

Housatonic Council Presents

SUMMER CAMP 2025



Edmund D. Strang Scout Reservation

278 Westside Road, Goshen, CT 06756

housatonicscouting.org



OWNED AND OPERATED BY THE HOUSATONIC COUNCIL, SCOUTING AMERICA AND LOCATED IN THE FOOTHILLS OF LITCHFIELD COUNTY, STRANG SCOUT RESERVATION'S 186 ACRES OF FOREST, FIELDS AND STREAMS PROVIDE THE BACK DROP TO AN EXCITING SCOUTING EXPERIENCE.

STRANG SCOUT RESERVATION
KELLOGG.STRANG@GMAIL.COM
278 WESTSIDE ROAD, GOSHEN, CT 06756
860.491.2770

COUNCIL SERVICE CENTER
CAROLE.CAFARO@SCOUTING.ORG
111 NEW HAVEN AVENUE, DERBY, CT 06418
203.734.3329

IMPORTANT DATES TO REMEMBER:

APRIL 1ST 2025

\$85 DEPOSITE PER WEEK PER CAMPER DUE TO SECURE EARLY BIRD CAMP FEE PRICING (NON-REFUNDABLE)

JUNE 1ST 2025

BALANCE OF EARLY BIRD CAMP FEES DUE OTHERWISE PRICING INCREASED TO REGULAR FEE.

REFUNDABLE POLICY

**THE DEPOSIT OF \$85 IS NON-REFUNDABLE,
UP TO 6/15 FULL PAYMENT IS REFUNDABLE MINUS DEPOSIT & \$75 ADMIN FEE,
AFTER 6/15 FULL PAYMENT IS REFUNDABLE MINUS DEPOSIT & \$150 ADMIN FEE**



WELCOME

Let's Get Started! We are excited that you are interested in attending Strang Scout Reservation this summer! Our team looks forward to meeting you! Since 1961, our scout reservation has created a historic legacy of scouting for youth in the lower Naugatuck Valley, throughout Connecticut, and throughout the Northeast Region.

Strang Scout Reservation is the primary residential summer camp experience for Housatonic Council. Our program seeks to provide advancement, outdoor education, and leadership opportunities that support the fundamentals of scouting.

Strang Scout Reservation offers a residential summer camp experience for Scouting America Scouts, Cub Scouts, and Venturing Scouts. Our seven campsites offer canvas tent and Lean-to camping. Scouts and adult leaders have the opportunity to participate in activities and advancement across our nine program areas. Our camp size and experienced staff can offer an individualized camp experience for each scout and unit. Our staff is willing to work with you to build the program opportunities you are looking for!

SAFETY IS OUR TOP PRIORITY

Our Camp Health Office is staffed 24 Hours a Day by a qualified Health Officer. Strang Scout Reservation meets or exceeds National Scouting America Camp Standards and Complies with Connecticut State Laws for Youth Camps.

Use of tobacco products, alcohol, or illegal drugs on camp property is strictly prohibited.

All residential summer camp participants (scouts and leaders) are required to submit a complete Scouting America Medical Form A, B, and C. Please see forms attached at the end of this brochure.

Insurance: Housatonic Council provides secondary health and accident insurance for participants, which covers costs not paid by the primary carrier. Non-Housatonic Council participants need to provide proof of council/ unit insurance.



2025 SUMMER PROGRAM

Scouting America Summer Camp at Strang Scout Reservation offers scouts an incredible week long opportunity to try new activities, work on advancement, and develop scouting skills in the outdoors! Scouts will have the opportunity to engage in various program options- including Merit Badges, Early Morning Programs, Older Youth activities, Troop Programs, and Camp Wide Programs.



WEEK 1
7/6 - 7/12



WEEK 2
7/13 - 7/19

WEEK 3
7/20 - 7/26



CUB 3-DAY EXPERIENCE
7/13 - 7/16

CUB 6-DAY EXPERIENCE
7/20 - 7/26

CUB SCOUT RESIDENT CAMP
WEEK 1

CUB SCOUT RESIDENT CAMP
WEEK 2



ABOUT SUMMER CAMP PROGRAMS

Scouts who attend a week of summer camp (including Scouting America and Cub Scout Programs) will have the opportunity to visit all of our awesome program areas- including Aquatics, Shooting Sports, Climbing, S.T.E.M., Outdoor Skills, Ecology and Conservation, and Handicrafts.

PACKING LIST



Daily Change of Clothes

Activity Uniform

Field Uniform (Scout Shirt, Scout Shorts & Pants)

Watch

Toiletry Items

Sleeping bag or sheets and a blanket

Pillow



Rain Gear

Flashlight with extra batteries

Trunk with a combination lock

Scout Handbook

Pen/ Pencil and Paper, Notebook

Swimwear and Towel

Bug Netting and Bunk Poles

Hiking Shoes

Laundry Bags



Water Bottle

Sweatshirt or Jacket

Bug Repellent (non-aerosol)

Sun Screen

Spending money for Trading Post

Bicycle and helmet (if want)



WHAT NOT TO BRING

Food/ Snacks that are kept in site or tent

Fireworks

Tobacco Products, Alcohol, Illegal Drugs

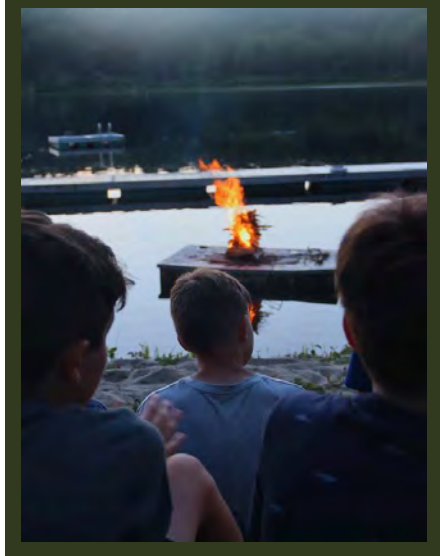
Scented Toiletries



Edmund D. Strang Scout Reservation suggests that any swimwear worn at the waterfront be appropriate attire for the activity as suggested by the Scouting America National Aquatics Committee. Appropriate attire is required for all activities and pertains to all ages, genders, Scouts, Scouters, staff, visitors, and family members. If there are any questions or concerns regarding this please reference The Scouting America National Aquatics Committee Swimwear Statement on swimwear and contact the camp director.



CAMP FEES REGISTRATION OPEN NOW!



3-Day Cub Residential
Early Bird/Regular Fee
\$300 / \$325

Scouting Residential
Early Bird/Regular Fee
\$500 / \$525

6-Day Cub Residential
Early Bird/Regular Fee
\$425 / \$450

Additional Scout
Week / Sibling Fee
\$475

ADULT LEADERSHIP

Strang Scout Reservation is happy to offer free attendance for the first two adult leaders. A fee of \$150 will be assessed to any additional adults to cover food costs. We greatly appreciate your dedication and the crucial role you play in making camp a success. Thank you for your time and commitment.

CAMPERSHIPS

Housatonic Council campership funds are available to help reduce camp costs for many Scouts and their families. Campership applications can be picked up at the Housatonic Council Service Center or at the Camp Strang Office during the summer.



CONTACT:

203.734.3329
www.housatonicscouting.org



SCHEDULE



Pick your own schedule to earn merit badges while at camp! Complete any prerequisites listed online before coming to camp and show them to your Merit Badge Counselor, By-Appointment badges are the same.
Finish all requirements to be celebrated at the Saturday Court of Honor!

	Sunrise 6:30–7:00	Session 1 9:00 - 9:50	Session 2 10:00 - 10:50	Session 3 11:00 - 11:50	Session 4 2:00 - 2:50	Session 5 3:00 - 3:50	By-Appointment 4:00 - 4:50
First Year Camper		Brownsea Island First Year Camper Program Scout, Tenderfoot, Second Class, First Class Emphasis**					
Ecology & Conservation		Weather	Astronomy	Bird Study	Forestry	Nature	(Tue) Pulp & Paper
		Animal Science	Environmental Science*		Geology		
Range and Target Activities/ Field Sports	Sunrise Sports (M, W, Th)	Shotgun Shooting (12 +)			Rifle Shooting		(M, W, F) Cowboy Action** (14 +)
			Golf		Archery		
Waterfront	Polar Bear Plunge (M, T, W)	Canoeing (12 +)		Motorboating	Small Boat Sailing		(Wed) Stand-Up Paddleboarding**
		Kayaking	Swimming*		Life Saving* (12 +)		
Outdoor Skills Area		Orienteering	Signs Signals & Codes	Emergency Preparedness*	Wilderness Survival	Fishing	
			Pioneering		Exploration	Camping*	
Handicrafts		Basketry	Art & Painting	Leatherworking	Woodcarving	Home Repairs	(Tue) Fingerprinting
Climbing Tower	Morning Climb (T & Th)				Climbing (12 +)		
STEM Center		Game Design	Music	Electronics	Digital Technology	Chemistry	(Thur) Chess
		American Business	Space Exploration	Energy			(Thur) Photography
Health and Safety		First Aid*			Fire Safety		

* Required merit badges for Eagle Scout **Certifications/Awards/Advancement Sessions



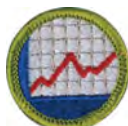
Session 6 includes Adventure to Eagle sessions along with a single day area Merit Badges. You can

EITHER choose off the schedule above for Period 6 or choose from the following. This is subject to change upon availability of staff and volunteer counselors.

Citizenship in the World (Mon, Wed, Fri)	Citizenship in the Nation (Tue & Thur)	Communication (Mon-Thur)
---	---	-----------------------------

MERIT BADGE PREREQUISITES

Some badges have requirements that would prove difficult to have completed while at camp, so we ask that you complete these requirements prior to our camp experience!



AMERICAN BUSINESS
Recommended for all scouts!



CITIZENSHIP IN THE WORLD
Recommended for all scouts!



FORESTRY
Recommended for all scouts!



ANIMAL SCIENCE
Recommended for all scouts!



CLIMBING
Recommended for all scouts!



GAME DESIGN
Requirement 8



PHOTOGRAPHY
Recommended for all scouts!



ARCHERY
Recommended for all scouts!



COMMUNICATION
Requirement 5, 7



GEOLOGY
Recommended for all scouts!



PIONEERING
Recommended for all scouts!



ART
Requirement 6



DIGITAL TECHNOLOGY
Recommended for all scouts!



GOLF
Recommended for all scouts!



PULP & PAPER
Recommended for all scouts!



ASTRONOMY
Recommended for all scouts!



ELECTRONICS
Recommended for all scouts!



HOME REPAIRS
Recommended for all scouts!



RIFLE SHOOTING
Recommended for all scouts!



BASKETRY
Recommended for all scouts!



EMERGENCY PREPAREDNESS
Requirement 1, 3



KAYACKING
Recommended for all scouts!



SHOTGUN SHOOTING
Recommended for all scouts!



BIRD STUDY
Recommended for all scouts!



ENERGY
Requirement 1a, 4



LEATHERWORKING
Recommended for all scouts!



SIGNS, SIGNALS, & CODES
Recommended for all scouts!



CAMPING
Requirement 8c, 8d, 9



ENVIRONMENTAL SCIENCE
Requirement 6



LIFE SAVING
Requirement 2a



SMALL BOAT SAILING
Recommended for all scouts!



CANOEING
Recommended for all scouts!



EXPLORATION
Recommended for all scouts!



MOTORBOATING
Requirement 4b



SPACE EXPLORATION
Requirement 3



CHEMISTRY
Recommended for all scouts!



FINGERPRINTING
Recommended for all scouts!



MUSIC
Recommended for all scouts!



SWIMMING
Recommended for all scouts!



CHESS
Recommended for all scouts!



FIRE SAFETY
Recommended for all scouts!



NATURE
Recommended for all scouts!



WEATHER
Recommended for all scouts!



CITIZENSHIP IN THE NATION
Requirement 5, 7



FIRST AID
Requirement 2b



ORIENTEERING
Recommended for all scouts!



WILDERNESS SURVIVAL
Recommended for all scouts!



FISHING
Recommended for all scouts!



PAINTING
Recommended for all scouts!



WOODCARVING
Requirement 2a

WEEKLY SCHEDULE

OPENING CHECK-IN & CLOSING COURT OF HONOR

SUNDAY (CHECK-IN PROCEDURES)

Plan to Arrive between 2:00PM and 4:30PM for check-in. Scoutmasters and Camp Staff will be located at the registration area to check-in your Pack or Troop. Scouts will receive their buddy tag for the Waterfront. All personal gear can be taken to campsite.

If a buddy tag is not in the scoutmaster packet, the scout must report to the Medical Check-In station in front of the Health Lodge before reporting to the Waterfront for Swim Tests.

A **Swim Check** will be conducted at the Waterfront immediately following check-in. A Swim Check is a requirement before participation in any Waterfront activities.

Around **5:00PM the Family Picnic will Begin**. All parents/ visitors are invited to stay for our opening picnic. The fee is **\$10.00 for adults** and **\$5.00 for children**. Children under age 6 are free. Field Games will be organized during this picnic.

Formal Retreat and Opening Ceremonies will be held at **6:30PM**. A **Camp Tour** will be offered directly following Retreat. Each Program Area will be visited and will provide important safety information, as well as an overview of programs offered.

Opening Night will conclude with the traditional **Opening Campfire!**

MERIT BADGE SIGN-UPS

Scoutmasters should submit their unit's Merit Badge requests online prior to the pre-camp meeting. This allows camp staff time to plan accordingly. Camp Administration will do their best to accommodate all schedule requests. The Camp Director reserves the right to adjust the Merit Badge schedule to best accommodate the majority of scouts.

Many badges are available to be taught "By Appointment" by contacting a Merit Badge Counselor and the Program Area Director. By Appointment badges can be taught at a time agreed upon by the camper, their scoutmaster, and the badge instructor.

SATURDAY (CLOSING CEREMONIES)

Saturday Program will include breakfast served in the campsite and a **Court of Honor** following that.

Reveille will occur at 7:00am. **Unit Breakfast** will occur at 8:00am. Breakfast can be collected from the Dining Hall at 7:30am to eat at troop sites. Please be sure to bring all trash back to the Dining Hall. We ask that all unnecessary gear and/ or equipment be packed and placed in a central location in the unit site. Camp Staff can assist with moving out gear starting at 8:30am.

The **Court of Honor** will occur at 9:30am. This Court of Honor will recognize all scouts for their hard work during the week. Troops have the option of being able to purchase merit badges that can be attached to all certificates handed out at the court of honor in the office. It is the responsibility of the troop to pay for these badges in a reasonable amount of time.



Have You Heard About Our Counselor in Training Program?

Scouts who are 14 or 15 Years Old can sign-up to be a CIT! CITs Can choose which Program Areas they wish to work in, and may work on several Merit Badges each week! They can attend for the full summer for \$350, this accounts for the cost of food.

Contact Camp Admin at
kellogg.strang@gmail.com
for an application!

JOIN OUR STAFF

Strang Scout Reservation is looking for Summer Camp Staff! **No prior scouting experience is necessary!** Now hiring for all Program Areas:



Program Staff

Aquatics/ Lifeguards



Shooting Sports

Archery Instructors

Outdoor Skills Instructors

Ecology & Nature Instructors

First Year Camper Staff

S.T.E.M. Instructors

Climbing

Handicrafts

Kitchen Crew

Counselors in Training



Interested in applying for the best summer job around? Please reach out to kellogg.strang@gmail.com or the Council Service Center for an application.



CONTACT INFORMATION

Carole Cafaro
Council Office
203.734.3329

Carol.Cafaro@scouting.com

Chris Kellogg
Camp Director
203.231.8073

Kellogg.Strang@gmail.com



SCOUTING AMERICA
HOUSATONIC COUNCIL

Housatonic Council
Scouting America
111 New Haven Ave.
Derby, Connecticut 06448
203.734.3329

All Summer Camp Forms and Staff Applications are Available at:
www.HousatonicScouting.org

CAMP STRANG REGISTRATION FORM - SCOUT CAMP

Name: _____ Age: _____ Birth date: ____ / ____ / ____

Address: _____

Town / City: _____ State: _____ Zip: _____

Phone: _____ Unit #: _____ Unit's Town: _____

Parents Signature (Required): _____

Parents Email: _____

CHECK THE APPROPRIATE WEEK(S) YOU WILL ATTEND AND CIRCLE THE FEE AMOUNT(S) PER YOUR PAYMENT DATE. Camp fee includes \$75 non-refundable deposit.

SCOUT RESIDENTIAL CAMP SESSIONS AT CAMP STRANG

Summer Camp Dates	Regular Fee	Early Bird	Additional Week / Sibling Fee
Week 1 Scouts Resident Camp July 6th - July 12th	\$525	\$500	\$475
Week 2 Scouts Resident Camp July 13th - July 19th	\$525	\$500	\$475
Week 3 Scouts Resident Camp July 20th - July 26th	\$525	\$500	\$475
Residential Cub 3-Day Experience July 13th - July 16th	\$325	\$300	\$275
Residential Cub 6-Day Experience July 20th - July 26th	\$450	\$425	\$400

PAYMENT INFORMATION

Payment by (check all that apply): Cash ___ or Check ___ or Credit Card Payment ___

Credit Card Type: MC ___ VISA ___ Date: _____ Check #: _____

Print Name of Card Holder: _____ Signature: _____

Credit Card #: _____ Security # on Back: _____ Expiration Date: _____

*Remit to: Housatonic Council, Scouting America, 111 New Haven Ave, Derby, CT 06418 See refund request form for refund policy.
ALL REFUND REQUEST MUST BE MADE IN WRITING TO THE COUNCIL SERVICE CENTER*



THIS PAGE IS LEFT INTENTIONALLY BLANK

PERMISSION TO LEAVE CAMP FORM

Scout's Name: _____ Age: _____ Unit #: _____

Campsite: _____ Week #: _____

We cannot release any Scout to anyone other than a parent, legal guardian, or other authorized person specified on this form. We require advance notice if a Scout will be leaving camp for any reason (other than emergencies) and with whom. In case of emergency, a Scout will be released to the parent or Guardian whose signature is on the official Housatonic Council, Scouting America medical form.

PART 1: (REQUIRED OF ALL CAMPERS)

CIRCLE ONE:

My Scout **WILL** / **WILL NOT** be leaving camp during the week.

Reason for leaving: _____

Authorized pick-up person (provide their name and relationship to the Scout named above):

Departure date & time: _____ Return date & time: _____

Signature of parent or legal guardian: _____

PART 2:

TRIP PERMISSION FORM

CIRCLE ONE:

I **DO** / **DO NOT** give my child permission to participate in the following off property trip(s) on the following dates.

Camp Mohawk dance on _____ (date/time)

5-mile hike on _____ or rain date of _____

Other: _____ on _____
(note activity) (date/time)

Parents Signature (Required): _____ Date: _____



THIS PAGE IS LEFT INTENTIONALLY BLANK

REQUEST FOR REFUND

HOUSATONIC COUNCIL, SCOUTING AMERICA

All requests must be received by August 31st and must have the Unit Leaders approval (signature) to be considered for refund. If a Scout will be missing days during a camp period, that Scout needs to notify the Camp Director at check-in time. Refunds will NOT include the non-refundable \$85.00 deposit & respective administrative fees.

Only circumstances under which refunds will be granted are as follows:

1. Illness of Scouts prevents their attendance at summer camp.
2. Illness or death in campers' immediate family prevents attendance at camp
3. Family relocation making attending camp impractical.
4. Mandatory attendance at summer school that is verifiable.
5. A scout leaves camp for medical reasons (home sickness is not considered a refundable medicinal reason) must be certified by the Camp Health Officer or Camp Director.

In such cases, the Scout will receive a pro-rated refund for the unused portion of the camp fee. If the unused portion constitutes three or more days and the medical excuse is not due to horseplay or negligence of said Scout.

NO REFUNDS WILL BE GRANTED FOR "NO SHOWS" OR DAYS MISSED

Scout's Name: _____ Troop / Pack #: _____

Address: _____

Town / City: _____ State: _____ Zip: _____

Parent's Name: _____ Phone: _____

Camp Attending and Date(s): _____

Reason for Refund: _____

Amount Paid for Camp: \$_____ Amount Requesting: \$_____

Date paid for Camp: _____

Scoutmaster / Cubmaster's Signature (required): _____

INCOMPLETE REQUESTS WILL NOT BE PROCESSED

Mail to: **Housatonic Council, Scouting America, 111 New Haven Avenue, Derby, CT 06418**



THIS PAGE IS LEFT INTENTIONALLY BLANK

CAMP SCHOLARSHIP APPLICATION

*A \$85 NON-REFUNDABLE DEPOSIT is required to process application
along with the Unit Leader's signature*

Name: _____ Age (as of 7/1/2025): _____

Address: _____

Town / City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Unit #: _____ Unit's Town: _____

Parent, briefly explain your need for Campership assistance: _____

My child is planning on attending _____ week(s) of camp.

Applying for:

- | | |
|--|--|
| <input type="checkbox"/> July 13 - July 16 | Week 1 - Cub Residential Camp Experience |
| <input type="checkbox"/> July 20 - July 26 | Week 2 - Cub Residential Camp Experience |
| <input type="checkbox"/> July 6 - July 12 | Week 1 - Scouts Resident Camp |
| <input type="checkbox"/> July 13 - July 19 | Week 2 - Scouts Resident Camp |
| <input type="checkbox"/> July 20 - July 26 | Week 3 - Scouts Resident Camp |

I can afford \$_____ toward my child's week(s) of camp.

The Unit will be contributing \$_____ towards my child's week(s) at camp.

Number of people in the household: _____ Gross Income: _____

COPY OF THE FRONT PAGE OF MOST RECENT FORM 1040 REQUIRED

I understand that this is an application, and in no way guarantees a camp scholarship. I further understand that Housatonic Council awards partial camp scholarship and that Scouts are encouraged to earn part of their camp fee. This campership program is limited to use at Housatonic Council Camp facilities only.

Parents Name (please print): _____

Address: _____ Town / City: _____ State: _____ Zip: _____

Parents Signature: _____ Email: _____

Mail to: **Housatonic Council, Scouting America, 111 New Haven Avenue, Derby, CT 06418**

This applicant is a registered Scout within my unit:

Unit Leader's Signature: _____ Date: _____

**APPLICATIONS MUST BE FILLED OUT COMPLETELY
INCOMPLETE APPLICATIONS WILL BE AUTOMATICALLY REJECTED**



THIS PAGE IS LEFT INTENTIONALLY BLANK

REQUIRED MEDICAL FORMS

All troops/packs send in medical forms with their Scoutmaster a week prior, during the Pre-Camp Meeting. All Scouts and Scouters must have a completed medical form to spend the week in camp. A Scout's health history must be filled out and signed by the parent/guardian within the past year and the medication signature must be within 90 days. The Camp Health Officer will check and collect all forms not previously turned in, as well as medications during check-in.

PLEASE SUBMIT A PHOTOCOPIED HEALTH FORM

*Scouts not meeting the medical examination requirements will not be permitted to remain in camp. This pertains to all participating Scouts and leaders, no matter how long their stay in camp may be, **including temporary leadership**.*

EACH MEDICATION TO BE ADMINISTERED BY THE HEALTH OFFICER WILL NEED:

- “Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel” - page 24
- The doctor needs to fill out a form for each medication to be administered, including any over-the-counter, vitamins, inhalers, and EpiPens
- If the “Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel” is not complete - the medication cannot be administered at Camp.

NO MEDICAL EXAMINATIONS CAN BE GIVEN AT CAMP!

MEDICATIONS

*All medications for Scouts and Scouters must be turned into the Health Officer during check-in. The Health Officer will be located at the medical check-in station at the Health Lodge. All medications must have a **photo of the camper** attached. Each form of medication must have a date as well as a doctor's name on the container.*

Medications must be in the original container with an attached photo!

Please bring only the amount of medication necessary for the week

MEDICAL FORMS CHECKLIST FOR EACH CAMPER:

- ☐ Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel (If over 18, not required)
 - ☐ Scouting America Annual Medical Form
 - ☐ Medical Addendum
 - ☐ Non-prescription medication must also be left at the Health Lodge.
- This is a state law.



THIS PAGE IS LEFT INTENTIONALLY BLANK

MEDICAL ADDENDUM SIGNATURE

(must be completed by parent / guardian for scouts under 18 years old)

Scout's Name: _____ Troop #: _____ Week(s): _____

This addendum to the annual scouting health and medical record is for Scouts under 18 years of age and is required to meet Connecticut Department of Health requirements.

I give my permission for the camp health officer/nurse to administer over the counter medications as directed by the camp position in the camp standing orders. the Housatonic council's policies on medications at Scout camp are written to comply with the national standards of the Boy Scouts of America and the state of Connecticut Health department.

If you do not wish to have any of the following over the counter medications administered, please cross out and initial.

Over-the-Counter Medications may include:

(Generics may be substituted)

- Tylenol by mouth, per weight / age dosing as needed every 4 to 6 hours
- Advil by mouth, per weight / age dosing as needed every 6 to 8 hours
- Bacitracin / Neosporin / Hydrogen Peroxide topically as needed
- Hydrocortisone Cream topically every 6 hours as needed
- Benadryl by mouth, per weight / age dosing as needed, per package directions
- Claritin by mouth, per package directions
- Sudafed by mouth, per package directions
- Zantac by mouth, per package directions
- Sunscreen topically, as needed
- Bug repellent topically, as needed every 2 to 4 hours
- Solarcaine / Aloe Vera topically as needed every 2 to 4 hours

Signature: _____ Date: _____

*****Reminder - Prescription medications must be in the original pharmacy container with label, this includes EPI-Pens. Please bring only amount needed for a camp. Failure to comply will result in the inability for the medications to be ministered at camp. Any medication not picked up within one week after scout leaves Camp will be destroyed.***



THIS PAGE IS LEFT INTENTIONALLY BLANK

Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel

In Connecticut schools, licensed Child Day Care Centers and Group Day Care Homes, licensed Family Day Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):

Name of Child/Student _____ Date of Birth ____/____/____ Today's Date ____/____/____
Address of Child/Student _____ Town _____
Medication Name/Generic Name of Drug _____ Controlled Drug? ☐ YES ☐ NO
Condition for which drug is being administered: _____
Specific Instructions for Medication Administration _____
Dosage _____ Method/Route _____
Time of Administration _____ If PRN, frequency _____
Medication shall be administered: Start Date: ____/____/____ End Date: ____/____/____

Relevant Side Effects of Medication _____ ☐ None Expected

Explain any allergies, reaction to/negative interaction with food or drugs _____

Plan of Management for Side Effects _____

Prescriber's Name/Title _____ Phone Number (____) _____

Prescriber's Address _____ Town _____

Prescriber's Signature _____ Date ____/____/____

School Nurse Signature (if applicable) _____

Parent/Guardian Authorization:

- ☐ I request that medication be administered to my child/student as described and directed above
- ☐ I hereby request that the above ordered medication be administered by school, child care and youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse, child care nurse or camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the school with no more than a three (3) month supply of medication (school only.)
- ☐ I have administered at least one dose of the medication to my child/student without adverse effects. (For child care only)

Parent/Guardian Signature _____ Relationship _____ Date ____/____/____

Parent /Guardian's Address _____ Town _____ State _____

E-mail: _____ Cell Phone # (____) _____ - _____ Other Phone # (____) _____ - _____

SELF ADMINISTRATION AND /OR POSSESSION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of medication may be authorized by the prescriber (when applicable) and school nurse (when applicable) and must be authorized by parent/guardian in accordance with board policy. In a school: 1. inhalers for asthma and cartridge injectors for life-threatening allergies require authorization by the prescriber and parent/guardian only; 2. students may possess, self-administer or possess and self-administer medications for medically-diagnosed life-threatening allergies; and 3. students who are six years of age or older may possess and self-apply an over-the-counter sunscreen product with only the parent/guardian written authorization.

1. Student to self-administer medication specified on this form: _____ YES _____ NO
2. Student to possess medication specified on this form: _____ YES _____ NO

Prescriber's Authorization and Signature: _____ Date: _____

Parent/Guardian Authorization and Signature: _____ Date: _____

School nurse (RN) Approval of self-administration (if applicable): _____ Date: _____

Printed Name of Individual Receiving Written Authorization and Medication _____

Title/Position/ _____ Date: _____

THIS PAGE IS LEFT INTENTIONALLY BLANK

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: _____



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 (anginal)/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	



Prepared. For Life.®

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
<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: _____



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



Prepared. For Life.®