

# Leaders Survival Guide



# 2026





Dear Leaders and Parents,

It is my absolute pleasure to welcome you to Akela Adventure Camp—a unique Scouting experience designed for our Cub Scouts and their families! As the Camp Director, I am thrilled to be part of the incredible memories you and your Scouts will create this week.

At Akela Adventure Camp, we focus on providing an environment where fun, learning, and adventure come together in perfect harmony. Whether it's conquering the climbing wall, practicing archery, exploring nature, or discovering new skills, every activity is carefully planned to ignite curiosity, build confidence, and strengthen teamwork.

We know the impact of camp goes beyond the activities—it's about the lessons learned, the friendships built, and the magic of experiencing Scouting in a beautiful outdoor setting. As parents and leaders, you play a vital role in shaping these moments. Your support, encouragement, and involvement set the tone for a successful camp experience. We're here to ensure that your time at Akela Adventure Camp is as smooth and rewarding as possible.

Safety is always our top priority. Our staff is dedicated to creating a safe, inclusive, and positive environment for everyone. If you have any questions, concerns, or need assistance, please don't hesitate to reach out to myself or any member of our team.

Thank you for choosing to spend part of your summer with us. Together, we'll make this an unforgettable adventure for your Scouts, filled with laughter, growth, and lasting memories. Let's dive into an incredible week!

Yours in Scouting,

Steven Shingledecker  
Camp Director, Akela Adventure Camp



**Bear Creek Scout Camp**  
125 Bear Creek Scout Rd W  
Hunt, TX 78024

BearCreekSummerCamp  
@AlamoAreaScouting.org  
[www.AlamoAreaScouting.org](http://www.AlamoAreaScouting.org)

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**AKELA  
ADVENTURE  
CAMP**



On the following pages, you will see the details of what we will be accomplishing with your Scouts at camp. These are the activity badge requirements and sports activities that make up the program. You, the Den Leader, are responsible for the advancement of the Scouts in your den. We will demonstrate the skills and ask them to show us what they know, but you will actually sign your scouts off on their knowledge and skill capability.

We organize the packs into camp dens to help us keep track of everyone and to make scheduling of the activities a little easier for everyone. In the next pages you will find the do's and don'ts for Akela Adventure Camp. These have been developed over the years to provide a safe and sane camping program for each participant. Your cooperation is appreciated.

You will have fun this summer! Bear Creek Scout Camp is a great place to learn about the outdoors, the food is great and fellowship is terrific. Your attitude about the experience will travel down to the Scouts. If you are up and enjoying yourself, they will too. If you are down or having problems, the Scouts see it and react to it. Please get in touch with your Camp Commissioner, the Program Director, or the Camp Director if any problems or issues come up that are not handled to your satisfaction. We can take care of the matter for you and return you to the "having fun" mode quickly.

Keep reading and see all that can be accomplished this year. We have included a sample schedule so that you can share it. Pump them up, it's going to be a great experience for all of us!

**Scouting**  **America**  
**Alamo Area Council**



## Arrival Check-in

Check in instructions and campsite assignments will be emailed May 19, 2026.

Each participant must bring their properly completed medical forms. parts A & B are required. No person, youth or adult, will be allowed to stay at camp without the proper medical form

## Check-in Requirements

All units must provide:

- Adequate leadership. See page 13 for details.
- Current BSA Health Form Part A & B, required for youth and adults (See appendix for forms)

Out of council packs will need proof of Accident and Sickness insurance and a copy of your claim form (see 'Insurance' on page 14)



## Check-Out Procedure

Each Camper is expected to return all camp provided items to the Quartermaster. These items include tools, flags, water jugs, etc, that are used during the week in your campsite or for service projects. Any items missing will be accounted for before a Camper is allowed to check out.

A campsite inspection will be made to ensure no waste articles are left for the next occupants to clean up.

# Advancement

At Akela Adventure, Scouts will accomplish electives for their rank. (Since you will be actively participating with your Scout and their den during the activities, you will know what each Scout has completed and what areas they may need help in when you return from camp.)



## WEBELOS



Aquanaut	Archery	Aware & Care	BB	Catch the Big One
Chef's Knife	Let's Camp WEBELOS	Slingshots	Paddle Onward	Teambuilding Activities

## Arrow of Light



Archery	BB	Estimations	Fishing	Paddle Craft
Into the Woods	Knife Safety	Slingshot	Swimming	Teambuilding Activities

## Evening Programs

All Program areas will be open in the evenings and the afternoons of Day 3 of Camp. You can choose from Climbing, Boating, Swimming, Archery, BB Guns, Branding, Gaga Ball, or Basketball. There is also a Star-Party the second night of camp where staff will have telescopes set up in the valley to teach Scouts some basic constellations and stars.



## Daily Camp Schedule

	Day 1	Day 2	Day 3	Day 4
7:30 am		Breakfast in the Dining Hall		Breakfast in the Dining Hall
8:45am		Flag Ceremony at the Valley Field		
9:00 am		Session 1		Break Camp Depart
10:00 am		Session 2		
11:00 am		Session 3		
12:30 pm		Lunch in the Dining Hall & Rest Period		
1:00 pm	Campers arrive at camp Check-in begins Turn in medical forms & medicine			
2:00 pm	Session 4			
3:00 pm	Camp Tours & Swim Checks	Session 5	Free Time Areas Open	
4:00 pm		Session 6		
5:30 pm	Supper in the Dining Hall (wear field uniforms)			
6:50 pm	Campsite Setup	Flag Ceremony	Campsite Time	
7:00 pm	Leader Orientation In Dining Hall (7:15)	Free Time Areas Open	Free Time Areas Open	
8:00 pm	Flag Ceremony			
8:15 pm	Opening Campfire			Flag Ceremony (Valley Field)
8:30 pm			Closing Campfire	
8:40 pm				
10:30 pm	Lights Out			



# Akela Adventure Camp 2026 Station Rotation

Akela Adventure Camp - Station Rotation

	BB Range	Slingshot	Archery Range	Pool	Field Sports	Climbing Wall	Ecology	Eco Pavilion	Skills	Boat Docks	
Day 1	9 am	1	2	3	4	5	6	7	8	9	10
	10 am	10	1	2	3	4	5	6	7	8	9
	11 am	9	10	1	2	3	4	5	6	7	8
	2 pm	8	9	10	1	2	3	4	5	6	7
	3 pm	7	8	9	10	1	2	3	4	5	6
	4 pm	6	7	8	9	10	1	2	3	4	5
7 - 9 pm	EVENING PROGRAM / FREE ACTIVITIES (SEE BELOW)										

Day 2	9 am	5	6	7	8	9	10	1	2	3	4
	10 am	4	5	6	7	8	9	10	1	2	3
	11 am	3	4	5	6	7	8	9	10	1	2
	2 pm	2	3	4	5	6	7	8	9	10	1
	3 - 5 pm	EVENING PROGRAM / FREE ACTIVITIES (SEE BELOW)									
7 - 8pm	EVENING PROGRAM / FREE ACTIVITIES (SEE BELOW)										

Evening Program	Day 1	Free Swim (pool) Free Shoot (Rifle & Archery Ranges) Branding (Forge) Fishing (Field Sports) Soccer (Valley Field) Whittling Chip (Skills) Climbing Wall (Climbing Wall) Star Party (Valley Field at 9:15pm)	Day 2	Free Swim (pool) Free Shoot (Rifle & Archery Ranges) Branding (Forge) Fishing (Field Sports) Soccer (Valley Field) Whittling Chip (Skills) Climbing Wall (Climbing Wall) Free Boat (Boat dock 3-5pm only)
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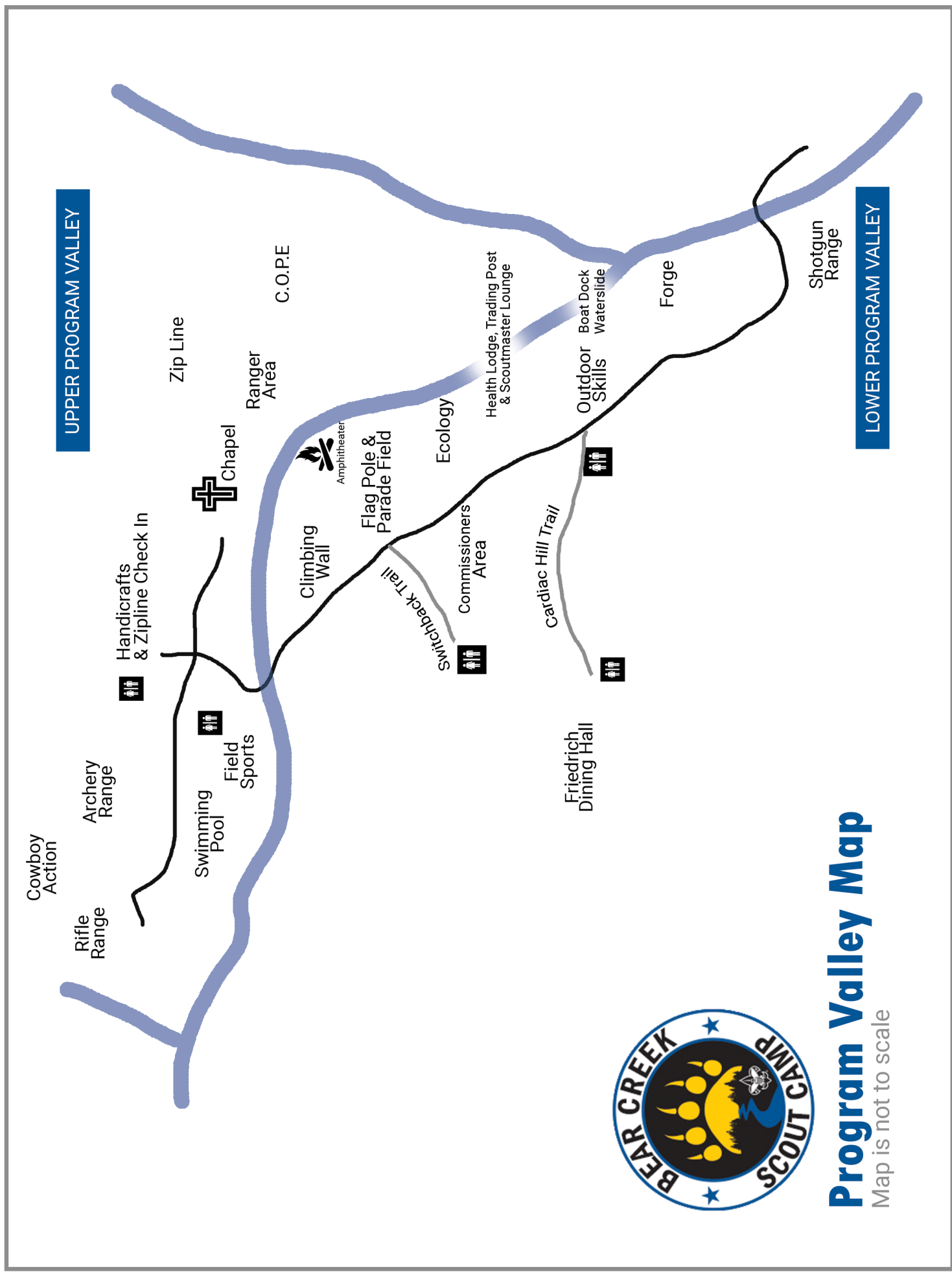
## BCSC SCOUT PARK TRADING POST

The Trading Post is located inside the Eco-Pavilion and is open during all free-times. This mercantile shop offers snacks, sweet treats, fun items, and souvenirs like T-shirts and camp swag. Forgot something at home? We've got hygiene items, and convenient camping items to enhance your camper's experience. To purchase pocket knives, Scouts must have a parent or adult leader present. Cash and credit accepted.



# Program Valley Map

Map is not to scale







# Adventure Packing list

Make sure to mark all items with your Scout's name and unit number



## Camping Gear

- Trunk or Footlocker
- Tent
- Drinking Cup or Second Water Bottle
- Daypack
- Twin Size Sheet/Blanket/Sleeping Bag
- Pillow
- Cot
- Ground Cloth/Tarp
- Mosquito Net and Frame
- Camp Chair (small/easy to carry)
- Headlamp / Flashlight
- Battery-power fan
- Personal First Aid Kit
- Sunscreen
- Bug Spray

## Toiletries

- Bath Towels (2)  
(one for aquatics, one for showers)
- Washcloth
- Toilet Paper
- Deodorant
- Comb / brush
- Shower Shoes
- Body-wash / Shampoo / Soap
- Toothbrush and Toothpaste
- Feminine Hygiene / Shaving
- Chapstick
- Facial wipes
- Hand Sanitizer

## Aquatics

- Swim Suit
- Quick dry towel
- Goggles (optional)
- Swim Shirt (optional)
- Water shoes for boating area

## Clothing

- Full Scout Uniform
- Hoodie or Light Jacket
- T-shirts (enough for each day)
- Shorts or Pants (enough for each day)
- Socks (enough for each day)
- Underwear (enough for each day)
- Shower Shoes
- Rain gear/jacket
- Hiking boots / closed toe shoes
- Hat / cap (for sun protection)

## Scouting Items

- Scout Handbook
- Writing Items (pen/pencil/paper)
- Fishing Pole

## Suggested Extras

- Clothes Hanger for Uniform
- Sunglasses
- Cooling Towel
- Camera & film
- Compass
- Bag for laundry
- Spending money for the Trading Post
- Camera
- Watch
- Diatomaceous Earth
- Book of Faith
- Extra batteries for all items

## Items to Leave At Home

- Knives
- Fireworks
- Music Devices / Electronic games
- Skateboards & scooters
- Valuables
- Pets

## Unit Packing List

- BSA Roster w/highlighted participants (4-copies needed)
- Leader YPT copies
- Copy of Insurance (out of Council units)
- Scout & Leader Medical Forms (page 16-18)
- Pack Flag / US flag (if you have them)
- Rope & Twine
- Patrol Flags
- Water Cooler
- First Aid Kit
- American Flag
- Foot Locker (for Valuables)
- Flagging Tape
- Medications



**REQUIRED FOR 2026**  
**One flashlight per leader**  
**and one per every 4 youth**  
**CANNOT be a cell phone,**  
**MUST be a flashlight or headlamp**

## Uniforms

The official Field uniform is requested at dinner. Adults are also asked to set a good example by wearing their uniforms, if you have them. Activity uniforms should be worn during the day (t-shirt and shorts). BCSC has uneven ground and previous experience has shown that thin-soled tennis shoes don't support ankles and feet well. Please consider substantial closed-toe footwear for those attending.

## Tents

Tents are not provided at Akela Adventure Camp. Please bring a tent for all adults and scouts.

## Insects

To insure Campers have a good camping experience, please make sure to bring a good insect repellent. If it has recently rained, BCSC may have chiggers, ants, mosquitoes, and occasional ticks. Commercial insect repellents are useful in keeping these pests away. Sublimed sulfur mixed 50/50 with baby powder and sprinkled on the ankles will keep chiggers away. Avon Skin So Soft has also been found to be useful.



Akela Adventure Camp is a unique camp experience designed just for WEBELOS and Scouts working toward Arrow of Light. The 4-day camp is planned by Scouting America Certified Program Directors who know Scouting well and understand how to prepare a program that meets your Scout's needs. Every staff member at camp are selected because of their knowledge and skills, energy and love of the Scouting program.

## General Information

### Vehicles in Camp

Vehicles are only allowed in the camping area to deliver equipment upon arrival to camp. All vehicles must be moved to the parking lot immediately after unloading so that others arriving have the same convenience. Do not wait to move your vehicle - campsites should be set up only after vehicles have been moved to the parking area. See Page 15 for details.

### Food Allergies / Dietary Needs

Email [Adventure@AlamoAreaScouting.org](mailto:Adventure@AlamoAreaScouting.org) with any special dietary needs by May 15.

### Supplies

Additional items such as trash bags, toilet paper, twine, brooms, water hoses and fire buckets may be checked out by contacting the Quartermasters.

### Lost and Found

All lost and found items will be kept at the Commissioners Area until the end of camp. Afterwards, items will be taken back to the Scout Service Center. Two weeks after camp, all items will be donated to a local charity.

## Contact Information

### Emergency Numbers

Camp phones are for emergency and camp business only: 210-341-8611 (Leave a Message) be sure to clarify it is for Summer Camp at Bear Creek Scout Camp.

### Leaving Camp:

There should be no reason to leave camp, but if it should become necessary, those individuals are required to log out of the camp upon leaving and log in upon return at the Camp Headquarters.

### Scout Mail

Letters are always well received by Scouts while at camp, but since camp is only four days long, in most cases, mail will not reach your Scout before they return home. Mail is best taken up with an adult leader to give out at camp. Mail to:

Scouting America  
Attention: Scout's Name, Troop No.  
125 Bear Creek Scout Rd W  
Hunt, TX 78024



## GENERAL CAMP FACILITIES ALSO INCLUDE:

Health Lodge  
Shower & Bathroom Facilities  
Environmental Center  
Gaga Ball Pit  
OA Ceremonial Amphitheater  
Forge for Branding  
Numerous Learning Centers  
Quartermasters Storage Facility  
Basketball Court  
Climbing Wall  
Rappelling Cliff  
Zip Line  
Fishing & Fly Fishing Areas  
Trails  
Kayaking  
Canoeing  
Paddle Boarding  
3-Story Waterslide  
Log Rolling

## Camp Amenities

### Campsites

All campsites have a fire ring. The Rickenbacker Camp provides four primitive campsites and modern restrooms at the Conference Center. Troops camping here bring and prepare their own food. Refrigeration is provided. The buildings and developed areas of the Friedrich Camp provide 19 Troop sites, complete with platform tenting and pavilions, close to a central Dining Hall.

### Camp Trading Posts

Open throughout the day, the Trading Post offers a variety of Scout items such as socks, hats, shirts, merit badge books, handicraft provisions, toothpaste, candy, sodas, ice cream and a wide assortment of souvenirs. Cash and credit cards accepted.

### Commissioner's Area

Adult leaders are invited here to take a break during the program day.

### Dining Hall

All meals are provided by professional cooks and served (cafeteria style) by our youth staff. Well-planned meals provide a balanced diet and seconds are usually available. For Scouts with special dietary needs, send an email noting limitations to [BearCreekSummerCamp@AlamoAreaScouting.org](mailto: BearCreekSummerCamp@AlamoAreaScouting.org) by May 15. (See page 36)

### Ranges

Rifle, Archery, Shotgun, and Cowboy Action facilities have been designed and certified to Scouting America standards. The camp furnishes .22 caliber rifles for use on the rifle range, 20 gauge shotguns for use on the Skeet range, and recurve bows for use on the Archery range.

### Scoutmaster Lounge

Adult Leaders can enjoy our Scoutmaster Lounge which offers air-conditioning, and WIFI (for adults only). This is a great place to relax or get caught up on any work you may need to take care of.

### Swimming Areas (In-ground Pool & Waterfront)

Swimming is restricted to prescribed areas along the waterfront and in the swimming pool during posted hours of operation. "Free swim" is available to everyone during scheduled hours when lifeguards are provided. A three-story twin water slide, kayaks, canoes, and paddle boards are available for use during these times. (see schedules pages 5-6).

## National Camp Standards

Bear Creek Scout Camp is inspected annually by a team that represents Scouting America. The Camp meets or exceeds all standards and regulations. We are also inspected regularly by the Texas Health Department. We feature a Health Lodge staffed by a qualified professional provider for routine health checks and problems. Strict health and safety standards are maintained at all times.



### Getting to Bear Creek Scout Camp

Make sure to give yourself plenty of time to arrive and get checked in. Do not caravan, but do try to arrive at the same time as other members of your unit to assist with the check in process.

### Transportation

Each pack is responsible for its own transportation. No riders are allowed in the backs of pickups or trucks. All riders must have a seat belt. If possible, consolidate bulky items into one vehicle to help in transporting them to campsites.

### Questions

A roundtable for all leaders will be held during the first day of camp. Special announcements and instructions about camp life will be included in this session. Any questions that you may have will be answered at that time. Update announcements will be made at flag ceremonies, so you'll always be in the know!

### Pre-Camp Orientation Sessions

Find out more about Camp Akela and what your Scout and Unit need to do to be prepared. Join us at one of the following sessions:

Sunday, April 26 at 7pm  
*virtual on Zoom*

Saturday, May 9 at 10am  
*in person at the AAC Service Center*

### Camp Director's Tip

Packs are encouraged to register as a unit so that the unit can track the leadership requirements and ensure proper supervision is provided, but individual registration is allowed. We will group all participants together by unit no matter how the registration is completed.

Registration links can be found here --> <https://www.alamoareascouting.org/summer-camp/webelos-and-arrow-of-light-aol/>



### Refund Policy

To ensure the Alamo Area Council can provide the best service to the Scouts and to make better investments into the lives of our youth has adopted the following refund policy:

- Paid registration fees are refundable up to thirty (30) days prior to the start of an event, less a 20% processing and supply fee, upon written request.
- Within 30 days of the event, the event is Non-Refundable. (Emergency situations may be considered within 30 days with appropriate documentation provided, minus a 20% processing and supply fee. Examples of emergencies are medical – with official doctor or medical note, Military orders, or a requirement to attend summer school.)
- Scouts are allowed to coordinate with other scouts to fill the position being vacated. Please notify Council of the change and we will update the roster, as required. (Events with waitlists are exceptions to this policy – the next person on the waitlist will fill the vacated spot).
- Transfers to other events are not permitted. (Exceptions to this policy are Bear Creek Summer Camp and McGimsey Cub Scout Day Camp, for these two events we can move you within the different sessions).
- When the event is cancelled by the Council a full refund will apply.

Refund requests must be in writing to [refunds@AlamoAreaScouting.org](mailto:refunds@AlamoAreaScouting.org). include the Scout's name, and the reason for requesting a refund. Calling or e-mailing any other email address is not a refund request.



## Welcome Leaders

Parents/legal guardians are not 'Adult Leaders' as defined by Scouting America but are allowed to attend Akela Adventure Camp with proper documentation (see below).

Each unit must have a minimum of two Scouting America registered Adult Leaders 21 years of age or over to meet the requirements of 2-deep leadership per Safeguarding Youth Training guidelines. One additional Adult Leader is required for every 3 youth. There must be a registered female adult leader present in any unit serving females.

If you are not able to arrange for a second adult, send an email to [Adventure@AlamoAreaScouting.org](mailto:Adventure@AlamoAreaScouting.org) and we will work with you to find a solution to attend camp.

All adults attending camp and staying overnight with a unit must present with:

- Complete Safeguarding Youth Training (SYT) training and bring a copy of the certificate.
- Complete Health Form- Part A, B only (see appendix).



All adults must provide proof of their current Safeguarding Youth Training (SYT) to be on camp. Print out a copy of your certification card, and attach it to your health forms.

## Camp Director's Tips

- Make sure parents have signed the medical forms and accompanying notes before you get to camp
- Photocopy forms and keep the originals in a safe space at home
- Encourage Scouts to complete swim check's prior to camp, and bring forms signed by individual administering test with a copy of certification (see appendix)
- Keep a list of dietary and medical needs for your scouts with a unit leader for quick reference while at camp



## First time at camp as an adult leader?

We are so happy you are here and we wish your experience to be as fulfilling as it is for the Scouts. Camp provides opportunities for personal growth and bonding with others. Reading this survival guide is a great first step to being prepared for camp. Here are a few other things that may help you navigate your first week:

### **Youth Protection**

The Youth Protection Policies of Scouting America are practiced at Akela Adventure Camp. To ensure that all Scouts have their privacy respected, National Camp Standards require that adults and youth shower and sleep separately. More detailed information about Youth Protection will be covered at the camp orientation.

### **Safe Swim**

Akela Adventure Camp complies with Safe Swim Defense. All campers will be given a swimming ability test on the first day of camp if they did not complete it prior to camp. Any person, adult or youth, who wants to participate in water activities must have a swim test. We recommend taking swim tests at McGimsey Scout Park pool whenever able prior to Akela Adventure Camp.

### **Security at Camp**

Be certain to secure all valuables. Keeping spending money in a safe place and work with the Scouts to provide only the amount of money that they need each day. Please report all suspicious activities to camp staff. This is for the safety of all campers.

### **Scout Spirit**

The conduct and discipline of the people in your unit are your responsibility. We ask for your cooperation. Camp Staff will not discipline Scouts unless serious bodily injury or property damage may result. Your campsite is your home. Entering another campsite or loitering there can cause problems. Lights out is at 10:30pm. Campers not in their areas after 10:30 pm will be escorted to their campsite by camp staff.



# CAMP POLICIES AND PROCEDURES

It is the goal of Bear Creek Scout Camp (BCSC) to provide a safe, quality program to our campers. In addition to the Scout Oath, Scout Law, Guide to Safe Scouting, and Scouting Code of Conduct, the following rules have been established to ensure the continuation of Bear Creek Scout Camp's excellent safety record.

Leaders are asked to cooperate in the observance of these rules and in the common-sense operation of their troop. For the safety and enjoyment of all scouts in camp, troops unwilling to observe camp rules and policies will be asked to leave. Any questions or comments of these rules and policies can be addressed before camp by emailing [BearCreekScoutCamp@AlamoAreaScouting.org](mailto:BCSC@AlamoAreaScouting.org). We ask that leaders read all policies and procedures as they may be referred to while at camp and we want to make sure everyone is well informed.

## REGISTRATION

Every youth and adult that attends summer camp must be a registered member Scouting America. Charter Rosters with participants highlighted must be turned in to the front office upon check-in at camp as proof of registration.

## UNIT LEADERSHIP

Each unit must have a minimum of two registered adult leaders 21 years of age or over are required in camp at all times. There must be a registered female adult leader 21 years of age or over present in any unit serving females. The leaders' primary responsibility is the safety of their Scouts, 24 hours a day. Adult leaders are also responsible for the discipline and control of Scouts they bring to camp. Some leaders have a great deal of knowledge of camping, scouting skills or merit badges and are asked to help in program areas. BCSC is grateful for any adult leader willing to lend a hand with camp programs.

## PARENTS AND VISITORS

In effort to keep accurate records of Scouters at BCSC, and ensure Scout safety, individuals are not permitted on camp property without prior authorization. All visitors must check in and out at Camp HQ.

## LEAVING CAMP

Anyone leaving camp must sign out at the Camp HQ. The front gate of BCSC will be closed at all times. Scouts will not be allowed to leave camp with someone other than their parents or legal guardian without the approval of the Scoutmaster. Scoutmasters should be advised not to allow Scouts to leave camp.

## TOBACCO/VAPING

Use of Tobacco or vaping products are prohibited on all Alamo Area Council properties.

## HEALTH AND SAFETY

The first aid lodge is available with a qualified health officer on duty 24 hours a day. In addition, BCSC has an agreement with local physicians and hospitals if additional medical treatment is required. In the case of non-life-threatening injury or illness, the unit leader will be asked to provide transportation to the hospital or clinic as directed. Emergency services will be called in the case of accidents or illness of a more critical nature. There is no charge for medical services performed in camp. All campers needing services from hospitals/clinics are required to handle payment through their insurance policy.

## INSURANCE

The Alamo Area Council provides council-wide accident and sickness insurance coverage for all registered Scouts and leaders within the Alamo Area Council.

Scouts and leaders from outside the Alamo Area Council must provide certification that they have troop and/or council insurance coverage. It is necessary that your troop be covered by medical insurance at camp. A copy of your certificate of insurance and necessary information for processing a claim must be on file with the camp medical officer before your troop can camp at BCSC. This allows the BCSC staff to arrange medical services quickly if needed. If your troop does not have insurance, please contact your local council. A national policy is available at a minimal fee.

## MEDICAL RE-CHECK

All Scouts and adult leaders must complete the current Annual Health and Medical Record with parts A & B & completed within the last 12 months, if staying at camp for any length of time. If a camper arrives at camp without their medical record, it is the camper's responsibility to obtain the physical examination and complete the form before being allowed to participate at camp.

During check-in the Camp Health Officer will check each troops roster and medical forms to confirm that all participants are covered. The Health Officer will interview troop leadership to confirm that all campers are in good physical health. The camp retains the right to send Scouts and leaders home if it is deemed that they pose a significant health risk to themselves or others.

## MEDICATION

All Prescription Medication must come to camp in the original bottle from the pharmacy.

The Label must Contain:

- The camper's name
- Date of prescription
- Doctor's name & phone number
- Correct dosage

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medication at the appropriate time. BSA policy does not mandate nor necessarily encourage the Scout leader to do so. All prescription medication must be accompanied by a note from a parent or guardian giving permission for the medication to be administered by the Scout leader. Medical marijuana/cannabis is not authorized for use by Scouts or leaders during their time at camp.

### **IMMUNIZATIONS**

BSA Rules and Regulations require that all participants have current Tetanus immunization prior to attending camp.

### **SCOUT UNIFORM IN CAMP**

Scouts are expected to wear the BSA field uniform to breakfast, morning flags, evening flags, dinner, and to the closing campfire. Scoutmasters and adult leaders should instruct their troop in how to properly wear the uniform in line with the BSA Guide to Awards and Insignia.

### **FOOTWEAR**

Campers will need sturdy shoes for hiking and a spare pair in case their shoes get wet. No open toed shoes. Foam shoes are not sturdy enough for camp terrain.

### **EVERYBODY GET A BUDDY**

No Scout should be without a buddy at camp.

### **QUIET HOURS**

Quiet hours are from 10:00pm to 7:30am.

### **CAMPSITES & BATHROOMS**

Campsite and bathroom cleanliness are the responsibility of the campers who use them. Any damage done to camp property by campers will be the responsibility of the individual's troop. Campsites may be inspected at any time to ensure the health and safety of all campers.

A Scout is helpful, courteous, and clean, and we ask that troops work together to make sure that restroom facilities are cleaned daily. The camp will supply all necessary items to clean and sanitize restrooms. Before checking out of camp, the camp staff will inspect all facilities to insure they are clean and free of damage.

### **CPAP MACHINES**

Leaders with CPAP machines are encouraged to bring battery packs for their equipment. Many insurance providers now cover these batteries. The Camp cannot accommodate special campsite requests for electricity.

### **ICE**

Ice is available for purchase throughout the week. It can be purchased from the dining hall.

### **GARBAGE & FOOD IN CAMPSITES**

The Quartermaster Staff will pick up trash nightly before 9:30pm. Bag and place trash on the roadside of the nearest restroom to be collected. No food is allowed inside of tents, food left in campsites must be secured in wildlife-proof container or secured inside a covered trailer.

### **PETS/ANIMALS/WILDLIFE**

No pets of any kind may be brought to camp. Wild animals are not to be fed, teased or captured. If there is a wild

animal that poses a danger to campers, notify the staff. Please remember that camp is in a natural environment. Snakes or other critters will be spotted. If it does not pose a threat, Scouts and leaders should take the opportunity to view nature from a safe distance and does not warrant notifying camp staff. If an animal is found inside a tent, building or in an area that would put Scouts in harms way please call the staff to safely remove the animal.

### **VEHICLE POLICY**

The speed limit on roads on camp is 10 MPH with the following exception: The speed limit in campsite areas is 5 MPH. It is the policy of Scouting America that: Seat belts are required for all occupants in vehicles. The driver of any vehicle operated on camp must be at least 18 years of age. The beds of trucks or trailers, or fenders, must never be used for carrying passengers. Vehicles may be allowed in the campsite to deliver camping equipment on the day of arrival. Troops may leave trailers in campsites. Trailer tow vehicles may also remain in the campsite under the following conditions:

- a. The trailer and tow vehicle remain connected throughout the week.
- b. Both the trailer and the tow vehicle are at least three feet from the edge of any camp road.
- c. The tow vehicle is not moved during camp.

All other vehicles must be removed to a designated parking area for the duration of their visit. Driving in the Campsite areas or Program areas is not permitted.

### **HANDICAP VEHICLES**

Only vehicles with state issued Disabled Parking placards or license plates may park in designated Disabled Parking spaces. Driving in the Campsite areas or Program Valley is not permitted unless the participant has a state issued handicap placard and permission from the Camp Health Officer. State issued placards are issued as an accommodation for a disability, and therefore should also be noted on the camper's Medical Record. Vehicles are to be used as a mode of transportation, not as a carpool or shuttle for able Scouters. Likewise, permitted transportation is for essential locations only - not for sightseeing purposes. If transporting a Scout under the age of 18, all Youth Protection Policies must be met. Individuals needing accommodation, must have a handicap placard or license plate, and notify the Camp Director via email at [Adventure@alamoareabsa.org](mailto:Adventure@alamoareabsa.org) by May 15th to ensure the assigned campsite has accessible parking.

### **GATE POLICY**

Perimeter gates MUST remain closed at all times - no exceptions. If you need access to the camp as a visitor, you will need to coordinate with your camp/unit leadership.

### **EMERGENCY PROCEDURES**

Emergency procedures are posted on camp bulletin boards. As a rule, Scouts and Scouters hearing vehicle horns honking repeatedly must report immediately to the nearest gathering point without delay. Gathering points are:

- Conference Center
- Handicrafts
- Eco Pavillion
- Dining Hall

(continued)



It is the responsibility of the leaders to make sure the Scouts are aware of what to do during an emergency, follow the directions of the staff members. Consult the camp maps locate these areas.

### **LOST CAMPERS**

Please inform staff if you need help finding a lost camper. Alamo Area Council Camp staff has procedures in place to search camp safely and quickly. Youth campers should never be sent to search for lost campers.

### **PROHIBITED ACTIVITIES**

The following activities are forbidden and violators may be immediately escorted off camp property.

1. Hunting.
2. Unauthorized use of all-terrain vehicles.
3. Pets.
4. Starting fires with gasoline, oil, diesel fuel, lighter fluid, propane, etc.
5. Starting fires outside of designated areas. No flames in tents or cabins, this includes lit mosquito coils, candles & hot plates. Please check with the camp staff to see if any burn bans are in effect before starting a fire. When not in use, all fuel (propane, white gas, etc) must be kept locked up.
6. Towing passengers on sleds, trailers or any other conveyance not intended for such use. No Scouts or leaders may ride in the back of pickup trucks.
7. Firearms and ammunition are available at the camp for use ONLY at the rifle and shotgun ranges. No other firearms are permitted on camp property. Do not bring your personal firearms, ammunition or bows.
8. Use of fireworks.
9. Absolutely no alcohol or illegal drugs will be allowed on camp property. Drug and alcohol laws will be strictly enforced according to the laws of the state of Texas. Use of these substances will result in immediate removal from camp.
10. Chainsaws are not allowed at camp unless prior permission is received. National Scouting America has implemented stringent new rules for their safe use.

## 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: \_\_\_\_\_



## Part B1: General Information/Health History

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

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

**High-adventure base participants:**

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit leader: \_\_\_\_\_ Unit leader's mobile #: \_\_\_\_\_

Council Name/No.: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Health/Accident Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_



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

**In case of emergency, notify the person below:**

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

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Alternate contact name: \_\_\_\_\_ Alternate's phone: \_\_\_\_\_

### Health History

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

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



## Part B2: General Information/Health History

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

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

### High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

### Allergies/Medications

DO YOU USE AN EPINEPHRINE AUTOINJECTOR? Exp. date (if yes) \_\_\_\_\_  YES  NO

DO YOU USE AN ASTHMA RESCUE INHALER? Exp. date (if yes) \_\_\_\_\_  YES  NO

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

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

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

Medication	Dose	Frequency	Reason

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

Administration of the above medications is approved for youth by:

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

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

### Immunization

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

Yes	No	Had Disease	Immunization	Date(s)
			Tetanus	
			Pertussis	
			Diphtheria	
			Measles/mumps/rubella	
			Polio	
			Chicken Pox	
			Hepatitis A	
			Hepatitis B	
			Meningitis	
			Influenza	
			Other (i.e., HIB)	
			Exemption to immunizations (form required)	

**Please list any additional information about your medical history:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DO NOT WRITE IN THIS BOX.**  
 Review for camp or special activity.

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

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

Further approval required:  Yes  No

Reason: \_\_\_\_\_

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

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



## Part A: Informed Consent, Release Agreement, and Authorization Parte A: Consentimiento informado, Convenio de exoneración, y Autorización

Full name: \_\_\_\_\_  
Nombre completo

DOB: \_\_\_\_\_  
FECHA DE NACIMIENTO

High-adventure base participants:  
Participantes en bases de aventura extrema:

Expedition/crew No.: \_\_\_\_\_  
Expedición/tripulación No.  
or staff position: \_\_\_\_\_  
o puesto

### 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.

### Consentimiento informado, Convenio de exoneración y Autorización

Entiendo que la participación en actividades Scouting implica el riesgo de lesiones personales, incluyendo la muerte, debido a los retos físicos, mentales y emocionales en las actividades que se ofrecen. Se puede obtener información sobre dichas actividades en la sede, con los coordinadores de la actividad o el concilio local. También entiendo que la participación en estas actividades es totalmente voluntaria y requiere que los participantes sigan instrucciones y acaten todas las reglas y normas de conducta pertinentes.

En caso de que yo o mi hijo, nos veamos involucrados en un caso de emergencia, entiendo que se realizarán esfuerzos por parte del médico o el líder adulto por contactar al individuo que aparece como la persona de contacto en caso de emergencia. En caso de que esta persona no pueda ser localizada, por este medio otorgo permiso al proveedor de servicios médicos seleccionado por el líder adulto a cargo para garantizar el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamentos para mí o mi hijo. Los proveedores de servicios médicos están autorizados a revelar información médica protegida al adulto a cargo, el personal médico del campamento, la administración del campamento, o cualquier médico o proveedor de servicios médicos involucrado en la prestación de atención médica para el participante. La Información de salud protegida/Información médica confidencial (PHI/CHI por sus siglas en inglés) bajo los Estándares de privacidad de información médica individualmente identificable, 45 C.F.R. §§160.103, 164.501, etc. y siguientes, como se enmiendan de vez en cuando, incluye resultados de reconocimientos médicos, resultados de pruebas y el tratamiento proporcionado para fines de evaluación médica del participante, seguimiento y comunicación con los padres o tutor legal del participante, o determinación de la capacidad del participante para continuar en las actividades del programa.

(Si corresponde) He considerado cuidadosamente el riesgo implicado y con la presente doy mi consentimiento para que mi hijo participe en todas las actividades ofrecidas en el programa. Además autorizo que se comparta la información contenida en este formulario con los voluntarios o profesionales de BSA que necesiten tener conocimiento de las condiciones médicas que puedan requerir consideración especial para la realización de actividades Scouting.

Con reconocimiento de los peligros y riesgos asociados con los programas y actividades, en mi propio nombre o en nombre de mi hijo, por este conducto eximo total y completamente, y renuncio a cualquiera y toda reclamación por lesiones personales, muerte o pérdidas que puedan surgir, a la organización Boy Scouts of America, al concilio local, los coordinadores de la actividad y todos los empleados, voluntarios, grupos involucrados, u otras organizaciones asociadas con cualquier programa o actividad.

Asimismo, por este conducto asigno y otorgo al concilio local y a Boy Scouts of America, así como a sus representantes autorizados, el derecho y permiso para usar y publicar las fotografías/películas/videocintas/representaciones electrónicas y grabaciones de sonido de mí o mi hijo realizadas en todas las actividades Scouting, y por este medio exono a Boy Scouts of America, al concilio local, a los coordinadores de la actividad y a todos los empleados, voluntarios, grupos involucrados u otras organizaciones asociadas con la actividad, de cualquier y toda responsabilidad por dicho uso y publicación. Además autorizo la reproducción, venta, derechos reservados, exhibición, transmisión, almacenamiento electrónico y distribución de dichas fotografías/películas/videocintas/representaciones electrónicas y grabaciones de sonido sin limitación a discreción de Boy Scouts of America, y específicamente renuncio a cualquier derecho de compensación alguna que pueda tener por cualquiera de lo anterior.



# Part A: Informed Consent, Release Agreement, and Authorization

## Parte A: Consentimiento informado, Convenio de exoneración, y Autorización

# A

Full name: \_\_\_\_\_  
Nombre completo

DOB: \_\_\_\_\_  
FECHA DE NACIMIENTO

**High-adventure base participants:**  
**Participantes en bases de aventura extrema:**  
Expedition/crew No.: \_\_\_\_\_  
Expedición/tripulación No.  
or staff position: \_\_\_\_\_  
o puesto



**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.**

**NOTA: Debido a la naturaleza de los programas y actividades, Boy Scouts of America y los concilios locales no puede vigilar continuamente el cumplimiento del programa por parte de los participantes o cualquier limitación impuesta sobre ellos por los padres o proveedores de servicios médicos. Sin embargo, para que los líderes puedan estar lo más familiarizados posible con cualquier limitación, enumerar a continuación las restricciones impuestas a un niño participante en relación con los programas o actividades.**



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

Restricciones del participante, si existen:  Ninguna  
\_\_\_\_\_

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, Philmont Training Center, Northern Tier, Florida 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.

Entiendo que, si cualquier información que he/hemos proporcionado es errónea, puede limitar o eliminar la oportunidad de participación en cualquier evento o actividad. Si participo en Philmont, el Centro de Capacitación Philmont, Northern Tier, la Base Marina de la Florida o Summit Bechtel Reserve, también he leído y entiendo las advertencias de riesgo suplementario, incluyendo los requisitos y restricciones de estatura y peso, y entiendo que al participante no se le permitirá intervenir en programas de aventura extrema si dichos requisitos no se cumplen. El participante tiene permiso de intervenir en todas las actividades de aventura extrema descritas, excepto aquellas señaladas específicamente por mí o el proveedor de servicios médicos. Si el participante es menor de 18 años, se requiere la firma de uno de los padres o del tutor.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Firma del participante: \_\_\_\_\_ Fecha: \_\_\_\_\_

Parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_  
Firma del padre/tutor del menor: \_\_\_\_\_ Fecha: \_\_\_\_\_

(If participant is under the age of 18) (Si el participante es menor de 18 años)

Second parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_  
Firma del segundo padre/tutor del menor: \_\_\_\_\_ Fecha: \_\_\_\_\_

(If required; for example, California) (Si es necesario; por ejemplo, en California)

### Complete this section for youth participants only. Completar esta sección para jóvenes participantes solamente.

**Adults Authorized to Take to and From Events:**  
**Adultos autorizados a trasladar al menores hacia y desde los eventos:**  
You must designate at least one adult. Please include a telephone number.  
Debe designar al menos a un adulto. Por favor incluya un número de teléfono.

Name: (Nombre) \_\_\_\_\_  
Telephone: (Teléfono) \_\_\_\_\_

Name: (Nombre) \_\_\_\_\_  
Telephone: (Teléfono) \_\_\_\_\_

**Adults Authorized to Take to and From Events:**  
**Adultos autorizados a trasladar al menores hacia y desde los eventos:**  
You must designate at least one adult. Please include a telephone number.  
Debe designar al menos a un adulto. Por favor incluya un número de teléfono.

Name: (Nombre) \_\_\_\_\_  
Telephone: (Teléfono) \_\_\_\_\_

Name: (Nombre) \_\_\_\_\_  
Telephone: (Teléfono) \_\_\_\_\_



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## Part B: General Information/Health History Parte B: Información general/historial de salud

Full name: \_\_\_\_\_  
Nombre completo

DOB: \_\_\_\_\_  
FECHA DE NACIMIENTO

**High-adventure base participants:  
Participantes en bases de aventura extrema:**  
Expedition/crew No.: \_\_\_\_\_  
Expedición/tripulación No.  
or staff position: \_\_\_\_\_  
o puesto

Age/Edad: \_\_\_\_\_ Gender/Género: \_\_\_\_\_ Height (inches)/Estatura (pulgadas): \_\_\_\_\_ Weight (lbs.)/ Peso (libras): \_\_\_\_\_

Address/Dirección: \_\_\_\_\_

City/Ciudad: \_\_\_\_\_ State/Estado: \_\_\_\_\_ ZIP code/Código postal: \_\_\_\_\_ Telephone/Teléfono: \_\_\_\_\_

Council Name/No./Nombre del concilio/No.: \_\_\_\_\_ Mobile phone/Teléfono celular: \_\_\_\_\_

Unit leader/ Líder de la unidad: \_\_\_\_\_ Unit No./ No. de la unidad: \_\_\_\_\_

Health/Accident Insurance Company/ Compañía de seguros de salud o de accidentes: \_\_\_\_\_ Policy No./No. de póliza: \_\_\_\_\_

**! Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above. Por favor adjunte una fotocopia de ambos lados de la tarjeta del seguro. Si no tiene seguro médico, escriba "ninguno" arriba. !**

### In case of emergency, notify the person below: En caso de emergencia, notificar a la siguiente persona:

Name/Nombre: \_\_\_\_\_ Relationship/Parentesco: \_\_\_\_\_

Address/Dirección: \_\_\_\_\_

Home phone/Teléfono de casa: \_\_\_\_\_ Other phone/Otro teléfono: \_\_\_\_\_

Alternate contact name/Nombre de contacto alternativo: \_\_\_\_\_ Alternate's phone/Teléfono alternativo: \_\_\_\_\_

### Health History / Historial de salud

Do you currently have or have you ever been treated for any of the following?  
¿Actualmente tiene, o alguna vez ha recibido tratamiento para cualquiera de las siguientes condiciones?

Yes Sí	No No	Condition / Condición	Explain / Explicar
		Diabetes / Diabetes	<b>Last HbA1c percentage and date: Último porcentaje de HbA1c y fecha:</b>
		Hypertension (high blood pressure) / Hipertensión (presión arterial alta)	
		Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers. Cardiopatía adulta o congénita/ataque al corazón/dolores de pecho(angina)/soplo del corazón/enfermedad de la arteria coronaria. Cualquier cirugía o procedimiento de corazón. Explicar todas las respuestas marcadas "Sí".	
		Family history of heart disease or any sudden heart-related death of a family member before age 50. Antecedentes familiares de enfermedad cardíaca o cualquier muerte súbita relacionada con el corazón de un miembro de la familia antes de los 50 años.	
		Stroke/TIA / Apoplejía/Accidente isquémico transitorio	
		Asthma / Asma	<b>Last attack date: Fecha del último ataque:</b>
		Lung/respiratory disease / Enfermedad pulmonar/respiratoria	
		COPD / EPOC	
		Ear/eyes/nose/sinus problems / Problemas de oído/ojos/nariz/sinusitis	
		Muscular/skeletal condition/muscle or bone issues Condiciones musculares/del esqueleto/condiciones musculares u óseas	
		Head injury/concussion / Traumatismo craneano/conmoción cerebral	
		Altitude sickness / Mal de altura	
		Psychiatric/psychological or emotional difficulties Problemas psiquiátricos/psicológicos o emocionales	
		Behavioral/neurological disorders Trastornos neurológicos/del comportamiento	
		Blood disorders/sickle cell disease Trastornos sanguíneos/anemia falciforme	



# Part B: General Information/Health History

## Parte B: Información general/historial de salud

# B

Full name: \_\_\_\_\_  
Nombre completo

DOB: \_\_\_\_\_  
FECHA DE NACIMIENTO

**High-adventure base participants:**  
**Participantes en bases de aventura extrema:**  
Expedition/crew No.: \_\_\_\_\_  
Expedición/tripulación No.  
or staff position: \_\_\_\_\_  
o puesto

### Health History / Historial de salud

Do you currently have or have you ever been treated for any of the following?  
¿Actualmente tiene, o alguna vez ha recibido tratamiento para cualquiera de las siguientes condiciones?

Yes / Sí	No / No	Condition / Condición	Explain / Explicar
		Fainting spells and dizziness / Desmayos y mareos	
		Kidney disease / Enfermedad del riñón	
		Seizures / Convulsiones	<b>Last seizure date:</b> <b>Fecha de la última convulsión:</b>
		Abdominal/stomach/digestive problems Problemas abdominales/estomacales/digestivos	
		Thyroid disease / Enfermedad de la tiroides	
		Excessive fatigue / Fatiga excesiva	
		Obstructive sleep apnea/sleep disorders Apnea obstructiva del sueño/trastornos del sueño	<b>CPAP: Yes / Sí</b> <input type="checkbox"/> <b>No / No</b> <input type="checkbox"/>
		List all surgeries and hospitalizations Lista de todas las cirugías y hospitalizaciones	<b>Last surgery date:</b> <b>Fecha de la cirugía más reciente:</b>
		List any other medical conditions not covered above Cualquier otra condición médica no mencionada en la lista anterior	

### Allergies/Medications / Alergias/medicamentos

Are you allergic to or do you have any adverse reaction to any of the following? ¿Es usted alérgico a, o tiene cualquier reacción adversa a cualquiera de los siguientes?

Yes/ Sí	No	Allergies or Reactions / Alergias o reacciones	Explain / Explicar
		Medication / Medicamento	
		Food / Alimentos	
		Plants / Plantas	
		Insect bites/stings / Picaduras/mordeduras de insectos	

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

Enumere todos los medicamentos utilizados actualmente, incluyendo medicamentos sin receta médica.

- CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN.  MARQUE AQUÍ SI NO SE TOMAN MEDICAMENTOS RUTINARIAMENTE.  
 IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.  SI NECESITA ESPACIO ADICIONAL, POR FAVOR INDÍQUELO EN UNA HOJA APARTE Y ANÉXELA.

Medication / Medicamento	Dose / Dosis	Frequency / Frecuencia	Reason / Razón

YES / Sí  NO **Non-prescription medication administration is authorized with these exceptions:**  
**La administración de medicamentos sin receta está autorizada con estas excepciones:** \_\_\_\_\_

Administration of the above medications is approved for youth by:

La administración de los medicamentos anteriores para el menor está aprobada por:

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

\_\_\_\_\_  
Firma del padre/tutor  
\_\_\_\_\_  
Firma del doctor, enfermera, asistente médico (si su estado requiere firma)

**!** 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.

Lleve suficientes medicamentos en cantidades adecuadas y en los envases originales. Asegúrese de que NO están caducados, incluyendo inhaladores y EpiPens. Usted NO DEBE DEJAR de tomar cualquier medicamento de mantenimiento a menos que se lo indique su médico. **!**



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## Part B: General Information/Health History Parte B: Información general/historial de salud

Full name: \_\_\_\_\_  
Nombre completo

DOB: \_\_\_\_\_  
FECHA DE NACIMIENTO

**High-adventure base participants:  
Participantes en bases de aventura extrema:**

Expedition/crew No.: \_\_\_\_\_  
Expedición/tripulación No.

or staff position: \_\_\_\_\_  
o puesto

### Immunization / Vacunas

The following immunizations are recommended by the BSA. 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.

Las siguientes vacunas son recomendadas por BSA. La vacuna antitetánica es necesaria y debe haberse recibido en los últimos 10 años. Si ha padecido la enfermedad, marque la columna de la enfermedad y escriba la fecha. Si tiene la vacuna, marque sí y proporcione el año en que la recibió.

Yes/ Sí	No	Had Disease Padecí la enfermedad	Immunization / Vacunas	Date(s) Fecha(s) de vacunación
			Tetanus / Tétanos	
			Pertussis / Tos ferina	
			Diphtheria / Difteria	
			Measles/mumps/rubella / Sarampión/paperas/rubéola	
			Polio / Poliomielitis	
			Chicken Pox / Varicela	
			Hepatitis A / Hepatitis A	
			Hepatitis B / Hepatitis B	
			Meningitis / Gripe	
			Influenza	
			Other (i.e., HIB) / Otras (por ejemplo, HIB)	
			Exemption to immunizations <b>(form required)</b> Exención a las vacunas <b>(formulario requerido)</b>	

**Please list any additional information about your medical history:  
Por favor escriba cualquier información adicional sobre su historial médico:**

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#### DO NOT WRITE IN THIS BOX / NO ESCRIBA EN ESTE RECUADRO

Review for camp or special activity. / Revisión para campamento o actividad especial.

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Revisado por: \_\_\_\_\_ Fecha: \_\_\_\_\_

Further approval required: / Se requiere aprobación adicional:  Yes / Sí  No

Reason: \_\_\_\_\_  
Razón: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Aprobado por: \_\_\_\_\_ Fecha: \_\_\_\_\_

