

Rotary Scout Camp



BOY SCOUTS OF AMERICA®
HEART OF AMERICA COUNCIL

Resident Camp for
Scouts with Special Needs

CAMPER GUIDE



July 9 - 13, 2026



Dear Scoutmaster, Parent, or Guardian:

Welcome to Rotary Scout Camp! We are so excited to welcome you to camp. In order to help you prepare your Scout for camp, you will find information and forms necessary for all participants.

This week at camp promises to be a great summer camp experience. Our program staff has been preparing exciting activities such as merit badges, campfires, swim parties, dance parties, and evening events all themed around our 2026 theme, "The Wizarding World of Rotary".

It is our goal to provide a memorable camping experience to all Scouts BSA with special needs who otherwise would not be able to participate in a traditional long-term camp.

If you have any questions while reviewing this guide, please do not hesitate to contact me. While reviewing this guide, please note the procedures for check in. In addition, be sure to fill out the camper information form which is online under the Rotary Camp page. By completing this prior to July 1st, it will help us to expedite check-in.

On behalf of the entire camp staff, we are looking forward to providing your Scout with a memorable and positive summer camp experience!

Yours in Scouting,

Austin Shults
Camp Director
816-518-7156
shults.austin@gmail.com

Quick Reference & Important Dates



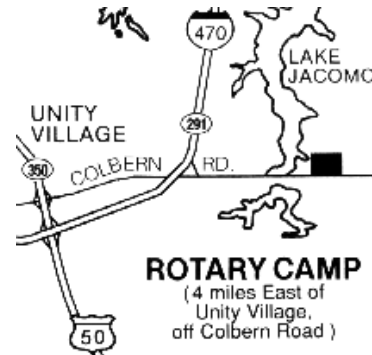
Camp Director
Austin Shults
816-518-7156
shults.austin@gmail.com

Staff Advisor
Tom Fyffe
816.569.4985
Tom.fyffe@scouting.org

Heart of America Council
(Mailing Address Before Camp)
10210 Holmes Road
Kansas City, Mo 64131-4212
816-942-9333
www.hoac-bsa.org

Camp Phone Number (*Only for July 6th - 13th*)
816-246-6311

Rotary Youth Camp
Camp Address (July 6-13)
22310 E. Colbern Rd
Lee's Summit, Mo 64086



2026 Dates to Remember

Thursday, July 9	Campers Arrive	9:00 AM
Thursday, July 9	Opening Night Campfire	7:00 PM
Friday, July 10	Field Trip	TBD
Monday, July 13	Closing Night Campfire	4:00 PM
Monday, July 13	Camper Checkout	5:00 PM



ROTARY SCOUT CAMP

GENERAL INFORMATION

About Camp:

Rotary Scout Camp is a residential, 5-day camp designed for scouts with special needs. Our program and camp is set up to assist all campers in having a successful camping experience. Most campers attend camp individually rather than with their home troop. Unless attending with their home troop, campers will be split up among provisional camp troops including separate male/female troops; and most will be paired 1:1 with a staff person who will serve as their buddy for the week. Staff and campers are divided into troops and travel to activities including merit badges and swimming as a troop. Their staff will help them as needed with daily hygiene, traveling around camp, mealtime, program activities, swimming, and merit badges. No matter their level, our goal is for all campers to be successful with everything they do.



Camper Registration

Camper registration can be completed online. The registration form can be found online at hoac-bsa.org under: Camping, Scout Camping, Rotary Scout Camp.

Arrival Time at Camp/Check In:

The arrival time for campers begins at 9:00 am on Thursday, July 9, 2026. Once your application is processed, you will receive a link to complete additional paperwork online. This link is also online hoac-bsa.org under: Camping, Scout Camping, Rotary Scout Camp. As camp gets closer, please be on the lookout for any additional details regarding camper check-in including specific arrival time. Arriving within your specific timeframe will help expedite check-in and keep the line moving.

Camp Mail: If you wish to write your camper during camp, the camp address is:

Rotary Youth Camp
Scout's Name
22310 E Colbern Rd
Lee's Summit, MO 64063

Mail received after July 13th will be returned to the sender.



Camp Phone: The camp phone number is (816) 246-6311. This phone is answered 24 hours per day. In the event of an emergency and you are unable to reach anyone at this number, you may contact Austin Shults at (816) 518-7156.

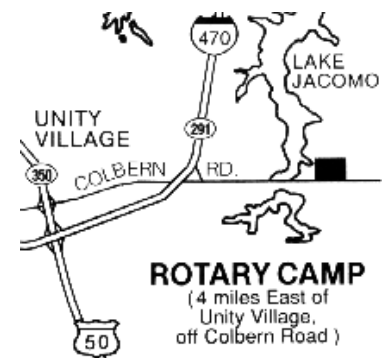
Departure: On Monday, July 13, 2026, at 5:00 PM (or immediately after closing campfire) camp will officially close. Parents and caregivers are required to report to the Camp Office to check your Scout out, prior to the campfire. THIS IS VERY IMPORTANT; all campers must be checked out. All campers must be picked up by 5:00 pm to allow staff to clean camp and be dismissed. **The camp office will be closed from 3:45 pm until after the campfire.**

Directions to Camp: The Rotary Youth Camp is easy to find. The camp is located on the south side of Lake Jacomo on Colbern Road at 22310 E. Colbern Rd, Lee's Summit, MO 64086.

From the West - Take Interstate 470 East and exit on Colbern Road. Continue East 1.6 miles; Rotary Camp is on the North Side and the gate will be marked "Rotary Youth Camp."



From the East – Take 470 South and exit on Colbern Road. Continue East 1.6 miles; Rotary Camp is on the North Side and the gate will be marked "Rotary Youth Camp."



Medical Treatments: Rotary Scout Camp will have a Doctor, Nurses, and other medical professionals on staff at camp 24 hours a day. Any emergency cases will be taken to the hospital deemed best for treatment of injury, but will generally be Truman Lakewood or St. Luke's East Hospital. If this is the case, you will be contacted immediately.

Physical: Included is a physical form which MUST be completed within the past 12 months of July 13, 2026, and signed by a medical physician (M.D. or D.O.). The physical MUST be presented to the Camp Physician at the time of check-in. No camper will be allowed to remain at camp without one. All parts must be completed and signed. If there are any special instructions for any medications, please put a sheet with those instructions in the physical form. Please fill these out in detail.

Medication:

All medications must be turned in to the health office at check-in and will be distributed by camp medical personnel as prescribed. This includes any over-the-counter medication.

PLEASE NOTE: Prescriptions must be sent in the original container or packaging and should only include the total amount needed for the camp session. Exceptions will be made for those prescriptions on "pill punch cards."

In addition, you will receive an email to complete additional information for medications. It is important to complete this form prior to camp to help with the speed of check-in. You may email a copy of the completed health form to shults.austin@gmail.com prior to camp for the medical team to review (this will help expedite check-in).

Summer Food Service Program: This is a form at the end of this packet and is required by the Rotary Youth Camp. We are participating in a government food program. All campers under the age of 18 must have this form completed. If you do not qualify for free or reduced lunches, simply put your name and “does not qualify.”

Dietary Requests: The Rotary Youth camp provides all meals to us at no cost. Accommodation for those scouts with special dietary needs will be made. Please make sure we are aware of the need, and we will work with the camp. Many campers who have extensive needs work directly with the camp prior to arrival making sure meals will be accommodated. If this is the case for your camper, we can put you in contact with the camp directly. All dietary requests must be made by July 1st.

Parents Attending Camp:

Most of our campers come to camp without their parents/guardians. Parents who wish to attend camp with their camper must be a **full-time staff member and attend staff training**. To allow for camper growth, we do not encourage parents to be their camper’s staff buddy. Parents can staff in the same troop as their camper but we have experienced the best results when parents are paired with another camper. Staff applications are online at hoac-bsa.org.

Visitors: For the safety and security of all campers and staff, visitors during camp are not encouraged but will be allowed during the hours of 10:00am and 4:00pm. If you come to camp to visit your Scout, you must check into the camp office and receive a visitor’s wrist band. On Monday, July 13th, we will be having our closing night campfire when we welcome and encourage all visitors. Visitors are welcome to arrive beginning at 3:30 pm. Campfire begins at 4:00pm.

Camp Security: The safety of our campers and staff is our number one priority. Campers are paired with staff in provision troops. Campers travel together with their troop to/from each activity. All visitors are required to check in at the camp office and receive a visitor’s wristband if authorized to visit program areas. All visitors must be accompanied by a staff member. As in previous years, we will continue to have a night watch crew that remains up and alert on property during the overnight hours.



What to Bring:

The following is a list of items your Scout should bring to camp.

Please make sure all items are labeled with name. This is critical!

Laundry Bag	Min. of 10 t-shirts, shorts/pants, underwear, socks
Scout Uniform	Light jacket
Extra pair of shoes or sneakers	Foot locker, bag, or suitcase
Sleeping bag or sheets & covers	Pillow
Small battery-operated fan	Medications – turned into health lodge
Flashlight	Towels (2-3)
Swimsuit (one piece for females)	Plastic Cup with Lid and Handle (put name on cup)
Money for trading post (\$10-\$20 max)	Shower shoes (flip flops)
Rain Gear	
Toiletries (soap, shampoo, toothbrush, toothpaste, razor, shaving cream, deodorant, and comb)	
Other items which are generally used every day and extras.	

Please note: To expedite evening showers, we will be providing showers, soap, and shampoo. You do not need to send this with your scout unless they have an allergy or preference with what they use. This will save time on campers forgetting their shower supplies and having to go back to their cabin/tent to pick them up. Additionally, we provide sunblock at the pool for all campers.

What not to bring:

Knives	Expensive items	Tobacco products	Cell phones
Jewelry	Fireworks	Electronics	Candy or gum, Snacks
Matches	Tobacco/Alcohol		

Online Information Form

Once your camper paperwork has been processed, you will receive an email with a link to an online form. This online form is replacing many paperwork items that were completed and brought to camp. It is important to fill this out prior to July 1st so that we may prepare for camp and keep the check-in line moving. Those who do not fill out the online form will be required to fill out all paperwork at camp prior to getting in line for check-in. The online form will cover the follow:

1. Camper info
2. Photo Release
3. Scout Advancement
4. Prescription Medicine
5. Dietary Restriction

2026 Camp Program Highlights

- “Wizarding World” Theme
- Science City Field Trip
- AMTRAK Train Ride
- Theme Night
- Merit Badges
- Daily Swim
- Dance Party
- Pool Party
- Campfires



Outpost Programs

We have outpost (tent camping) options for those scouts who may want a more rustic camping experience. Scouts will sleep in tents, cook some of their own meals and participate in activities designed especially for the more experienced camper. Pre-approval from the Troop Scoutmaster and Rotary Staff is required for participation in this program. We recommend experienced campers for these areas as well as campers who are more mobile since it is a hike to the camping area.



Handicraft Area

Scouts will have the opportunity to work on skill level appropriate crafts. Actual projects will be different each session. Typically, they are leather, wood or craft strip projects.



A Note From the Health Lodge...

Hello Friends and Families!

I hope you are all as excited for camp as we are! Camp will be here before we know it! To help the health lodge staff expedite check-in and assist us in caring for your camper for the week, we have a few tips for you. Please complete our medication form which will help with expedited check-in. This form is online, and the link will be emailed to you from our camp director.

1. Medications are given four times during the day, three times with meals and at bedtime. Please choose the best time for your camper to keep them on their schedule. Concerns can be discussed at check-in.
2. Please send original containers with your camper. We need to know what medications and doses your camper is receiving. Only send the amount needed for the camping session.
3. Any of the medications listed such as Tylenol and Benadryl will be available in the health lodge. Help us maximize our space by keeping those bottles at home unless your child needs a specific form.

Don't hesitate to reach out with any questions or concerns. We look forward to meeting all of you! It's going to be a great week at camp this year!

Health Lodge Staff

Special Dietary Requests

The parent/guardian of each Camper/Staff with dietary restrictions needs to fill this out.

This sheet **MUST** be returned to ROTARY YOUTH CAMP OFFICE ASAP and at least 2 weeks before the camp session.

User Group: _____

Camper name: _____

Parent/Guardian name: _____

Parent/Guardian email: _____

Parent/Guardian phone#: _____

I will contact the parent/guardian to clarify before the camper arrives.

Food Allergies:

Brands preferred of specialty items (Daiya, Almond Breeze, etc.)

Non-food allergy requests:

___ Vegetarian

___ Vegan

___ No pork items

___ Other (please explain)



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE
 SUMMER FOOD SERVICE PROGRAM (SFSP)
SFSP ENROLLMENT FORM FOR CAMPS AND CLOSED ENROLLED SITES

PERMISSION TO PARTICIPATE

I (Parent/Guardian Name) _____ give permission for my child(ren) listed below to participate in the enrolled SFSP site:

(Site Name) _____ located at

(Site Address) _____

and to receive SFSP meals from:

(Sponsor name) _____

CHILD(REN)

FIRST/LAST NAME	AGE

PARENT/GUARDIAN CONTACT INFORMATION

FULL NAME _____

ADDRESS _____

CITY	STATE	ZIP CODE	COUNTY
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PHONE NUMBER _____

EMAIL ADDRESS _____

Parent/Guardian Signature: _____ Date: _____



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 SUMMER FOOD SERVICE PROGRAM (SFSP)
INCOME ELIGIBILITY FORM

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the program.

PART 1 CHILDREN ENROLLED IN THE PROGRAM

Complete information below for children enrolled at the camp/site. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number. ***In certain cases, foster children are eligible for free meals regardless of household income. If foster children live in your household, please contact the camp or site sponsor for more information.***

NAME (first and last)	BIRTH DATE	FOSTER CHILD	SNAP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER

PART 2 HOUSEHOLD AND INCOME INFORMATION

List all members of the household including the children listed in Part 1. Indicate source and amount of current income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months.

INCOME BASED ON (CHECK ONE)	YEARLY	MONTHLY	2 X A MONTH	EVERY 2 WEEKS	WEEKLY
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER	

PART 3 PARTICIPANT'S ETHNIC AND RACIAL INFORMATION (Optional)

Hispanic or Latino: YES NO

Race:	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	WHITE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 4 SIGNATURE

I hereby certify that all information provided is correct and true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT FAMILY MEMBER	SOCIAL SECURITY NUMBER	DATE
PRINTED NAME OF ADULT	ADDRESS	PHONE NUMBER

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance (TA) Program case number for your household or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

FOR SPONSOR USE ONLY

TOTAL HOUSEHOLD SIZE:	INCOME:	INCOME BASED ON (CHECK ONE):					SNAP (Food Stamp)	TEMPORARY ASSISTANCE
		YEAR	MONTH	2 X A MONTH	EVERY 2 WEEKS	WEEKLY	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Eligibility Determination: Eligible Ineligible

SIGNATURE OF CENTER REPRESENTATIVE	DATE
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In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.

2026 Rotary Scout Camper Information Sheet

PLEASE PRINT

Scout's Name _____ Date of Birth _____ Sex M/F T-Shirt Size _____

Parent/Guardian Name _____ Home Phone # _____

Cell # _____ Parent/Guardian Email _____

Emergency Contact (1) _____ Relation _____ Phone # _____

Emergency Contact (2) _____ Relation _____ Phone # _____

Current Scout Rank _____ Date Last Rank _____ District Name _____ Unit # _____

Current OA Level _____ Date of OA Level _____

Is scout eligible for OA advancement? YES NO

If a camper is a new candidate for Order of the Arrow membership, a copy of the election report must be attached to this application.

Mic-O-Say, a Bartle Scout Reservation program, will conduct ceremonies at Bartle for qualified campers, whose recommendations have been submitted by their home troop and approved by the SheSheBe Council prior to June 1, 2026. If you have any questions, contact H. Roe Bartle Reservation Director for details at 816.942.9333. Special accommodation will be made by the Bartle Reservation Staff to facilitate special needs.

Current Mic-O-Say Status Date: Brave _____ Warrior _____ Paint Level _____

(No Mic-O-Say ceremonies will be held at Rotary Camp)

Please consider this Scout for Outpost Tent Camping _____ YES _____ NO

How many years has this Scout attended Rotary Camp? _____

Has this Scout attended any summer camp prior to this year? _____ YES _____ NO

All campers must be registered in a Boy Scout Troop or Venturing Crew and **participate** in the Scouting program. Each Scout will be placed in a provisional troop with an assigned staff member.

Unit Leader's Contact Name _____ Phone # _____ Email _____

Unit Leader Approval _____ Date _____

Parent/Guardian Approval _____ Date _____

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: _____
 Phone: _____

Name: _____
 Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____
 Phone: _____

Name: _____
 Phone: _____



Part B1: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

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

Address: _____

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

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

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

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



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

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

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

Yes	No	Condition	Explain
		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



Prepared. For Life.®

SCOUT OATH

On my honor I will do my best
To do my duty to God and my country
And to obey the Scout Law;
To help other people at all times;
To keep myself physically strong,
Mentally awake, and morally straight.

SCOUT LAW

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

