Pack leaders to dispense medication to Scouts at the times designated by the parent/guardian or as indicated on the prescription.
3. All medications, prescription and over-the-counter, need to be in the original container, with original labels.
4. Lock boxes are available for all medications not requiring refrigeration. The lock box should be kept in the campsite. Arrange with the Camp Health Officer to store refrigerated medication in the Camp Health office, or other designated location. Help your Scouts get their medication on-time, including those stored in the Health Office.

Exceptions include medications that must be kept on the person such as asthma inhalers and EPI pens.

Check-in

Prior to your session you will receive an assigned check-in time. Please **DO NOT** arrive more than 15 minutes before your camp's designated check in time.

To maintain the safety of our camp, cars are not permitted to drive past the parking lot unless previously given permission from the director.

It is not recommended to bring a pack trailer for your short stay at Camp Akela. But, if necessary, your trailer will be brought into camp by our staff as check-in is coming to a close.

Only one adult leader needs to check in your unit, the rest of your pack or den will travel to your campsite. You can carry gear with a camp provided rickshaw or a camp trailer will bring your gear to the campsites. During camp set-up, there will be a leader's meeting to help answer any questions and review expectations and procedures at camp. The adult leader checking in your unit should have BSA health forms and photocopies of health insurance cards for all campers, along with current Youth Protection Certificates for all adult leaders and parents that will be staying.

Check-out

Check-out times are designated on the schedule pages. Before leaving camp make sure one adult leader from your pack comes to retrieve the entire pack's health forms and patches from Bear Creek. All health forms left at the end of a session will be shredded.

We hope that all of our campers are able to stay for the whole session, but understand early departure is sometimes necessary. In this case, only designated adults may take a youth off camp property and must setup a time with the Camp Director to check out before leaving property. Identification will be required when picking up your Scout.

Please plan to be leaving camp property at the designated check out time.

Camp Facilities

Campsites: Camp Akela has four campsites. Your pack will receive notification of your assigned campsite via the email address of the person who registered the group. Email notifications will be sent out the week prior to your session. You and your pack will be sharing the campsite with other campers. Please remember the Scout Oath and Law.

Shower and Bath Facilities: Adult showers are located in Bear Creek Lodge and at the Frankel Pool Shower House. Youth showers are located only at the Frankel Pool Shower House. There are flushable bathroom facilities at both locations.

Bear Creek Lodge: At Camp Akela, most meals are served at Bear Creek Lodge. Campers are responsible for setting and clearing of tables.

Akela Director's Office: The Akela Director's office is located in Bear Creek Lodge. For any emergencies, concerns, or questions, please stop by.

Medical Care: A health officer serves the Mitigwa Scout Reservation. In the event of serious accidents, illness, or hospitalization, parents are contacted. If you are bringing medicine to camp please review the "medications section."

Trading Post: Akela Trading Post is located in the Frankel Trading Post Building, near the swimming pool. The trading post has a selection of souvenirs, refreshments, craft materials, and much more. Cash and credit cards are accepted. Hours are posted at camp.

Camper Policy

It is expected that all Scouts, Scouters, leaders, parents, and visitors at Mitigwa Scout Reservation will live up to the principles and values of the Scout Oath and Law.

The following information should be shared before arriving at camp.

1. The Scout Oath and Law are the guiding principles at camp. Unit leadership is responsible for enforcing these rules and disciplining those Scouts/adults that break them.
2. In the case of inter-unit conflicts or problems, the unit leadership of the individual Scouts/adults are responsible for the discipline of each individual Scout/adult.
3. The Camp Administration (beginning with the Camp Commissioner) is available and prepared to assist in establishing communication in the event of inter-unit conflicts.
4. If the Camp Administration (including the Reservation Director) believes further disciplinary action is required of the unit leadership, they will request it. If not forthcoming, the chartered partner, District Executive, and Scout Executive will be contacted and informed.
5. The Camp Administration encourages unit leadership to send any Scout/adult home immediately who steals, vandalizes or intentionally places another Scout in danger (whether physical or mental). The Camp Administration reserves the right to take action themselves if necessary. This includes sending the entire unit home within 24 hours.
6. The Boy Scouts of America has a zero-tolerance policy for hazing and bullying. Should you be concerned about hazing or bullying while at camp, please alert a staff member immediately.
7. Scouts are required to be in their campsites by lights out. Any Scout that must leave the campsite after 10:00 pm, must be accompanied by an adult leader or camp staff member. Remember, always follow two-deep leadership policies and no one-on-one contact.

Emergency Procedures

Accident or Injury: All Mitigwa Scout Reservation Staff are First Aid trained and a Licensed Health Officer serves as a regular member of Camp Staff. If an injury is life threatening and needs emergency services, please call 911 and inform the camp administration as soon as possible so they can prepare and direct staff as needed.

Extreme Heat and/or Humidity: In the event of the temperature and/or humidity reaching an extreme level which may endanger health, all events will be postponed until temperatures are safe. The Reservation, in consultation with the Camp Directors and Boone County Emergency Management, will determine if the emergency exists. Campers will be expected to rest during this time period.

Child Endangerment: All camp staff members have been trained in youth protection policies for handling this situation. Evidence or suspicion of child abuse/neglect should be reported to the Reservation Director. If an adult is attempting to remove a youth from camp, please notify the nearest camp staff member who will contact Camp Administration.

Missing Scout: Notify Head Quarters (HQ) immediately.

Fire: Implement the Camp Fireguard Plan and notify Camp Head Quarters (HQ).

High Winds/Tornadoes/Severe Storms: The camp administration monitors weather activity. In the event of severe storms the Reservation Director in partnership with Boone County Emergency Management will determine appropriate measures. There are four storm shelters on Camp Akela. Leaders are encouraged to use shelters if they feel the need to. All aquatics facilities will close if severe weather and/or lightning are evident. Per Hazardous Weather Training, aquatics must shut down as soon as lighting or thunder occur within sight or sound and remain closed until 30 minutes after the last occurrence.

Alarm Warning System: Will be distributed and explained upon your arrival at camp during the leader's meeting.

During an emergency mobilization, no individuals are to leave camp property unless given permission from the Reservation Director or Associate Reservation Director. This is for the safety of our campers.

Preventative Safety Policies

Knife Safety: Only Scouts that have earned their Whittling Chip will be allowed to carry a pocketknife around camp. Please ensure your Scouts know knives are not toys.

Pocketknives are available for purchase at the Trading Post. Leaders and parents, please make sure you talk with your Scout about permission to buy pocketknives before coming to Camp.

Heat Stroke/Exhaustion: The best way to prevent heat related sickness is to ensure everyone is hydrated and wearing appropriate summer attire and sun protection. Light colored clothing, hats, sunglasses and sun block are all ways to protect your Scouts and yourself from the sun along with making sure everyone has a water bottle with them at all times. Please remember open-toed shoes are not allowed outside of the pool at any time.

Youth Protection: Ensuring our Scouts are safe is our number one priority. Every adult on property must have Youth Protection certification and are all accountable for ensuring those policies are followed. In the event that this is in question, please contact the Administration team immediately. Camp has a zero tolerance for any violation of these policies and those in question will be asked to leave the property and reported to the Scout Executive.

Missing Scout: Leaders are accountable for the location of their Scouts at all times. Scouts are to use the buddy system and travel with a buddy from their den at all times. Buddies are the same gender and within two years of age. They should inform their leaders where they are going and what their plans are.

Fire Safety: Nation Camp Standards prohibit 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 in designated fire rings. Liquid fuel lanterns and stoves are not permitted at Camp Akela.

DO NOT USE INSECT REPELLENT NEAR CAMPFIRES

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 19975(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: _____

Phone: _____

Name: _____

Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____

Phone: _____

Name: _____

Phone: _____



Prepared. For Life.®

Part B1: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

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

Address: _____

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

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

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

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



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

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

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

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



Part B2: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

DO YOU USE AN EPINEPHRINE ☐ YES ☐ NO

AUTOINJECTOR? Exp. date (if yes) _____

DO YOU USE AN ASTHMA RESCUE ☐ YES ☐ NO

INHALER? 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
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/stings	

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

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

Medication	Dose	Frequency	Reason

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

Administration of the above medications is approved for youth by:

_____ / _____

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



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

Immunization

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

Yes	No	Had Disease	Immunization	Date(s)
<input type="checkbox"/>	<input type="checkbox"/>		Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>		Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>		Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>		Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>		Polio	
<input type="checkbox"/>	<input type="checkbox"/>		Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Other (i.e., HB)	
<input type="checkbox"/>	<input type="checkbox"/>		Exemption to immunizations (form required)	

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX.

Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: ☐ Yes ☐ No

Reason: _____

Approved by: _____

Date: _____



Part C: Pre-Participation Physical

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

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____



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

Please fill in the following information:

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

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

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

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

Examiner's Certification

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

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

Examiner's signature: _____ Date: _____

Examiner's printed name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Office phone: _____

Height/Weight Restrictions

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

Maximum weight for height:

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



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