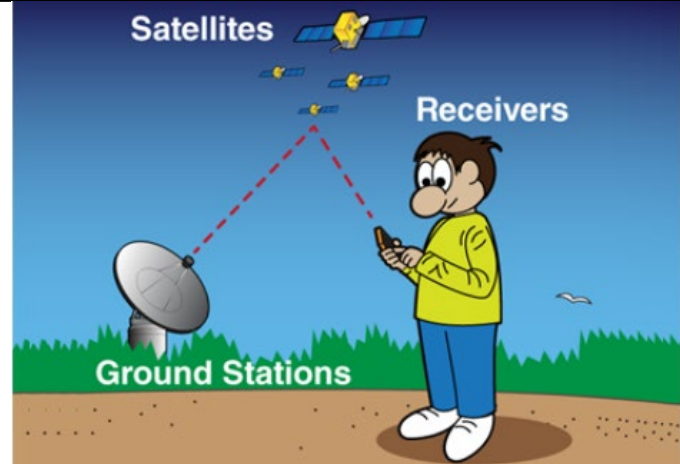


# (GPS) Ground Patrol Search Camporee



**Camp Squanto**

October 15-17, 2021

Mayflower Council, BSA



BOY SCOUTS OF AMERICA  
MAYFLOWER COUNCIL

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## Directions to Camp Squanto

Camp Squanto  
200 Cutters Field Rd.  
Plymouth, MA 02360

[\(Map\)](#)

*Note: Use the directions below. Google and MapQuest might send you down tiny dirt roads.*

### From the North (Route 3)

- Take Route 3 South to Exit 5 (Long Pond Road).
- Take a right onto Long Pond Road.
- Follow the signs for "Myles Standish State Forest."
- Take a right into Myles Standish State Forest (Alden Road).
- At the first fork (approximately 1.6 miles), bear left.
- Camp Squanto sign is on the post, Upper College Pond Road.
- Keep following the signs for Camp Squanto.
- You will pass the entrances to Charge Pond and Camp Cachalot.
- Camp Squanto is the next entrance on the right opposite Fearing Pond.
- Take this right and follow this curving road to the camp parking lot.
- *(Give yourself enough time. It is roughly a 10-minute drive once you enter the State Forest.)*

### From the Northwest (Route 495)

- Take Exit 2 off Route 495 (Route 58).
- Take a left onto Route 58 North.
- Follow the signs that say "Myles Standish State Forest."
- At the fork in the road (approx 2.6 miles) Route 58 bears off to the left. Stay to the right on Tremont Street.
- Take a right onto Cranberry Road (approx. 0.8 miles).
- This will take you to the Forest Headquarters' building (approx. 2.8 miles).
- Go left and follow detour signs around College Pond to a right onto Upper College Pond Rd.
- Follow the signs for Camp Squanto.
- You will pass the entrances to Charge Pond and Camp Cachalot.
- Camp Squanto is the next entrance on the right opposite Fearing Pond.
- Take this right and follow this curving road to the camp parking lot.

*(Give yourself enough time. It is roughly a 10-minute drive once you enter the State Forest.)*



**Welcome**

Welcome to the Ground Patrol Search Camporee hosted by the Sachem District. This booklet contains all the information your Unit will require to have a successful and fun time at this event. Be sure to read all the information carefully, all participants will be responsible to see that the rules are followed. There will be fun for all. The events are written to be readable and easy to follow, but if you have any questions about them, please feel free to talk to anyone on the committee. There will be an emphasis on the Scouts acting in the best ideals of Scouting.

The event will be held at Camp Squanto. Directions are included in this document as well as a schedule of events. We will follow these as closely as possible.

**Short Term NCAP**

All Mayflower Council events are run under the strict guidance of a Nationally accredited Short-Term BSA Camping Administrator. The National Camp Accreditation Program is the set of safety requirements that govern our day and resident camp programs.

**Registration**

All participants must pre-register to attend. Registration is handled by the unit and not by individuals. Please note that the registration fee is \$22.00 per youth and \$15 per adult attending. No unit will be allowed to register at Camporee check-in. Only fees for recent additions to your units will be accepted.

Camporee patches will be given to the unit leader after the unit's campsite has been cleaned up and all trash removed. **A member of the Camporee staff must sign off for the clean campsite.**

If you have any questions after reading this pamphlet, PLEASE bring them to the attention of the Camporee Chairman: Steven Boudreau, firehoses12@yahoo.com

**Refund Policy**

Mayflower Council Refund Policy (Events other than Summer Camp)  
All events are held regardless of weather unless a state of emergency is declared or cancelled by the Mayflower Council.

If the event date is more than 30 days away: Reservations may be modified or cancelled unless stated otherwise for the specific event.

If the event date is within 30 days: Reservations are nonrefundable and nontransferable. Exceptions may be made for medical reasons with a doctor note or at the discretion of the Program Director but may still incur a \$50 administration fee regardless of the reason.

All refund requests must be made through the link on our website or by using this link: [Refund Request Form](#)

**Covid-19 Mitigation**

Mayflower Council maintains strict policies and procedures to ensure the health and safety of each camper. In response to the pandemic, we updated our protocols to limit the exposure of the COVID-19 virus within our camp community. We are continually updating the following health and safety policies and procedures specific to mitigating the spread of COVID-19.

All participants are subject to pre-screening to attend this, and all council run events. Each attendee is required to bring the Covid – 19 Attestation form completed and signed by the parent/guardian or attending adult. The form is included at the end of this guide.

Please read the Covid Guidance for events as it pertains to screening, masks, social distancing, cleaning, and sanitizing. This information can be shared with Parents as well. [Mayflower Council Covid-19 Mitigation](#)

**Visitors:**

Visitors are not to come to the camporee due to Covid restrictions regarding outside contacts.

**Covid-19 Mitigation will be updated based on any future changes made by the Commonwealth.**

**General Information**

**Permission Slip:**

No youth will be allowed to participate in Camporee without a properly signed permission slip. Each unit is



responsible for securing the needed permission. You may use the form attached or turn-in your own form.

#### **Health Forms:**

All Units must have a Class A & B (or better) Health Form filled out for each participant and signed by a parent or guardian. We are required by the BSA and Commonwealth to retain these forms in a secured location for 3 years, so they will not be returned. Be sure to keep copies for your records and future use.

[Download Health Form](#)

These should be presented in alphabetical order, adults and youth combined.

#### **Check In:**

Check in will start Friday evening 6:30 8:30p.m., please do not arrive prior to this time. If you arrive prior to 6:30 p.m. on Friday, you will be asked to wait in the parking lot. – Check In will be at the Camporee Field.

#### **Check Out:**

Any Troop not officially signing out with a commissioner and having their campsite inspected will forfeit their Camporee patches and cumulative awards. There is a check out form provided in this document that needs to be signed off by our staff.

#### **First Aid**

All injuries must be reported to the campmaster or event staff and will be treated on site. First Aid Station will be set up in the Health Lodge.

**PLEASE DO NOT CALL 911 – if needed, our health officer will make the call**

#### **Youth Leadership:**

The Senior Patrol Leader is in charge of and responsible for the conduct of the troop at all times during the Camporee.

#### **Adult Leadership:**

Each unit must always have two deep leadership on the grounds. These leaders are responsible for the proper conduct of his/her unit. Unit Leaders are to attend the evening shows with their units. Girl Units must have at least one registered female leader. It is mandatory that all Adult Leaders, registered or not registered with the BSA must have completed Youth Protection Training 2

specific to their unit type. Due to Covid restrictions, once checked in, the adults are the adults for the weekend.

#### **BSA Registration:**

All youth attending must be registered with the Boy of America, so they are covered by insurance.

#### **Equipment Drop Off:**

Each troop will be allowed to park an equipment trailer at their site, but all vehicles must be kept in the designated parking area.

#### **Parking:**

Parking is allowed only in designated parking areas. Handicapped parking will be provided.

#### **Camp Site Assignments:**

Unit campsites are assigned based on the number of patrols listed on your registration. There will be a map posted showing your unit site assignment.

#### **Accommodations:**

Age-appropriate and separate accommodations for adults and Scouts are required.

No adult may share a tent with a person of the opposite sex unless he or she is that adult's spouse.

No youth may share a tent with an adult or a person of the opposite sex other than a family member or guardian. Assigning youth members more than two years apart in age to sleep in the same tent should be avoided unless the youth are relatives.

Separate tent accommodations are required for boys and girls.

Brother and Sister units sharing a camp site must set up tents at opposite ends of the site.

#### **Fires:**

Ground fires are allowed in established fire pits. Fire barrels blocked up off the ground, can be used in the camporee field. The camp has a limited supply available, but units can bring their own in. Use of accelerants is strictly forbidden by Scouts BSA. ABSOLUTELY NO OPEN FLAMES IN TENTS. Fires are to be put out by 10:00PM and should never be left unattended.



**Firewood:**

To prevent the transportation of invasive insects, please do not bring firewood to camp. Firewood will be available at camp for your campfires.

**Fire Extinguishers:**

Fire extinguishers are required in each site if a fire is built. Remember that you must have the fire in a an established fire pit or fire barrels off the ground.

**Fuels and Stoves:**

Stoves & lanterns using propane, white gas, or butane fuel may be used at Camporee.

**Assembly & Campfire Program:**

The Saturday evening assembly and retrieving of the colors will be followed by a campfire program which will include an entertainment program of songs and skits. This will take place in the amphitheater. Each unit must provide a song and skit by noon on Saturday. We ask all to refrain from using flashlights during the campfire. NO EXCEPTIONS! Also, the ground is hard, and the night air is cold. BE PREPARED.

**Meetings:**

There will be a Patrol Leaders Council meeting on Friday at 9PM.

There will be a Leader’s cracker barrel at 9PM Friday and after the campfire on Saturday. Location for both will be advised at check in.

**Uniforms:**

Class A uniform is requested at arrival on Friday and at Colors on Saturday morning and evening program. Class B uniform at other times. All Scouts should be in class A or B uniform at all times. SPL in Class A throughout the entire event!

**Help:**

If help is needed, the Camporee Committee and Staff will help as much as possible. Ask for help at any time to solve misunderstandings. It is better than having hurt feelings.

**Restrooms:**

The restrooms for Camporee are at the Welcome Center

**Trash:**

Trash must not be left in the campsites or tossed around the Camporee area. Each unit should have trash containers or trash bags for their campsite. THIS IS ESSENTIAL!!! All trash must be carried out, so consider reducing packaging prior to leaving home.

**Valuables**

Please do not bring valuables to camp. Occasionally belongings are misplaced, lost, or stolen. Mayflower Council or Event staffs are not responsible for lost or stolen items.

**Lost and Found:**

The lost and found should be turned into the Health Lodge/Admin building and will be “presented” at the campfire. Be sure that scouts and adults mark their belongings with name and unit to help facilitate return.

**Pets:**

No animals will be allowed unless they are service animals.

**Potable Water:**

Water is available from the side of the Welcome Center. Please bring containers to bring water back to your site. No washing, etc. is to be done at the water source!

**Gray Water**

Gray water must be strained, and food particles thrown in the trash. The water should be spread out a proper distance from the campsite or camporee field.

**Smoking:**

Cigarette smoking by Scouts is prohibited. Adults are required to use the designated smoking area located outside the camp gate. Smoking is not permitted in tents or any camp building. For those adults who smoke, please make sure you pick-up your butts. This includes the use of electronic cigarettes, personal vaporizers, or electronic nicotine delivery systems which



simulates tobacco smoking.

**Drugs and Alcohol:**

NO ALCOHOLIC BEVERAGES, ILLICIT DRUGS OR OTHER CONTROLLED SUBSTANCES ARE ALLOWED. EVEN THOUGH LEGALIZED IN MASSACHUSETTS, THIS INCLUDES MARIJUANA USE BY ADULTS AND YOUTH!

**Personal Firearms and Fireworks**

Personal firearms, archery equipment, and fireworks are not allowed at the camp at any time.

**Lunch:**

Participants should carry a brown bag lunch at the camporee to save on prep and clean up time which takes away from program time.





## SCHEDULE OF EVENTS

**October 15-17, 2021**

### **FRIDAY:**

- 6:30 – 8:30 PM Unit check-in and Camp set-Up
- 9:00 PM Unit leaders and SPL meeting
- 10:30 PM Taps - Lights Out - All Quiet in Camp

### **SATURDAY:**

- 7:00 - 8:45 AM Reveille, breakfast, clean-up.
- 9:00 AM Assembly, Colors, Opening ceremony.
- 9:30 AM Morning Program Areas open
- 12:00 PM Lunch
- 1:00 PM Afternoon Program
- 4:00 - 4:45 PM Dutch Oven Contest Submission
- 5:00 PM Retreat / Colors
- 5:30 PM Scouts' Own
- 6:00 - 7:00 PM Dinner, Clean-up.
- 7:30 PM Campfire and evening program.
- 9:00 PM Unit leaders meeting
- 11:00 PM Taps - Lights Out - All Quiet in Camp.

### **SUNDAY:**

- 6:30 AM Reveille, breakfast, clean-up.
- 7:45 AM Assemble at Flag Area.
- 8:00 AM Camp Breakdown & Pack-Out
- 9:00 -11:00AM Unit Check Out



## Camporee Program

Patrols will be given GPS coordinates to find each station in a given order. They will not know the station name just the coordinates.

1. Obstacle Course - Using a plastic ball and plunger each scout one at a time will need to travel through the course without dropping the ball off the plunger and the ball cannot be suction to the plunger. If the ball falls off the scout must start over. You will need a total of eight scouts (may change depending on the largest patrol size at the camporee, so scouts may have to do it multiple times) to run the course and all scouts must do the course.

Scoring - This will be a timed event from when the first scout starts to the last scout crossing the finish line.

2. Shot put - Throw 15-pound kettlebell. You will need a total of eight scouts (may change depending on the largest patrol size at the camporee, so scouts may have to do it multiple times) to throw the kettlebell.

Scoring - Each scouts distance will be added together but if the scout throws the kettlebell outside the alley their throw will not be counted toward their patrol overall score.

3. Cooking station - Dutch oven cooking – monkey bread

Scoring - teamwork, and answer Cooking Merit badge questions

4. Sling shot - Shooting at balloons, each scout will have three shots, you will need a total of eight scouts (may change depending on the largest patrol size at the camporee, so scouts may have to do it multiple times)

Scoring - Will be based on number of balloons broken.

5. Fire starting - Friction, flint, and steel. This station is a timed event each patrol must start a

fire using other process and burn the string using materials that are naturally in the forest.

6. Archery

Scoring - will be based on which ring hit and the total score for the patrol.

7. Ax throwing - each scout will have three throws, you will need a total of eight scouts (may change depending on the largest patrol size at the camporee, so scouts may have to do it multiple times)

Scoring - will be based on which ring hit and the total score for the patrol.

8. Roman chariot race - Timed event scout will sit on a piece of rug and the other scouts will need to pull them the required distance. They will repeat this 8 times; each scout must be pulled on the rug.

9. Jousting - Teeter board competition

No Scoring, just fun!

10. Compass event - Blind compass walk or three-legged compass. Patrol will be grade on how close they made it to the final destination.

Score - Will be based on the total feet away from the final destination, the total will be for the whole patrol the three with the lowest distance will be the winners.

11. Pioneering - Build a ladder and all members of the patrol must get over walls, then build a "A" frame walker and have one scout use it to walk 100 ft.

Score - This will be a timed event and for a tie breaker verify the lashing are correct.

12. Signaling (semaphore) - A scout will have to send a word to the rest of the patrol, and they will need to decipher to word.

Score - Timed event.

## **Patrol Equipment**

GPS one per patrol  
Compass one per patrol  
Dutch oven  
Charcoal  
Chimney (but not required)  
Cook utensils for dutch oven cooking  
Flint and steel  
Patrol First Aid kit  
6 foot staves (2)  
Rope for lashing ladder  
Paper and pen or pencil  
Wagon to carry supplies



**CAMPSITE CHECK OUT SHEET**

This form must be signed by a Camporee Staff Member prior to your unit's departure from the Camporee site. Failure to follow this procedure could result in forfeiture of your unit's patches. All debris including ashes need to be removed from the campsite.

\*\*\*\*\*

Please fill in the following information:

Unit # \_\_\_\_\_

Number of campsites occupied: \_\_\_\_\_

Unit Leader: \_\_\_\_\_

\*\*\*\*\*

Commissioner Signature: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Please turn in the signed form to the headquarters trailer located in the staff camping area. At that time, you will receive your units Camporee patches.

\*\*\*\*\*

Number of patches issued: \_\_\_\_\_

Patches received by: \_\_\_\_\_



**PARENT OR GUARDIAN CONSENT AND APPROVAL FOR Mayflower Council Camporee**  
(Applies to all personnel under the age of 18)

Date: \_\_\_\_\_

TO WHOM IT MAY CONCERN:

Scouts Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birthday: \_\_\_\_\_ Phone: \_\_\_\_\_

has my permission to participate in: **Mayflower Council Fall Camporee**  
to be held: **October 15-17, 2021** at: **Camp Squanto, Plymouth, MA**

I approve of the facility and of the leaders who will be in charge of this activity. I also certify to the best of my knowledge the scout named hereon is physically fit to engage in the activity described above.

**AUTHORIZATION AND CONSENT TO TREAT A MINOR**

The undersigned does hereby authorize \_\_\_\_\_ or such substitute as he may designate as agent for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of medicine practice act or a dentist licensed under the dental practice act, whether such diagnosis or treatment is rendered at the office said physician or dentist, at a hospital, scout camp or elsewhere.

This authorization will remain effective while the above minor is en route to or from or involved or participating in any program or activity related to this event unless revoked in writing by the undersigned and delivered to the aforesaid agent.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
(Parent or Guardian)

RELATIONSHIP \_\_\_\_\_  
(Parent or Guardian) PRINT NAME

**IN CASE OF EMERGENCY AND PARENTS "CANNOT" BE CONTACTED, PLEASE NOTIFY:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

ALLERGIES OR OTHER CONDITIONS: \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION:**

Company/Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone: \_\_\_\_\_



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**PLEASE COMPLETE ADULT ROSTER**

Troop Number \_\_\_\_\_ Town: \_\_\_\_\_

NAME	POSITION	MARK AS ADULT OR JUNIOR LEADER	CELLPHONE TO CALL IN THE EVENT OF AN EMERGENCY (ADULTS ONLY)
PLEASE LIST ALL ADULTS ATTENDING CAMPOREE			
	SM	ADULT	
	ASM	ADULT	
	SPL	J.L.	
	ADULTS		

**Make three copies of each roster. One copy must be turned in with health forms at checkin. One copy each must be kept with the S.P.L. and Scoutmaster**

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PLEASE COMPLETE PATROL ROSTER

(make copies as needed)

Troop Number \_\_\_\_\_ Town \_\_\_\_\_ Patrol Name \_\_\_\_\_

NAME	POSITION
	PL
	APL

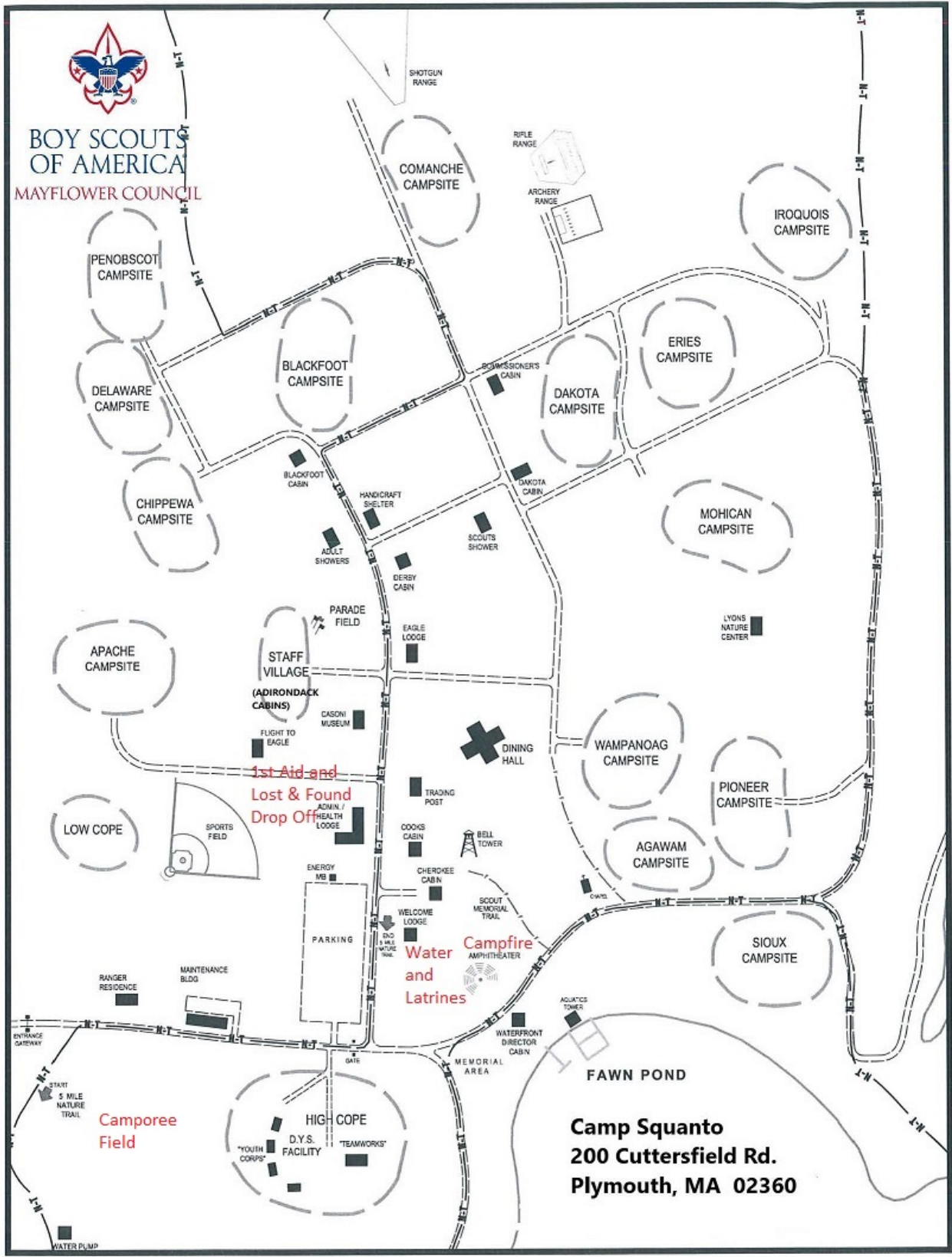
Make three copies of each roster. One copy must be turned in with health forms at checkin. One copy each must be kept with the S.P.L. and Scoutmaster



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### Camp Squanto Map



**Camp Squanto**  
200 Cuttersfield Rd.  
Plymouth, MA 02360



**Covid-19 Attestation – required for all adults and youth**

## Screening Protocol for District & Council Events

Date: \_\_\_\_\_

Name: \_\_\_\_\_

**Instructions:** This form is used to screen all participants and staff upon arrival and prior to entry into a Mayflower Council event. It should also be used to guide the ongoing monitoring of participants and staff throughout the event.

- Yes  No Have you or has anyone in your household been in close contact\* in the past 14 days with anyone known or suspected to have COVID-19 or is otherwise sick?
- Yes  No Have you or has anyone in your household been in close contact\* with anyone who has been tested for COVID-19 and is waiting for results?
- Yes  No Have you or has anyone in your household been sick in the past 14 days, or have you or they been tested for any illness and are waiting for results?
- Yes  No Has anyone in your household been exposed to an individual known or suspected to have COVID-19 in the past 14 days?
- Yes  No Have you or has anyone you have been in close contact\* with traveled on a cruise ship or internationally or to an area with a known communicable disease outbreak in the past 14 days?

**\*According to the Centers for Disease Control and Prevention (CDC), "close contact" means:**

- You were within 6 feet of someone who has COVID-19 for a cumulative total of 15 minutes or more over a 24-hour period.
- You had direct physical contact with an infected person (hugged or kissed them).
- You shared eating or drinking utensils.
- An infected person sneezed, coughed, or otherwise got respiratory droplets on you.

**If ALL of the above are NO, the participant/staff MAY proceed to the next section.**

**If ANY of the above are YES, the participant/staff SHOULD NOT BE ALLOWED to enter the event.**

The participant/staff should return home with their parent or caregiver.

Continue to next page.



Does the staff member/participant have any of the following symptoms?	Yes	No
Cough?		
Sore throat?		
Rapid breathing or difficulty breathing (without recent physical activity)?		
Flushed cheeks?		
Gastrointestinal symptoms (diarrhea, nausea, vomiting)?		
Fatigue? (Fatigue alone should not exclude a participant/staff from participation.)		
Headache?		
New loss of smell/taste?		
New muscle aches?		
Any other sign of illness?		
Has the participant/staff had contact with someone in the previous 14 days who is ill with a respiratory illness?		
<b>Is the staff member/participant cleared to enter the event?</b>		

**If ALL of the above are NO, the participant/staff MAY enter the event.** If the participant/staff shows signs of any of the below during the day, follow exclusion protocols and call the participant's/staff's parent/guardian to come pick them up.

•

**If ANY of the above are YES, the participant/staff SHOULD NOT BE ALLOWED to enter the event or activity.** The participant/staff should return home with their parent or caregiver.

**Camporee Staff signature:** \_\_\_\_\_ (over 18)

**Adult/Parent/guardian signature:** \_\_\_\_\_ (if applicable)

**Mayflower Council will be strictly enforcing the guidelines below with regard to participants and/or staff re-entry following illness or exposure:**

- If the participant or staff member has been *exposed* to an individual who is COVID-19 positive or presumed to be COVID-19 positive, then they may not return to Mayflower Council programs for 14 days.
- If the participant has *symptoms but not otherwise exposed* to an individual who is COVID-19 positive or presumed to be COVID-19 positive, they may not return to Mayflower Council programs until the symptoms abate.

Updated April 9, 2021



Health Form (3 pages)

A

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.

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/videorecording/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/videorecording/electronic representations and/or sound recordings without limitation of the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

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., etc., as amended from time to time, includes examination findings, test results, assessment 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.

Every person who furnishes any cell 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 261c.5(a)) My signature below on this form indicates my permission.

If applicable I have carefully considered the risks 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.

I give permission for my child to use a cell device. (Note: Not all events will include cell devices.)

Checking this box indicates you DO NOT want your child to use a cell device.

**NOTE:** Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continuously 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.

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.

List participant restrictions, if any:  None  
\_\_\_\_\_

I understand that, if any information has been 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 these 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: _____





Part B1: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

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.: \_\_\_\_\_

High-adventure base participants:  
Expedition to: \_\_\_\_\_  
or staff position: \_\_\_\_\_

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/heart 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 40.	
<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/eye/hearing/vision problems	
<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal conditions/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"/>	Eating spells and disorders	
<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/intestinal/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/other disorders	CPAP? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Let all surgeries and hospitalizations	Last surgery date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Let any other medical conditions not covered above	



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# B2

## Part B2: General Information/Health History

Full name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_

High-adventure base participants:  
 experience 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 stings/bites	

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	Form

YES  NO Non-prescription medication administration is authorized with these exceptions: \_\_\_\_\_

Administration of the above medication is approved for youth by:

\_\_\_\_\_  
 Participant signature

\_\_\_\_\_  
 MEDIC. OFF. signature (if your state requires signature)

**Bring enough medication 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. Status 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"/>		Mexine/trumps/rotella	
<input type="checkbox"/>	<input type="checkbox"/>		Poli	
<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., HIV)	
<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 the campsite special activity

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Staff approval required:  Yes  No

Review: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_













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