

Massawepie Scout Camps Health, Safety, and Medical Guide

This document is meant to help parents and leaders complete their camp medical paperwork and confirm parents' and leaders' understanding of appropriate check-in-checkout procedures and camp disciplinary policies.

Camp Conduct

While we would love to have "Obeying the Scout Law" in camp be enough to ensure scout-like behavior; we do sometimes run into severe behavioral issues with scouts and even leaders in camp. Massawepie Scout Camps, has no tolerance for Harassment, bullying, Hazing, or violence against any attendee, leader, or member of the staff, nor do we tolerate vandalism, or pranks of any kind. Likewise, we expect scouts to be compliant with camp policies and procedures related to health and safety in camp. These include but are not limited to youth protection, the scouters code of conduct, prohibition on sexual activity, and prohibition of possession of any items not permitted in camp. As a parent you must understand that in the case of a major violation, camp management reserves the right to send a scout home if necessary for the preservation of their, or another's, health, and safety in camp. If your scout is sent home on behavioral grounds, it is the expectation of camp management that you or a designee can arrange pickup within a 24hr window. Scouts sent home on behavioral grounds will not be eligible for a refund.

Arrival and Departure Authorization

One of the most important jobs of the camp staff and troop leadership is ensuring the safety and security of all scouts in camp. One of the ways we do this is by being diligent about our check-in check-out procedures in camp. We expect all scouts you have registered will arrive at the camp Sunday afternoon with your troop. If a scout is arriving late, or a last-minute drop from your registration, you must have a copy of the Absentee/No-show verification form (Found in the appendices of this document) filled out and signed by the parent for each scout. We will do a roster check at the parking lot, and if we do not have this paperwork for missing scouts, we will need to hold your troop from Saturday check-in until we get ahold of the missing scouts' parents.

Likewise, authorized early release process is a critical aspect of ensuring scouts remain safe and secure in camp, and are not checked out by any unauthorized individuals. If a scout is departing any time before 10am checkout on Saturday. The scout master must fill out the "Camper Release Verification" Form (Found in the appendices of this document) and meet the person picking up the scout at the central office so the Camp director or a designee can release the scout from camp. The scout can only be picked up by a parent/guardian or another authorized person listed on the medical form.

It is the expectation of Massawepie scout camps that troop leaders will be partners in following these policies. Troop leaders are also expected to enforce the camper ID system by ensuring all scouts, leaders and visitors in camp have an ID wristband.

Medical Screening

In addition to the medical form, and medicine check-in, each scout and leader will be asked a series of medical screening question, intended to check for any recent injury not listed on the medical form, and to mitigate the risk of communicable disease from spreading in camp. If there are obvious signs of a potential communicable disease camp staff will coordinate with the council physician on next steps, which may include pursuing testing at the health center in Saranac Lake. In a confirmed case of communicable disease, we will also consult with the health department. This will probably result in the scout being sent home. If a scout is sent home from camp because of communicable disease they will be eligible for a full refund less the \$100 deposit. You can help prevent this from happening by doing the following.

- Have your scout fully up to date with their immunization schedule including Covid and annual flu vaccine
- Do not travel out of the country in the 3 weeks leading up to camp
- If your scout has a fever, or is struggling from cardio-respiratory, or gastro-intestinal symptoms, DO NOT SEND your scout to camp. Scouts who have a last-minute medical issue or injury will be eligible for a full refund less the \$100 deposit.

MED Forms

We are handling medical forms with a new process this year and trying to avoid challenges and surprises at camp by setting clear and unambiguous standards and expectations for your scouts' medical forms. Please make the entirety of this document available to all parents and leaders your signed copy of this page, and the signed copies of the following documents signed where indicated by scouts and leaders shall be considered an essential part of the troops' medical forms, which must be submitted prior to entry into camp. If a scout is turned away for incompleting Med Forms they will not be eligible for a refund. The process for medical paperwork and check-in this year will be as follows.

1. All Medical forms submitted must be original copies (this means no photocopied signatures!) We would like each unit to provide 1 binder of original documents and keep 1 binder of paperwork on the site. To effectively manage medication, it is critical the troops retain this second binder. At the end of the week during the checkout process, your troop will swap binders with the medical staff so that you can take home the originals, and we can keep your copies.
2. All medication brought into camp must be in its original bottle and must match the medication and dosage designated on the health form.
3. Designate a unit coordinator for medical forms. This can be the camp coordinator or another leader, but they should be responsible for managing forms for your troop and managing scouts' medication while in camp.
4. Provide this document in its entirety to leaders and parents of scouts attending camp; provide a deadline for the return to the Unit Leader or camp medical coordinator
5. Submit your binder of ORIGINAL medical paperwork to the council office by May 31st so that it can be pre-checked by the council physician. The physician will review all documents enclosed and notify the unit's medical coordinator of the documents' status.
 - a. You can submit forms by mail, but they must be received by the office by May 31. Any mailed forms should be addressed to Attn. Council Physician, 2320 Brighton Henrietta Rd, Rochester NY, 14623.
 - b. If you do not pre-screen forms, they will be screened at camp. We reserve the right to turn away scouts or leaders with incomplete forms.
6. Bring your complete binder of document copies with you to camp.
7. Prepare absence/no show verification form for any late arrivals, or last-minute drops. (If we do not have the form with the parent or guardians' signature, we need to call the parent upon your arrival without the scout)
8. Have all medication in original bottles/packaging prepared for medical check-in at the dining hall.
9. Keep Medications in a lockbox in the campsite, administer them as directed by scouts' medical paperwork, and stop at the health lodge daily to sign that medication has been administered.
10. Turn in Med form Copies and take binder of originals as you check out of camp.

Med Form Details

When we refer to medical forms it includes the following; which will be required for every youth and leader in camp:

Scouting America Medical Forms, Parts A, B1, B2, C, (Must provide originals)

- A-Informed consent form- completed by parent
- B1- General Info Health History- Completed by parent
 - **MUST Include a photocopy of the health insurance card;** Insurance company name and the policy number written on the form will not be accepted.
- B2- Allergy, Immunization, & Medication- Requires parent and **Doctor Signature**
 - **Must Include a Full Immunization Record printout from MyChart/ equivalent or a record from the doctors' office.** A record handwritten on the form will not be

accepted. If a family would not like to provide a vaccine record, they can fill out the exemption form, found in the appendices of this document. In line with Health Department guidance, and Scouting America policy we highly encourage scouts to be fully up to date with their vaccine schedule and require scouts and leaders in camp be vaccinated for tetanus.

- Any prescription medications the scout must take in camp must be written in and signed by your doctor.
 - Our health staff, including Unit leaders in camp MUST deliver medication according to the dosage laid out by your doctor. If it is written in as 1/day, we expect your scout to follow that in camp. If you have an as needed medication, it should be listed as "As needed, up to the maximum dosage"
- C- Annual Physical- **This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.**
 - Your Scout Must have a physical within a year of your camp session.
 - No scout will be permitted in camp unless authorized by their physician on this form.

SWC Summer Camp Youth Medication Form **not required for adults**

- This form should be filled out with your doctor at the same time as the ABC medical forms. It must be signed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.
- This form allows us to provide basic over-the-counter medications if the need should arise in camp. Any OTC's your scout takes regularly which are not pre-listed on the form should be listed in the open spaces on the bottom of the form. As with the prescription medication form, any added medication must be accurate for dosage and schedule. **If it is "As Needed" it must say "as needed"**
- If you do not want us to be able to give your child OTC meds as needed in camp you must still fill out the form and list NO for each medication and have the form signed by your doctor.

Meningococcal Form (For Trek participants, Saturday Arrivals 2-week participants, Staff, & CITs)

****not required for adults****

- NYS requires this form be filled out for any campers staying 7 or more nights in camp; Campers who arrive on Sunday and stay for only one camp session will not need to fill out this form.
- This form is for youth only and can be filled out entirely by the scouts' parents.

Troop Number: _____

Camp Session _____

I have read, and understood, and will do my best to ensure compliance with the policies and expectations laid out in the MSC Health, Safety & Medical Guide for my troop.

Unit Leader/Medical Coordinator Signature

I have read and understand and will do my best to comply with the policies laid out in the MSC health, safety, and medical guide. I understand a scout may need to be picked up if they are noncompliant with camp policies, exhibit injury/illness, or have incomplete medical paperwork

Parent/Guardian Signature

Scout's Signature

All Forms referred to Herein are attached Below as appendices to this document.

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
<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	



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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., Hib)	
<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: _____



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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	

Yes	No	Allergies or Reactions	Explain
<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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SENECA WATERWAYS COUNCIL BOY SCOUTS OF AMERICA **Summer Camp Youth Medication Permission Form**

Last Name: _____ First Name: _____ Unit: _____

Street: _____ City/State: _____

Phone: _____ Date of Birth: _____ Weight: _____

Oral Agents	Dosage	Indication and Schedule	Camper Health Care Provider		Comments
			Approval	Initials	
Diphenhydramine (such as Benadryl)	<90# 25 mg ≥ 90# 50 mg	Allergic Reaction/ Hay Fever every six hours as needed for 24 hours	Yes	No	
Maalox	30 cc	Indigestion/ heartburn once	Yes	No	
Milk of Magnesia	30 cc	Constipation daily twice as needed	Yes	No	
Robitussin	Per label instructions	Colds every six hours as needed	Yes	No	
Acetaminophen (such as Tylenol)	15 mg/kg (below)	Fever, Headache, Pain Control, Toothache every 4 hours as needed	Yes	No	
Ibuprofen (such as Motrin)	200 mg	Fever, Pain every 6 hours as needed	Yes	No	
Ibuprofen Liquid (such as Motrin)	5 ml per wt (below)	Fever, Pain every 6 hours as needed	Yes	No	
Topical Agents	Dosage	Indication and Schedule	Camper Health Care Provider		Comments
			Approval	Initials	
Triple Antibiotic (such as Neosporin)	Per label instructions	Wound care (scrapes, poison ivy) twice daily as needed	Yes	No	
Pramoxine (such as Caladryl)	Per label instructions	Insect Bites/ Poison Ivy twice daily as needed	Yes	No	
Miconazole Powder (such as Desenex)	Per label instructions	Athletes Foot twice daily as needed	Yes	No	
Clotrimazole (such as Lotrimin)	Per label instructions	Jock Itch three times daily	Yes	No	

weight	50-75 lbs	75-95 lbs	95-150 lbs	>150 lbs
Dose	325 mg	500 mg	650 mg	1000 mg

weight	48-59 lb	60-71 lb	72-95 lb	96+ lb
Liquid	10 ml	12.5 ml	15 ml	20 ml
200mg tablet	1 tab	1 tab	1 1/2 tab	2 tab

OTC Medication	Dosage / Route	Indication and Schedule	Camper Health Care Provider		Comments
			Self-Administration	Initials	
			Yes	No	
			Yes	No	

Health Care Provider: _____ Phone: _____

Address: _____ License: _____

Signature: _____ Date: _____

I hereby give permission for my son/ daughter receive over the counter and prescription medications as indicated by my child's Health Care Provider and request self-administration of prescription drugs. In addition, I give permission to carry and use sunscreen or insect repellent at camp and to use it throughout the day. If my child needs help re-applying sunscreen or insect repellent, I give permission for camp staff to provide my child with assistance if he/she requests it.

Signature of Parent or Guardian: _____ Date: _____

MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires that a parent or guardian of campers who attend an overnight children's camp for seven (7) or more consecutive nights, complete and return the following form to the camp.

The Centers for Disease Control and Prevention recommends two doses of MenACWY vaccine (Brand names: Menactra, Menveo) for all healthy adolescents 11 through 18 years of age: the first dose is given at 11 or 12 years of age, with a booster dose at 16 years of age. Children and adolescents with certain medical conditions may need to begin the MenACWY series at a younger age and/or receive additional doses. Consult with your child's healthcare provider regarding any medical conditions they may have.

If the first dose is given between 13 and 15 years of age, the booster should be given between 16 and 18 years of age. If the first dose is given after the 16th birthday, a booster is not needed.

Young adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series (Brand names: Trumenba, Bexsero). Parents/guardians should discuss the Meningococcal B vaccine with a healthcare provider.

Check one box and sign below.

- ☐ I have received and reviewed the information regarding meningococcal meningitis. My child has received meningococcal immunization (Menactra or Menveo) within the past 10 years.

Date received: _____

OR

I have received and reviewed the information regarding meningococcal meningitis. I understand the risks of meningococcal meningitis and the benefits of immunization at the recommended ages.

- ☐ I have decided that **my child**, who is **younger than 11 years of age**, will **not** obtain immunization against meningococcal disease at this time; or

- ☐ I have decided that **my child**, who is **11 years of age or older**, will **not** obtain immunization against meningococcal disease at this time.

Signed: _____ Date: _____
(Parent / Guardian)

Camper's Name: _____ Date of Birth: _____

Mailing Address: _____

Parent/Guardian's E-mail Address (optional): _____

IMMUNIZATION EXEMPTION REQUEST

On religious, philosophical, or medical grounds, I request exemption for ☐ me and/or ☐ my child from all vaccinations and/or immunizations required by the BSA (found on Scouting.org under Scouting Safely) for attendance to Camp _____ operated by the _____ Council, Boy Scouts of America. I understand that a medical evaluation and screening by a licensed health-care practitioner is necessary to reduce the possibility of exposing other camp participants to a communicable disease.

In consideration of these exemptions, I understand that I accept complete responsibility for the health of ☐ me and/or ☐ my child, and I hereby release and agree to hold harmless the Boy Scouts of America and any of its officers, agents, and representatives from any liability that might arise during Scouting activities by virtue of this exemption. It is further understood that, should an emergency arise, (name) _____, (telephone) _____, will be notified immediately. In the event that this contact cannot be located immediately, the Boy Scouts of America authorities may take such temporary measures as they deem necessary.

Participant signature

Parent/guardian signature

Date: _____

Name (print): _____

Address: _____

City, State, Zip: _____



BOY SCOUTS OF AMERICA

Seneca Waterways Council | Massawepie Scout Camps -Camp Pioneer

Absences/No Shows Verification

Week_____Date_____Camp_____Pack/Troop_____

Camper Name _____

Phone # (Camper) _____

Pack/Troop Leader Name _____

Time/Date of Call to Scout Household _____

Contact Person _____

Reason for not attending camp

Reservation Director Signature _____

The Scout is attending camp but will be attending late:

If for any reason the Scout cannot make check-in on time whether it be a game, family obligation, or other reason a parent/legal guardian's signature will put a hold on the verification process. If the Scout does not arrive in camp on the time specified verification of the Scout's whereabouts would be initiated. Please complete the information below.

Reason for being late: _____

Person accompanying Scout at check in: _____

Expected time of arrival in camp:

Parent's Signature _____

Summer Camp – Camper Release Verification

Week _____ Pack/Troop _____ Date _____

Camper's Name _____

Return Time/Date _____

Person Picking up Camper _____

If pick up by person other than parent / guardian, Reservation Director may only sign out a Scout to adults identified on the health and medical form or have verbal or specific written permission from the parent / guardian that acknowledges that Scout is leaving camp.

Reservation Director certification of non-parent / guardian pickup: Adult authorized on medical form
Parental permission obtained in writing (attach copy)

Parental permission obtained over phone

Time: _____ Date: _____

Verbal Instructions: _____

Driver's License Number of Person Picking up Camper: _____

Reason/Destination _____

Returning to Camp: Yes / No

Estimated Time of Return and Date: ____/____/____ ____:____

Pack/Troop Leader Signature _____

Reservation Director Signature _____

The Unit Leader, Adult Picking up the Scout and the Scout must be present at the Camp Office in order to sign out a Scout. Adults that are picking up a Scout must be listed on the Scout's Health and Medical record as approved by the parent / guardian. Parental verification may be required by the Reservation Director so please leave plenty of time for sign-out.

Please remember to sign in upon returning to Camp

Thank You!!!