

# **Attention Scoutmasters/Crew Advisors!**

ArrowPower<sup>2011</sup> is a service project that will take place in the Superior National Forest and will be based out of Grand Marais, MN. It is being organized by Area 1 Order of the Arrow members and is modeled after a national Order of the Arrow event called ArrowCorps<sup>5</sup> that took place in 2008 and included service projects in five different national forests in the United States. ArrowPower<sup>2011</sup> is a partnership with the US Forest Service and has been in the works for two years. Here is some basic information about ArrowPower<sup>2011</sup>:

- Dates are June 21-26, 2011
- Cost is \$195 per person which includes food, transportation between base camp and project sites, recreation and entertainment, etc.
- Participants must be 14 years old by September 1, 2011
- Participants must be the height/weight requirements for Philmont for trail service
- BSA Medical must be filled out
- Physicians should be aware that participants will be working on hiking trails using hand tools
- Participants must be a registered Scout, Venturer, or leader, but do not have to be an Order of the Arrow member
- Base of operations will be in Grand Marais, MN which is about 110 miles north of Duluth
- The Superior National Forest contains the BWCA and the Superior Hiking Trail
- There are four main projects that will take place: Superior Hiking Trail, Vegetable Chain Lakes Trail, and the Sugarbush and Pincushion Bike Trails

This will be an amazing experience for the Scouts/Venturers in your troop/crew. Following the experience, they will feel as if they made a big difference in an area used by many Scouts and Scouters. They will truly feel they did their duty to their country. Contained with this information is a flyer for your youth, an outline for parents, tour permits, the medical form, a registration form, and a promotional flyer for you to use. For more information, please encourage your Scouts and parents to check out the website at [arrowpower.sectionc1b.org](http://arrowpower.sectionc1b.org). On this site, projects are described in more detail and there is also a video to view. Contact your council coordinator to get involved.

**Northern Lights Council Coordinator: Nick Pedersen – [nick.pedersen@gmail.com](mailto:nick.pedersen@gmail.com)  
952-270-8146**

# A SCOUT IS HELPFUL



ArrowPower<sup>2011</sup> is an opportunity for you to give back to the amazing resources around you while also having a fun time and making great memories. It is a project based in the Superior National Forest in northern Minnesota and is being planned by the Area 1 Order of the Arrow Leadership and the US Forest Service. Area 1 covers approximately a four state area.



The project will be held from June 21-26, 2011 and will also provide program opportunities such as guest speakers, kick ball, dodge ball, ultimate frisbee, along with a bash and an expo featuring many different organizations. Base operations will be in Grand Marais, MN. The Superior National Forest contains the BWCA and the Superior Hiking Trail, two areas that are used by Scouts and Venturers all over the country. This is an amazing opportunity to leave a lasting impact on these areas. It is important that you be at least 14 years old by September 1, 2011 and that you also meet the Philmont height/weight requirements. You need to be registered with the BSA but you don't need to be an Arrowman. The cost is \$195 per person and this includes all of your food, project-related transportation, entertainment, etc. Be sure to visit our website at [arrowpower.sectionc1b.org](http://arrowpower.sectionc1b.org) to check out a video promoting ArrowPower<sup>2011</sup> which also goes into detail about the four projects we are planning. Your council coordinator in Northern Lights Council is Nick Pedersen. You can contact him at [nick.pedersen@gmail.com](mailto:nick.pedersen@gmail.com) or at [952-270-8146](tel:952-270-8146) to get signed up!



[arrowpower.sectionc1b.org](http://arrowpower.sectionc1b.org)



### **Information for Parents**

If your son/daughter will be 14 years of age by September 1, 2011 and they are registered with a Boy Scout troop or Venturing crew, they have an amazing opportunity available to them this summer. ArrowPower<sup>2011</sup> is a service project being organized by Area 1 Order of the Arrow members and the US Forest Service and is taking place in the Superior National Forest in northern Minnesota.

If you are unfamiliar with the Order of the Arrow, it is the honor society within the Boy Scouts of America that stresses brotherhood and cheerful service. The Order of the Arrow leaders of Area 1, which covers 12 councils, are inviting all registered members of the BSA who are 14 or older to participate in this exciting opportunity. It is going to be held from June 21-26, 2011 and participants will be based in Grand Marais, MN at Cook County High School. The cost is \$195 per participant and this includes food, hospitality, transportation to the projects, and entertainment. Participants will have opportunities for recreation in the forest and a structured Scout-based program will be provided throughout the week.

This project is modeled after ArrowCorps<sup>5</sup>, which was put on by the National Order of the Arrow leaders and included five national forests. The feedback from that event was unbelievably positive. Memories were created that will last a lifetime. This is an opportunity for your son or daughter that will provide amazing learning experiences and they will look back on it for many years.

Philmont Scout Ranch has height and weight requirements that they enforce, and we have adopted these same requirements for ArrowPower<sup>2011</sup>. To view these requirements, refer to the health/medical requirements page in the camping and operations section at [www.philmontscoutranch.org](http://www.philmontscoutranch.org), or you can refer to the BSA medical form. When physicians are filling out the form, they should be aware that participants will be working on hiking trails using hand tools. There is also more information on our website, including a video outlining the details for each project. Be sure to visit our website at [arrowpower.sectionc1b.org](http://arrowpower.sectionc1b.org) and check with your council coordinator for details on how to get signed up.

**Northern Lights Council Coordinator: Nick Pedersen – [nick.pedersen@gmail.com](mailto:nick.pedersen@gmail.com)  
952-270-8146**





## PARTICIPANT AGREEMENT AND INFORMATION

ORDER OF THE ARROW – BOY SCOUTS OF AMERICA

- A separate copy of this form must be completed for each participant attending.
- REGISTRATION DEADLINE is April 30, 2011.
- Return this form to your council contingent coordinator so they can submit it to: *Loren Meinke, 1938 Graydon Avenue, Brainerd, MN 56401* [nerolb@charter.net](mailto:nerolb@charter.net) (218)-270-2261
- For updated information: [arrowpower.sectionc1b.org](http://arrowpower.sectionc1b.org)

Council Name: \_\_\_\_\_ Council Number: \_\_\_\_\_

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

Birthday (MM/DD/YYYY): \_\_\_ / \_\_\_ / \_\_\_\_\_

Gender: \_\_ Male \_\_ Female

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone – Home: \_\_\_\_\_ Work/School: \_\_\_\_\_

Phone – Mobile: \_\_\_\_\_

**In case of emergency, contact:**

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

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Dietary Needs: (need by April 30, 2011) \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**All participants must be compliant with Philmont Height/Weight Restrictions**

Any restrictions on activities: \_\_\_\_\_

Physical conditions/illnesses/diseases/limitations/etc? \_\_\_\_\_

Do you wear prescription eyeglasses: \_\_\_ Yes \_\_\_ No

- Date of Youth Protection Course (MM/DD/YYYY): \_\_\_ / \_\_\_ / \_\_\_\_\_
- Date of Weather Hazard Training (MM/DD/YYYY): \_\_\_ / \_\_\_ / \_\_\_\_\_
  - **Must be completed within two years of ArrowPower2011 program for participants 18 years and older. Highly recommended for all participants.**

Training available online at [olc.scouting.org](http://olc.scouting.org)

I have been trained in the methods of construction and/or maintaining trails:

\_\_\_\_\_ HAT or other Trail Boss program; \_\_\_\_\_ PCT Association; \_\_\_\_\_ Other

I have attended or been trained:

\_\_\_\_\_ Philmont OATC; \_\_\_\_\_ Wilderness Voyage OAWV; \_\_\_\_\_ Florida Sea Base OAOA

\_\_\_\_\_ ArrowCorps<sup>5</sup>; \_\_\_\_\_ Conservation School; \_\_\_\_\_ Trail Crew; \_\_\_\_\_ Other

I have a technical background (such as radios, computers, building construction...industry/trade): \_\_\_\_\_

I have the following medical training/certification (e.g., M.D., EMT...) \_\_\_\_\_

I agree to abide by the Participant **Code of Conduct** and to the terms of the **Statement of Understanding** (Participant), as provided in this document; and I certify that my membership is current and paid in the Boy Scouts of America.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name (Print): \_\_\_\_\_

Parent/Guardian Signature (If under 18 years of age): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

We certify that the participant submitted above is a registered member in good standing of the Boy Scouts of America and my Troop/Crew and we give approval for his/her participation in the ArrowPower program.

Unit Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Unit Leader Name (Print): \_\_\_\_\_

Council Scout Executive or Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Council Scout Executive or Designee Name (Print): \_\_\_\_\_



## Participant **Statement of Understanding** And **Code of Conduct**

**Statement of Understanding:** All youth and adult participants are selected to represent their local council based on their qualifications in character, camping skills, physical and personal fitness, and leadership qualities.

Therefore, all youth participants and their parents or guardians are asked to sign the **Statement of Understanding** and **Code of Conduct** as a condition of participation, with the further understanding that serious misconduct or infraction of established rules and regulations may result in expulsion, at the participant's expense, from ArrowPower2011. Ultimately we want each participant to be responsible for his or her own behavior, and only when necessary will the procedure be invoked to send a participant home from ArrowPower2011.

All youth and adult participants are expected to abide by the Code of Conduct as follows:

1. The Scout unit's adult leadership (Scoutmaster, Advisor or designee) is responsible for the supervision of its membership in respect to maintaining discipline and security, and the participant Code of Conduct.
2. The Scout Oath and Law will be my guide throughout ArrowPower2011.
3. I will set a good example by keeping myself neatly dressed for my position and work assignment. (Class A uniforms are to be worn during check in, dinner, and event-wide shows.)
4. I will attend all scheduled programs and will participate as required in cooperation with other councils' members and leadership.
5. In consideration of other participants, I agree to follow the bedtime and other schedules of the event, or as otherwise directed by the ArrowPower2011 program.
6. I will be responsible for keeping my area and personal gear labeled, clean, and neat. I will adhere to all ArrowPower2011 recycling policies and regulations. I will do my share to prevent littering.
7. I understand that the purchase, possession, and consumption of alcoholic beverages or illegal drugs by any youth and adult members are prohibited. This standard shall apply to all who attend.
8. Serious and/or repetitive violations by youth and adults including use of tobacco, alcohol, and drugs, cheating, stealing dishonesty, swearing, fighting and cursing may result in expulsion from ArrowPower2011 or serious disciplinary action and loss of privileges. The Incident Commanders must be contacted for the expulsion procedure to be invoked. **There are no exceptions.**
9. I understand that gambling of any form is prohibited.
10. I understand that possession of lasers of any type, and possession and detonation of fireworks are prohibited.
11. I will demonstrate respect for Grand Marais High School, United States Forest Service and event property and be personally responsible for any loss, breakage, or vandalism of property as a result of my actions.
12. Neither the unit leader (Scoutmaster, Advisor or designee), ArrowPower2011 sponsors, nor the Order of the Arrow of the BSA, will be responsible for loss, breakage, or theft of my personal items. I will label all my personal items and check items of value at the direction of my unit leader or his/her designee. Theft will be grounds for expulsion.
13. While participating in events and other activities, I will obey the safety rules and instructions of all supervisors and staff members.
14. Adult leaders and youth participants are prohibited from having firearms and weapons in possession in accordance with federal, state, and local laws.
15. All youth and adult participants will be guided by the Scout Oath and Law and will obey all federal, state, and local laws.
16. All adults, age 18 and over, must receive Youth Protection and Weather Hazard training prior to ArrowPower2011 and must follow the guidelines therein.
17. Hazing has no place in the Boy Scouts of America.
18. Adult leaders should have the good judgment to avoid trading patches with a child or youth members in Scouting. Youth members may trade with other youth members. Adult leaders may trade only with other adults 18 years of age or older.
19. All youth and adult participants must avoid confrontation with groups, demonstrations, or hecklers, and must assume a passive reaction to name-calling from individuals or groups.
20. Serious violation of this Code of Conduct may result in expulsion from ArrowPower2011 at the participant's own expense. All decisions will be final.

# Annual Health and Medical Record

(Valid for 12 calendar months)

## Policy on Use of the Annual Health and Medical Record

In order to provide better care for its members and to assist them in better understanding their own physical capabilities, the Boy Scouts of America recommends that everyone who participates in a Scouting event have an annual medical evaluation by a certified and licensed health-care provider—a physician (MD or DO), nurse practitioner, or physician assistant. Providing your medical information on this four-part form will help ensure you meet the minimum standards for participation in various activities. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

**Parts A and B** are to be completed at least annually by participants in all Scouting events. This health history, parental/guardian informed consent and hold harmless/release agreement, and talent release statement is to be completed by the participant and parents/guardians.

**Part C** is the physical exam that is required for participants in any event that exceeds 72 consecutive hours, for all high-adventure base participants, or when the nature of the activity is strenuous and demanding. Service projects or work weekends may fit this description. Part C is to be completed and signed by a certified and licensed health-care provider—physician (MD or DO), nurse practitioner, or physician assistant. It is important to note that the height/weight limits must be strictly adhered to when the event will take the unit more than 30 minutes away from an emergency vehicle-accessible roadway, or when the program requires it, such as backpacking trips, high-adventure activities, and conservation projects in remote areas.

**Part D** is required to be reviewed by all participants of a high-adventure program at one of the national high-adventure bases and shared with the examining health-care provider before completing Part C.

- **Philmont Scout Ranch.** Participants and guests for Philmont activities that are conducted with limited access to the backcountry, including most Philmont Training Center conferences and family programs, will not require completion of Part C. However, participants should review Part D to understand potential risks inherent at 6,700 feet in elevation in a dry Southwest environment. Please review specific registration information for the activity or event.
- **Northern Tier National High Adventure Base.**
- **Florida National High Adventure Sea Base.** The PADI medical form is also required if scuba diving at this base.

## Risk Factors

Based on the vast experience of the medical community, the BSA has identified the following risk factors that may limit your participation in various outdoor adventures.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit Scouting Safely on [www.scouting.org](http://www.scouting.org).

## Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.

## Frequently Asked Questions (FAQs)

- Philmont Scout Ranch: [www.philmontscoutranch.org](http://www.philmontscoutranch.org) or 575-376-2281
- Northern Tier National High Adventure Base: [www.ntier.org](http://www.ntier.org) or 218-365-4811
- Florida National High Adventure Sea Base: [www.bsaseabase.org](http://www.bsaseabase.org) or 305-664-5612
- National Scout Jamboree: [www.bsajamboree.org](http://www.bsajamboree.org)

For frequently asked questions about this Annual Health and Medical Record, see Scouting Safely online at <http://www.scouting.org/scoutsources/HealthandSafety.aspx>. Information about the Health Insurance Portability and Accountability Act (HIPAA) may be found at <http://www.hipaa.org>.



BOY SCOUTS OF AMERICA®

# Annual BSA Health and Medical Record

## Part A

### GENERAL INFORMATION

#### High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_  
 or staff position: \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Male  Female   
 Address \_\_\_\_\_ Grade completed (youth only) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Unit leader \_\_\_\_\_ Council name/No. \_\_\_\_\_ Unit No. \_\_\_\_\_  
 Social Security No. (optional; may be required by medical facilities for treatment) \_\_\_\_\_ Religious preference \_\_\_\_\_  
 Health/accident insurance company \_\_\_\_\_ Policy No. \_\_\_\_\_

**ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."**

In case of emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
 Alternate contact \_\_\_\_\_ Alternate's phone \_\_\_\_\_

### HEALTH HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma Last attack: _____	
		Diabetes Last HbA1c: _____	
		Hypertension (high blood pressure)	
		Heart disease (e.g., CHF, CAD, MI)	
		Stroke/TIA	
		Lung/respiratory disease	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Behavioral disorders (e.g., ADD, ADHD, Asperger syndrome, autism)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures Last seizure: _____	
		Sleep disorders (e.g., sleep apnea) Use CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Abdominal/digestive problems	
		Surgery	
		Serious injury	
		Other	

#### Allergies or Reaction to:

Medication \_\_\_\_\_  
 Food, Plants, or Insect Bites \_\_\_\_\_

#### Immunizations:

The following are recommended by the BSA. **Tetanus immunization is required and must have been received within the last 10 years.** If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	<b>Tetanus</b> _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB) _____

Exemption to immunizations claimed (form required).

**(For more information about immunizations, as well as the immunization exemption form, see Scouting Safely on Scouting.org.)**

### MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____
Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____

Administration of the above medications is approved by (if required by your state): \_\_\_\_\_ / \_\_\_\_\_  
Parent/guardian signature and/or MD/DO, NP, or PA signature

**Be sure to bring medications in sufficient quantities and the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.**

Emergency contact No.:

Allergies:

DOB:

Full name:

## Part B

### INFORMED CONSENT AND HOLD HARMLESS/RELEASE AGREEMENT

#### High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_  
or staff position: \_\_\_\_\_

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. 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.

I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

I 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 claims or liability arising out of this participation.

Without restrictions.

With special considerations or restrictions (list) \_\_\_\_\_

### TALENT RELEASE AGREEMENT

I hereby assign and grant to the local council and the Boy Scouts of America 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 hereby 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 Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

Yes  No

### ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS:

You must designate at least one adult. Please include a telephone number.

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone \_\_\_\_\_

3. Name \_\_\_\_\_ Telephone \_\_\_\_\_

Adults NOT authorized to take youth to and from events:

1. Name \_\_\_\_\_

2. Name \_\_\_\_\_

3. Name \_\_\_\_\_

**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, or Florida Sea Base: I have also read and understand the risk advisories explained in Part D, 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.**

Participant's name \_\_\_\_\_

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

(if participant is under the age of 18)

**This Annual Health and Medical Record is valid for 12 calendar months.**

**Part B Full name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**High-adventure base participants:**  
 Expedition/crew No.: \_\_\_\_\_  
 or staff position: \_\_\_\_\_

**Part C**

**TO THE EXAMINING HEALTH-CARE PROVIDER** (Certified and licensed physicians [MD, DO], nurse practitioners, and physician's assistants)

You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program at one of the national high-adventure bases, please refer to Part D for additional information.

(Part D was made available to me.  Yes  No)

**PHYSICAL EXAMINATION**

Height (inches) \_\_\_\_\_ Weight (pounds) \_\_\_\_\_ Maximum weight for height \_\_\_\_\_ Meets height/weight limits  Yes  No  
 Blood pressure \_\_\_\_\_ Pulse \_\_\_\_\_ Percent body fat (optional) \_\_\_\_\_

If you exceed the maximum weight for height as explained on this page and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle-accessible roadway, you **will not** be allowed to participate. At the discretion of the medical advisors of the event and/or camp, participation of an individual exceeding the maximum weight for height may be allowed if the body fat percentage measured by the health-care provider is determined to be 20 percent or less for a female or 15 percent or less for a male. (Philmont requires a water-displacement test to be used for this determination.) Please call the event leader and/or camp if you have any questions. Enforcing the height/weight guidelines is strongly encouraged for all other events.

	Normal	Abnormal	Explain Any Abnormalities	Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Eyes				Knees (both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs							
Neurological				<b>Other</b>	<b>Yes</b>	<b>No</b>	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal hernia			<b>Explain</b>
Emotional adjustment				Medical equipment (i.e., CPAP, oxygen)			

Tuberculosis (TB) skin test (if required by your state for BSA camp staff)  Negative  Positive

**Allergies** (to what agent, type of reaction, treatment): \_\_\_\_\_

**Restrictions** (if none, so state) \_\_\_\_\_

**EXAMINER'S CERTIFICATION**

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant

- Meets height/weight requirements
- Does not have uncontrolled heart disease, asthma, or hypertension
- Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from their orthopedic surgeon or treating physician
- Has no uncontrolled psychiatric disorders
- Has had no seizures in the last year
- Does not have poorly controlled diabetes
- If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures

Provider printed name \_\_\_\_\_

Address \_\_\_\_\_

City, state, zip \_\_\_\_\_

Office phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

**DO NOT WRITE IN THIS BOX**

REVIEW FOR CAMP OR SPECIAL ACTIVITY  
 Reviewed by \_\_\_\_\_ Date \_\_\_\_\_  
 Further approval required  Yes  No Reason \_\_\_\_\_  
 By \_\_\_\_\_ Date \_\_\_\_\_

**Part C Full name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

## Part D

**Participation at any of the BSA's high-adventure bases can be physically, mentally, and emotionally demanding. To be better prepared, each participant must complete the following before attending any high-adventure base:**

- Fill in parts A and B of the Annual Health and Medical Record.
- Share Part D with the examining health-care provider.
- Have a physical exam by a certified and licensed health care provider/physician (MD, DO), nurse practitioner, or physician assistant, and have part C completed.
- Read the following information, which focuses on specific risks at the high-adventure base you will be attending.

**The Trek Experience.** Each high-adventure base offers a unique experience that is not risk-free. Knowledgeable staff will instruct all participants in safety measures to be followed. Be prepared to listen to and carefully follow these safety measures and to accept responsibility for the health and safety of yourself and others.

**Philmont.** Each participant must be able to carry a 35- to 50-pound pack while hiking 5 to 12 miles per day in an isolated mountain wilderness ranging from 6,500 to 12,500 feet in elevation. Summer/autumn climatic conditions include temperatures from 30 to 90 degrees, low humidity (10 to 30 percent), and frequent, sometimes severe, afternoon thunderstorms. Activities include horseback riding, rock climbing and rappelling, challenge events, pole climbing, black powder shooting, 12-gauge trap shooting, .30-06 shooting, trail building, mountain biking, and other activities that have potential for injury.

Winter climatic conditions can range from -20 to 60 degrees. For the Kanik Experience, each person will walk, ski, or snowshoe along snow-covered trails pulling loaded toboggans or sleds for up to 3 miles, or more on a cross-country ski trek. Refer to the Philmont Scout Ranch website for specific information.

**Northern Tier.** Each person must be able to carry a 50- to 85-pound pack or canoe from a quarter-mile to 2 miles several times a day on rough, swampy, and rocky portages and paddle 10 to 15 miles per day, often against a headwind. Climatic conditions can range from 30 to 100 degrees in summer/autumn and from -40 to 40 degrees in the winter. For the Okpik Experience, each person will walk, ski, or snowshoe along snow-covered trails or across frozen lakes, pulling loaded toboggans or sleds for up to 3 miles, or more if on a cross-country ski trek. Refer to the Northern Tier website for specific information.

**Florida Sea Base.** Climatic conditions at Florida Sea Base include temperatures ranging from 50 to 95 degrees, high humidity, heat index reaching to 110 degrees, and frequent, sometimes severe, afternoon thunderstorms. Activities include snorkeling, scuba diving, kayaking, canoeing, sailing, hiking, and other activities that have potential for injury. Refer to the Sea Base website for specific information.

**Risk Advisory.** All of the high-adventure bases have excellent health and safety records and strive to minimize risks to participants and advisors by emphasizing appropriate safety precautions. Because most participants are prepared, are conscious of risks, and take safety precautions, they do not experience injuries. If you decide to attend Philmont, Northern Tier, or Florida Sea Base, you should be physically fit, have proper clothing and equipment, and be willing to follow instructions, work as a team with your crew, and take responsibility for your own health and safety.

Parents, guardians, and participants in any high-adventure program are advised that journeying to and from these bases can involve exposure to accidents, illness, and/or injury.

High-adventure staff members have been trained in first aid, CPR, and accident prevention and are prepared to assist the adult advisor in recognizing, reacting to, and responding to accidents, injuries, and illnesses as needed. Each crew is required to have at least one member trained in wilderness first aid and CPR. Medical and search-and-rescue services are provided in response to an accident or emergency. **However, response times can be affected by location, terrain, weather, or other emergencies and could be delayed for hours or even days in a wilderness setting.**

**Philmont.** Participants and guests for Philmont activities that are conducted with limited access to the backcountry, including most Philmont Training Center conferences and family programs, should review Part D to understand potential health risks inherent at 6,700 feet in elevation in a dry Southwest environment.

High elevation; physically demanding high-adventure program in remote mountainous areas; camping while being exposed to occasional severe weather conditions such as lightning, hail, flash floods, and heat; and other potential problems, including injuries from tripping and falling, falls from horses, heat exhaustion, and motor vehicle accidents, can worsen underlying medical conditions. Philmont's trails are steep and rocky. Wild animals such as bears, rattlesnakes, and mountain lions are native and usually present little danger if proper precautions are taken. Please call Philmont (575-376-2281) if you have any questions.

**Northern Tier.** While participating in Northern Tier's canoeing and camping wilderness areas, life jackets must be worn at all times when on the water. Crew members travel together at all times. Emergency communications via radio, and in more remote locations by satellite phone, are provided by Northern Tier. Radio communication and/or emergency evacuation can be hampered by weather, terrain, distance, equipment malfunction, and other factors, and are not a substitute for taking appropriate precautions and having adequate first-aid knowledge and equipment. Please call Northern Tier (218-365-4811) if you have any questions.

**Florida Sea Base.** Several activities are offered, including snorkeling, sailing, camping, kayaking, canoeing, swimming, fishing, and scuba diving. Diving is an exciting and demanding activity. When performed correctly, it is very safe. When established safety procedures are not followed, however, there are extreme dangers. All participants will need to learn from the instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury, so participants must be instructed to use the equipment safely under direct supervision of a qualified instructor.

To scuba dive safely, participants must not be extremely overweight or in poor physical condition. Diving can be strenuous under certain conditions. Participants' respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with heart trouble, a current cold or congestion, epilepsy, asthma, or a severe medical problem, or who is under the influence of alcohol or drugs, should not dive. If taking medication, participants should consult a doctor and the instructor before participation in this program. If there is a question about the advisability of participation, contact the family physician first, then call the Sea Base at 305-664-4173. The Sea Base health supervisor reserves the right to make medical decisions regarding the participation of individual at Sea Base.

**Food.** Each base offers food appropriate for the experience. If a participant has a problem with the diet described in the participant guide, please contact the high-adventure base you are considering attending.

**Medications.** Each participant who has a condition requiring medication should bring an appropriate supply for the duration of the trip. Consider bringing duplicate or even triplicate supplies of vital medications. People with allergies that have resulted in severe reactions or anaphylaxis must bring with them an EpiPen that has not expired.

**Immunizations.** Each participant must have received a tetanus immunization within the last 10 years. Recognition will be given to the rights of those Scouts and Scouters who do not have immunizations because of philosophical, political, or religious beliefs. In such a situation, the *Immunization Exemption Request* form is required.

**Recommendations Regarding Chronic Illnesses.** Each base requires that this information be shared with the parents or guardians and examining physician of every participant. There are no facilities for extended care or treatment; therefore participants who cannot meet these requirements will be sent home at their expense.

***Staff and/or staff physicians reserve the right to deny the participation of any individual on the basis of a physical examination and/or medical history.***

***Adults or youth who have had any of the following conditions should undergo a thorough evaluation by a physician before considering participation at a BSA high-adventure base.***

***Cardiac or Cardiovascular Disease, including:***

1. Angina (chest pain caused by blocked blood vessels or coming from the heart)
2. Myocardial infarction (heart attack)
3. Heart surgery or heart catheterization (including angioplasty to treat blocked blood vessels, balloon dilation, or stents)
4. Stroke or transient ischemic attacks (TIAs)
5. Claudication (leg pain with exercise, caused by hardening of the arteries)
6. Family history of heart disease or a family member who died unexpectedly before age 50
7. Diabetes
8. Smoking
9. Excessive weight

Youth who have a congenital heart disease or an acquired heart disease such as rheumatic fever, Kawasaki's disease, or mitral valve prolapse should undergo thorough evaluation by a physician before considering participating at a high-adventure base. The physical exertion at any of the high-adventure bases may precipitate either a heart attack or stroke in susceptible persons. Participants with a history of any of the first seven conditions listed above should have a physician-supervised stress test. More extensive testing (e.g., nuclear stress test) is recommended for participants who have coronary heart disease. **Even if the stress test results are normal, the results of testing done at lower elevations, without backpacks, do not guarantee safety.** If the test results are abnormal, the individual is advised not to participate.

***Hypertension (High Blood Pressure).*** The combination of physical, mental, and emotional stress, increased exertion and/or heat, and altitude appears to cause a significant increase in blood pressure in some individuals. Occasionally, hypertension reaches such a level that it is no longer safe to engage in strenuous activity. Hypertension can increase the risk of having a stroke, heart attack, or angina. **Participants should have a normal blood pressure (less than 140/90).** Persons with significant hypertension (greater than 140/90) should be treated and controlled before attending any high-adventure base, and should continue on medications while participating. **The goal of treatment should be to lower the blood pressure to normal.** Participants already on antihypertensive therapy with normal blood pressure should continue on medications. Individuals taking diuretics to treat hypertension are at increased risk for dehydration related to strenuous physical activity and should be careful to maintain good hydration during the trek.

**Philmont.** Each participant who is 18 years of age or older will have his or her blood pressure checked at Philmont. **Those individuals with a blood pressure consistently greater than 160/100 at Philmont may be kept off the trail until their blood pressure decreases.**

**Florida Sea Base.** Those taking beta-blocker medication should consider a change of medication before participating in any scuba program.

***Insulin-Dependent Diabetes Mellitus.*** Exercise and the type of food eaten affect insulin requirements. Any individual with insulin-dependent diabetes mellitus should be able to monitor personal blood glucose and to know how to adjust insulin doses based on these factors. The person with diabetes also should know how to give a self-injection. Both the person with diabetes and one other person in the group should be able to recognize indications of excessively high blood sugar (hyperglycemia or diabetic ketoacidosis) and excessively low blood sugar (hypoglycemia). The person with diabetes and one other individual should know the appropriate initial responses for these conditions. An insulin-dependent

person who has been newly diagnosed (within the last six months) or who has undergone a change in delivery system (e.g., insulin pump) in the last six months should not attempt to participate. A person with diabetes who has had frequent hospitalizations for diabetic ketoacidosis or who has had frequent problems with hypoglycemia should not participate until better control of the diabetes has been achieved.

**Philmont.** It is recommended that the person with diabetes and one other individual carry insulin on the trek (in case of accident) and that a third vial be kept at the Health Lodge for backup. Bring insulin in a small insulated container. Bring enough testing equipment and supplies for the entire trip and trek. Extras are usually needed. If an individual has been hospitalized for diabetes-related illnesses within the past year, the individual must obtain permission to participate by contacting the Philmont Health Lodge at 575-376-2281.

**Florida Sea Base.** Persons with diabetes who are 18 years of age or older who wish to scuba dive should be assessed by a physician familiar with both hyperbaric issues related to diabetes and medications used for the control and treatment of diabetes. Persons 18 years old or older who are determined to be candidates for scuba diving must submit four hemoglobin A1c (HbA1c) tests, each with HbA1c values less than 7, taken within the previous 12 months. Any test within the past 12 months with an HbA1c value greater than 7 disqualifies a person from scuba diving as part of a BSA activity.

Persons less than 18 years of age with Type 1 diabetes will not be allowed to scuba dive. Persons under the age of 18 who control their diabetes with exercise and diet (no medications) and can provide three sequential hemoglobin tests with HbA1c values less than 6 may be approved to scuba dive.

**Seizures (Epilepsy).** A seizure disorder or epilepsy does not exclude an individual from participating at a high-adventure base. However, the seizure disorder should be well-controlled by medications. A minimum one year seizure-free period is considered to be adequate control. Exceptions to this guideline may be considered on an individual basis, and will be based on the specific type of seizure and the likely risks to the individual and to other members of the crew.

**Florida Sea Base.** Any seizure activity within the past five years, regardless of control and/or medication, disqualifies an individual from participation in any scuba program. A person with a history of seizure activity who has been asymptomatic AND medication-free for five years, as evidenced by a physician, will be allowed to dive.

**Asthma.** Asthma should be well-controlled before participating at any high-adventure base. Well-controlled asthma means: 1) the use of a rescue inhaler (e.g., albuterol) less than once daily; 2) no need for nighttime treatment with a rescue inhaler (e.g., albuterol). Well-controlled asthma may include the use of long-acting bronchodilators, inhaled steroids, or oral medications such as Singulair. You must meet these guidelines in order to participate. You will not be allowed to participate if: 1) you have exercise asthma not prevented by medications; or 2) you have been hospitalized or have gone to the emergency room to treat asthma in the past six months; or 3) you have needed treatment with intravenous, intramuscular, or oral steroids (prednisone) in the past six months. *You must bring an ample supply of your medications and a spare rescue inhaler that are not expired.* At least one other member of the crew should know how to recognize signs of worsening asthma or an asthma attack, and should know how to use the rescue inhaler. **Any person who has needed treatment for asthma in the past three years must carry a rescue inhaler on the trek. If you do not bring a rescue inhaler, you must buy one before you will be allowed to participate.**

**Florida Sea Base.** Persons being treated for asthma (including reactive airway disease) are disqualified from BSA scuba programs. Persons with a history of asthma who have been asymptomatic and have not used medications to control asthma for five years or more may be allowed to scuba dive as part of a BSA activity upon submission of evidence from their treating physician. Persons with a history of asthma who have been asymptomatic and have not used medication to control asthma for less than five years may be allowed to scuba dive as part of a BSA activity upon submission of a methacholine challenge test showing the asthma to be resolved.

**Allergy or Anaphylaxis.** *Persons who have had an anaphylactic reaction from any cause must contact the high-adventure base before arrival.* If you are allowed to participate, you will be required to have appropriate treatment with you. You and at least one other member of your crew must know how to give the treatment. If you do not bring appropriate treatment with you, you will be required to buy it before you will be allowed to participate.

**Recent Musculoskeletal Injuries and Orthopedic Surgery.** Every participant will put a great deal of strain on feet, ankles, and knees due to negotiating steep, rocky trails with a backpack; paddling and portaging heavy gear over irregular terrain; or climbing into and out of a boat. Therefore, individuals with significant musculoskeletal problems (including back problems) or orthopedic surgery/injuries within the last 6 months must have a letter of clearance from their orthopedic surgeon or treating physician to be considered for approval to participate. Permission is not guaranteed. A person with a cast on any extremity may participate only if approved by the high-adventure base. **Ingrown toenails are a common problem and must be treated 30 days prior to arrival.**

**Psychological and Emotional Difficulties.** A psychological disorder does not necessarily exclude an individual from participation. *Parents and advisers should be aware that no high-adventure experience is designed to assist participants in overcoming psychological or emotional problems. Experience demonstrates that these problems frequently become magnified, not lessened, when a participant is subjected to the physical and mental challenges of a remote wilderness setting.* Any condition should be well-controlled without the services of a mental health practitioner. **Under no circumstance should medication be stopped immediately prior to participation, and medication should be continued throughout the entire high-adventure experience.** Participants requiring medication must bring an appropriate supply for the duration of the trip.

**Weight Limits.** Weight limit guidelines are used because overweight individuals are at a greater risk for heart disease, high blood pressure, stroke, altitude illness, sleep problems, and injury. Those who fall within the limits are more likely to have an enjoyable trek and avoid incurring health risks.

**Philmont.** Each participant in a Philmont trek must not exceed the maximum acceptable limit in the weight chart shown below. The right-hand column shows the maximum acceptable weight for a person’s height in order to participate in a Philmont trek.

**Participants 21 years and older who exceed the maximum acceptable weight limit for their height at the Philmont medical recheck WILL NOT be permitted to backpack or hike at Philmont. They will be sent home.** For example, a person 70 inches tall cannot weigh more than 226 pounds. All heights and weights will be measured in stocking feet.

***For participants under 21 years of age who exceed the maximum acceptable weight for height, the Philmont physicians will use their best professional judgment in determining participation in a Philmont trek.*** Philmont will consider up to 20 pounds over the maximum acceptable as stated on the chart; however **exceptions are not made automatically, and discussion in advance with Philmont is required regarding any exception to the weight limit for persons under 21 years of age.** Philmont’s telephone number is 575-376-2281.

**Under no circumstances will any individual weighing more than 295 pounds be permitted to participate in backcountry programs.** This requirement is necessary due to rescue equipment restrictions and for the safety of search-and-rescue personnel.

The maximum weight for any participant in a Cavalcade Trek and for horse rides is 200 pounds.

Participants and guests in Philmont activities, including most Philmont Training Center conference and family programs, who *will* participate in limited backcountry access during their visit must not exceed the maximum acceptable limit in the weight chart.

**Northern Tier.** Each participant in a Northern Tier expedition should not exceed the maximum acceptable weight for height in the table shown on the Annual Health and Medical Record form. Those who fall within the recommended weight limits are much more likely to have an enjoyable trek and avoid incurring injuries and health risks. Extra weight puts strain on the back, joints, and feet. The portage trails can be very muddy, slippery, and rocky, and present a potential for tripping and falling. We also strongly recommend that no participant be less than 100 pounds in weight. Extremely small participants will have a very difficult time carrying canoes and heavy packs.

Canoes’ loads are another important reason to limit participant weight. Northern Tier assigns three people to a canoe. The total participant load per canoe must not exceed 600 pounds, or an average of 200 pounds per participant. Northern Tier does not permit individuals exceeding 295 pounds to participate in high-adventure programs.

**Florida Sea Base.** Any participant or advisor who exceeds the maximum weight limits on the weight chart may want to reconsider participation in a Sea Base high-adventure program. Anyone who exceeds these limits is at extreme risk for health problems. Participants who fall within the guidelines are more likely to have an enjoyable program and avoid incurring health risks. The absolute weight limit for our programs is 295 pounds.

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.



# TOUR PERMIT APPLICATION

FOR TRIPS AND CAMPS UNDER 500 MILES

Local permit No. \_\_\_\_\_ Date received \_\_\_\_\_ Date approved by council \_\_\_\_\_

A local tour permit is granted by the council for trips of less than 500 miles or travel to a council-owned camp. A National Tour Permit is granted by the region after approval of the council and is required for trips in excess of 500 miles one way or for any trips outside the United States of America. A council needs the application at least two weeks in advance of the activity for local permits. Councils may require additional time for special activities, and unit leaders completing this application should plan accordingly. Units are strongly encouraged to utilize **MyScouting** to file all permits electronically. Print or reproduce on legal- or ledger-size paper.

Unit title \_\_\_\_\_ Unit No. \_\_\_\_\_ Chartered organization \_\_\_\_\_

Council name/No. \_\_\_\_\_ / \_\_\_\_\_ District \_\_\_\_\_

Purpose of this trip is \_\_\_\_\_

From (city and state) \_\_\_\_\_ to \_\_\_\_\_

Mileage round trip \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_ Total days \_\_\_\_\_

Is accident/sickness insurance in force for this unit?  Yes  No Company name and policy No. \_\_\_\_\_

**Itinerary:** It is required that the following information be provided for *each day* of the tour. (Note: Speed or excessive daily mileage increases the possibility of accidents.) Attach an additional page if more space is required. Include detailed information on campsites, routes, and float plans, and include maps for wilderness travel as required by the local council.

Date	Travel		Mileage	Overnight stopping place (Check if reservations are cleared.)	<input checked="" type="checkbox"/>
	From	To			

**Type of trip:**  Day trip  Short-term camp (less than 72 hours)  
 Long-term camp (longer than 72 hours) (Furnish copy of program and menus.)  High-adventure activities

**Leadership and Youth Protection Training:** Boy Scouts of America policy requires at least two adult leaders on all camping trips and tours. Coed Venturing crews must have both male and female 21-year-old leaders for overnight activities. All registered adults participating in any nationally conducted event or activity must have completed **BSA Youth Protection training**. At least one registered adult who has completed BSA Youth Protection training must be present at all other events and activities that require a tour permit. Youth Protection training is valid for two years from the date completed.

1. The adult leader in charge of this group must be at least 21 years old.

Name \_\_\_\_\_ Age \_\_\_\_\_ Scouting position \_\_\_\_\_ Expiration date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Youth Protection trained  Yes  No

As the tour leader, I certify that appropriate planning has been conducted, qualified and trained supervision is in place, **permissions** are secured, and I have read and have in my possession a copy of **Guide to Safe Scouting** and other appropriate resources.

Adult leader's signature \_\_\_\_\_

2. Assistant adult leader name(s) (minimum age 18, or 21 for Venturing crews)

Name \_\_\_\_\_ Age \_\_\_\_\_ Scouting position \_\_\_\_\_ Expiration date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Youth Protection trained  Yes  No

**Attach a list with additional names and information as outlined above.**

Signed by member of unit committee \_\_\_\_\_

Signed by tour leader \_\_\_\_\_

Signatures must be from two different people.

### RETAIN IN COUNCIL SERVICE CENTER

#### OFFICIAL LOCAL TOUR OR CAMP PERMIT BOY SCOUTS OF AMERICA

This permit should be in the possession of the group leader at all times and displayed when requested by Scouting officials or other duly authorized people.

Permit issued to \_\_\_\_\_

Type of unit

No.

Chartered organization

Name of tour leader

Age

Address

Assistant tour leader

Age

Address

Permit covers all travel between \_\_\_\_\_ and \_\_\_\_\_

Dates of trip from \_\_\_\_\_, 20\_\_\_\_, to \_\_\_\_\_, 20\_\_\_\_

Total youth \_\_\_\_\_ Total adults \_\_\_\_\_

This group has given the local council every assurance that they will conduct themselves according to the best standards of Scouting and observe all rules of health, safety, and sanitation as prescribed by the Boy Scouts of America and as stated in the Pledge of Performance on the reverse side of this permit.

**These spaces are for the signatures and comments of officials where the group camps or stays for one night or more. Signatures indicate that the cooperation and conduct of the Cub Scout, Boy Scout, Varsity Scout, or Venturing group were satisfactory in every way.**

Date	Place	Signature	Comment

Local Permit No. \_\_\_\_\_

Date Issued \_\_\_\_\_

**Council Stamp**

Not official unless council stamp appears here.

Council name and address \_\_\_\_\_

Council phone no. \_\_\_\_\_

Signed for the council \_\_\_\_\_

Revised December 2008



<p>3. Party will consist of (number):</p> <p>___ Cub Scouts      ___ Boy Scouts      ___ Varsity Scouts</p> <p>___ Venturers—male      ___ Venturers—female</p> <p>___ Adults—male      ___ Adults—female      ___ Total</p>	<p>4. Party will travel by:</p> <p><input type="checkbox"/> Car      <input type="checkbox"/> Bus      <input type="checkbox"/> Train      <input type="checkbox"/> Plane</p> <p><input type="checkbox"/> Canoe      <input type="checkbox"/> Van      <input type="checkbox"/> Boat      <input type="checkbox"/> Foot</p> <p><input type="checkbox"/> Bicycle</p>
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If traveling by other methods, please specify. \_\_\_\_\_

Party will travel with another unit/crew that has a male or female (circle one) leader. This leader will be responsible for the Venturers of my crew.

Advisor \_\_\_\_\_ Other crew's No. \_\_\_\_\_ Council \_\_\_\_\_

**Tour involves:**  Swimming       Boating       Climbing       Orientation flights (attach **Flying Permit, No. 19-672**, required)  
 Wilderness or backcountry (must carry **Wilderness Use Policy** and follow principles of **Leave No Trace camping**)

**Activity Standards:** Where swimming or boating is included in the program, **Safe Swim Defense** and/or **Safety Afloat** standards are to be followed. If climbing/rappelling is included, then **Climb On Safely** must be followed. At least one person must be trained in CPR from any recognized agency for **Safety Afloat** and **Climb On Safely**. At least one adult on a pack overnighiter must have completed **Basic Adult Leader Outdoor Orientation (BALOO)**. At least one adult must have completed **Planning and Preparing for Hazardous Weather** training for all tours. The listed BSA training is valid for two years.

Expiration date of commitment card/training (two years from completion date)								
Name	Age	Youth Protection	Planning and Preparing for Hazardous Weather	BALOO	Safe Swim Defense	Safety Afloat	Paddlecraft Safety	Swimming and Water Rescue

  

Name	Age	CPR Certification Agency	CPR Expiration Date	First-Aid Certification Type/Agency	First Aid Expiration Date

  

Name	Age	NRA Instructor and/or RSO	
		No. _____	No. _____

Rifle   
 Shotgun   
 Pistol (Venturing only)   
 Range Safety Officer   
 Muzzle-loading rifle   
 Muzzle-loading shotgun

**INSURANCE**

**All vehicles MUST be covered by a liability and property damage insurance policy.** The amount of this coverage must meet or exceed the insurance requirement of the state in which the vehicle is licensed and comply with or exceed the requirements of the country of destination for travel outside the United States. (It is recommended, however, that coverage limits are at least \$50,000/\$100,000/\$50,000 or \$100,000 combined single limit.) Any vehicle designed to carry 10 or more passengers is required to have limits of \$100,000/\$500,000/\$100,000 or \$500,000 combined single limit. In the case of rented vehicles the requirement of coverage limits can be met by combining the limits of personal coverage carried by the driver with coverage carried by the owner of the rented vehicle.

KIND, YEAR, AND MAKE OF VEHICLE	NUMBER OF SAFETY BELTS	OWNER'S NAME	DRIVER'S LICENSE NUMBER	WILL EVERYONE WEAR A SAFETY BELT?	LIABILITY INSURANCE COVERAGE		
					LIABILITY	PROPERTY DAMAGE	
					Each Person	Each Accident	
					\$	\$	\$

The local council may allow a list of the above information to be attached to or transmitted with the permit in order to expedite the process. Each unit may circle the names of the drivers for an event or an activity.

**TRANSPORTATION GUIDELINES**

1. You will enforce reasonable travel speed in accordance with state and local laws in all motor vehicles.
2. If by motor vehicle:
  - a. *Driver Qualifications:* All drivers must have a valid driver's license and be at least 18 years of age. **Youth Member Exception:** When traveling to an area, regional, or national Boy Scout activity or any Venturing event under the leadership of an adult (21+) tour leader, a youth member at least 16 years of age may be a driver, subject to the following conditions: (1) Six months' driving experience as a licensed driver (time on a learner's permit or equivalent is not to be counted); (2) no record of accidents or moving violations; (3) parental permission has been granted to leader, driver, and riders.

- b. If the vehicle to be used is designed to carry more than 15 people (including driver) the driver must have a commercial driver's license (CDL). In some states (including California), this guideline applies to 10 or more people.

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

CDL expiration date \_\_\_\_\_

- c. Driving time is limited to a maximum of 10 hours and must be interrupted by frequent rest, food, and recreation stops.
- d. Safety belts are provided, and must be used, by all passengers and driver. Exception: A school or commercial bus, when not required by law.
- e. Passengers will ride only in the cab if trucks are used.

**OUR PLEDGE OF PERFORMANCE**

1. We will use the Safe Swim Defense in any swimming activity, Safety Afloat in all craft activity on the water, and Climb On Safely for climbing activity.
2. We will use trucks only for transporting equipment—no passengers except in the cab. All passenger cars, station wagons, recreational vehicles, and cabs of trucks will have a safety belt for each passenger.
3. We agree to enforce reasonable travel speed (in accordance with national, state, and local laws) and use only vehicles that are in safe mechanical condition.
4. We will be certain that fires are attended at all times.
5. We will apply for a fire permit from local authorities in all areas where it is required.
6. We will at all times be a credit to the Boy Scouts of America and will not tolerate rowdiness or un-Scoutlike conduct, keeping a constant check on all members of our group.
7. We will maintain high standards of personal cleanliness and orderliness and will operate a clean and sanitary camp, leaving it in a better condition than we found it.
8. We will not litter or bury any trash, garbage, or tin cans. All rubbish that cannot be burned will be placed in a tote-litter bag and taken to the nearest recognized trash disposal or all the way home, if necessary.
9. We will not deface trees, restrooms, or other objects with initials or writing.
10. We will respect the property of others and will not trespass.
11. We will not cut standing trees or shrubs without specific permission from the landowner or manager.
12. We will collect only souvenirs that are gifts to us or that we purchase.
13. We will pay our own way and not expect concessions or entertainment from any individual or group.
14. We will provide every member of our party an opportunity to attend religious services on the Sabbath.
15. We will observe the courtesy to write thank-you notes to persons who assisted us on our trip.
16. We will, in case of backcountry expedition, read and abide by the Wilderness Use Policy of the BSA.
17. We will notify, in case of serious trouble, our local council service center, our parents, or other local contact.
18. If more than one vehicle is used to transport our group, we will establish rendezvous points at the start of each day and not attempt to have drivers closely follow the group vehicle in front of them.

# NATIONAL TOUR PERMIT APPLICATION

LOCAL COUNCIL TIME STAMP	REGIONAL TIME STAMP
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A National Tour Permit is required for all groups traveling to areas 500 miles or more one way from home area (local council camp excepted), or crossing national boundaries into the territory of other nations. This application should be submitted, typed or printed, to the local council service center for approval **at least one month before your tour. Then the council service center will forward it to the regional service center for further approval.** It is essential that you read *Tours and Expeditions*, No. 33737D, before filling out this form. For trips and overnight camps less than 500 miles one way, use Local Tour Permit Application, No. 34426E.

## FOR TOURS 500 MILES OR MORE AND TOURS OUTSIDE THE U.S.A.

Current date \_\_\_\_\_  
 Council name \_\_\_\_\_ Type of unit \_\_\_\_\_ No. \_\_\_\_\_  
 Council address \_\_\_\_\_  
 Purpose of this trip is \_\_\_\_\_  
 From (city and state) \_\_\_\_\_ to \_\_\_\_\_  
 Mileage round trip \_\_\_\_\_ Dates / / to / / Total days \_\_\_\_\_  
 Is accident insurance in force for this unit?  Yes  No Company \_\_\_\_\_ Policy no. \_\_\_\_\_

**LEADERSHIP AND PERSONNEL** (Boy Scouts of America policy requires at least two adult leaders on all camping trips and tours. Coed Venturing crews must have both male and female leadership.)

1. The adult leader in charge of this group must be at least 21 years old.  
 Name \_\_\_\_\_ Age \_\_\_\_\_ Scouting position \_\_\_\_\_ Expiration date \_\_\_\_\_  
 Street or R.F.D. \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
 Home phone ( ) \_\_\_\_\_ Business phone ( ) \_\_\_\_\_  
 List experience and training for this responsibility. \_\_\_\_\_  
**I have in my possession a copy of *Guide to Safe Scouting*, No. 34416, and have read it.** \_\_\_\_\_

Adult leader's signature

2. Associate adult leader name(s) (minimum age 18) Age \_\_\_\_\_ Scouting position \_\_\_\_\_ Expiration date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Attach a list with additional names and information as outlined above.**

<p>3. Party will consist of (number):</p> <p>_____ Cub Scouts</p> <p>_____ Boy Scouts</p> <p>_____ Varsity Scouts</p> <p>_____ Venturers—male</p> <p>_____ Venturers—female</p> <p>_____ Adults—male</p> <p>_____ Adults—female</p> <p>_____ Total</p>	<p>4. Party will travel by:</p> <p>Car <input type="checkbox"/></p> <p>Bus <input type="checkbox"/></p> <p>Train <input type="checkbox"/></p> <p>Plane <input type="checkbox"/></p> <p>Canoe <input type="checkbox"/></p> <p>Van <input type="checkbox"/></p> <p>Boat <input type="checkbox"/></p> <p>Foot <input type="checkbox"/></p> <p>Cycle <input type="checkbox"/></p>	<p>If traveling by other methods, please specify:</p> <p>_____</p> <p>Party will travel with another crew that has a male or female (circle one) leader. This leader will be responsible for the Venturer(s) of my crew.</p> <p>Advisor _____</p> <p>Other crew's no. _____</p> <p>Council _____</p>
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### TRANSPORTATION

5. You will enforce reasonable travel speed in accordance with state and local laws in all motor vehicles.  
 6. If traveling by motor vehicle:  
 a. *Driver qualifications:* All drivers must have a valid driver's license that has not been suspended or revoked for any reason, and must be at least 18 years of age. **Youth-member exception:** When traveling to an area, regional, or national Boy Scout activity, or any Venturing event under the leadership of an adult (21+) tour leader, a youth member at least 16 years of age may be a driver, subject to the following conditions: (1) Six months' driving experience as a licensed driver (time on a learner's permit or equivalent is not to be counted); (2) No record of accidents or moving violations; (3) Parental permission has been granted to leader, driver, and riders.

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**NATIONAL TOUR PERMIT** **THIS IS TO CERTIFY THAT** **COUNCIL NUMBER** \_\_\_\_\_

Permission is granted to:

Tour leader \_\_\_\_\_ Date issued \_\_\_\_\_

Type of unit \_\_\_\_\_ No. \_\_\_\_\_ Council \_\_\_\_\_

Council address \_\_\_\_\_

For trip from \_\_\_\_\_ to \_\_\_\_\_

Dates \_\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_\_

This permit is granted with the understanding that the group is prepared to meet its own expenses and that no soliciting of funds or of special concessions because of its connection with the Boy Scouts of America will be permitted en route.

Any person to whom this permit is presented is advised that proper assurance has been given to approved representatives of the Boy Scouts of America that members of this group are qualified campers and are familiar with the standards and objectives of good Scouting and will conduct themselves accordingly.

- b. If the vehicle to be used is designed to carry more than 15 persons (including driver), the driver must have a commercial driver's license (CDL).  
Name \_\_\_\_\_ CDL expiration date \_\_\_\_\_
- c. Driving time is limited to a maximum of 10 hours and must be interrupted by frequent rest, food, and recreation stops. If only one driver, then reduce driving time and stop more frequently.
- d. Seat belts are provided, *and must be used*, by all passengers and driver. Exception: A school or commercial bus, where not required by law.
- e. Passengers will ride only in the cab if trucks are used.

**INSURANCE**

**All vehicles MUST be covered by a public liability and property damage liability insurance policy.** The amount of this coverage must meet or exceed the insurance requirement of the state in which the vehicle is licensed. (It is recommended, however, that coverage limits are at least \$50,000/\$100,000/\$50,000 or \$100,000 combined single limit.) Any vehicle carrying 10 or more passengers is *required* to have limits of \$100,000/\$500,000/\$100,000 or \$500,000 combined single limit. In the case of rented vehicles, the requirement of coverage limits can be met by combining the limits of personal coverage carried by the driver with coverage carried by the owner of the rented vehicle. All vehicles used in travel outside the United States must carry a public liability and property damage liability insurance policy that complies with or exceeds the requirements of that country. Attach an additional page if more space is required.

KIND YEAR AND MAKE OF VEHICLE	NUMBER OF PASSENGERS	OWNER'S NAME	DRIVER'S LICENSE NUMBER*	DOES EVERYONE HAVE SEAT BELTS?	PUBLIC LIABILITY INSURANCE COVERAGE		
					PUBLIC LIABILITY		PROPERTY DAMAGE
					Each Person	Each Accident	
					\$	\$	\$

**\*All drivers must have a valid driver's license that has not been suspended or revoked for any reason.**

- 7. If traveling by public carrier, plane, or boat:
  - a. Operations are in accord with state and federal laws.
  - b. Insurance coverage is adequate.

**HEALTH—SAFETY—AQUATICS—CLIMBING/RAPPELING—SANITATION—WILDERNESS USE POLICY—YOUTH PROTECTION TRAINING**

- 8.  a. Where swimming or boating is included in the program, Safe Swim Defense, No. 34370A, and/or Safety Afloat, No. 34368B, standards are to be followed. If climbing/rappelling is included, then Climb On Safely, No. 20-099B (which recommends the American Red Cross's standard first aid and When Help Is Delayed or equivalent course), must be followed.  
One adult in the group must be trained as outlined:

NAME	AGE	SAFE SWIM DEFENSE DATE TAKEN	SAFETY AFLOAT DATE TAKEN	CLIMB ON SAFELY DATE TAKEN

At least one person must be trained in CPR from any recognized agency for Safety Afloat and Climb On Safely.

NAME	AGE	CPR TRAINING	AGENCY	EXPIRATION DATE

- b. Our travel equipment will include: first-aid kit, road emergency kit.
- c. Units going into the wilderness or backcountry must carry and abide by the Wilderness Use Policy, No. 20-121.
- d. The group leader will have in his or her possession the appropriate health and medical forms for every leader and participant.
- e. All registered adults participating in any nationally conducted event or activity must have completed the BSA Youth Protection Training.
- f. At least one registered adult who has completed BSA Youth Protection Training must be present at all other events and activities that require a tour permit.

**Itinerary.** It is required that the following information be provided for *each day* of the tour: (Note: Speed or excessive daily mileage increases the possibility of accidents.) Attach an additional page if more space is required.

DATE	TRAVEL		MILEAGE	OVERNIGHT STOPPING PLACE (Check if reservations are cleared.)	✓
	From	To			

**THE INTERNATIONAL LETTER OF INTRODUCTION**

Individuals wanting an International Letter of Introduction for travel to another country alone or with family members should use the International Letter of Introduction Application, No. 22-128, available from your local council service center. (See "Planning an International Experience" in *Tours and Expeditions*, No. 33737D, for tips on planning international tours.)

We hereby verify that we consider the leadership of this tour adequate in every way, that the foregoing statements are correct, and that we will comply with the policies and procedures for tours and expeditions as established by the Boy Scouts of America. **In the event of any serious injury or fatality occurring during this activity, we will notify our local council immediately.**

Signatures Required:

Approved \_\_\_\_\_ Unit no. \_\_\_\_\_ Date \_\_\_\_\_  
(Chairman of committee)

Approved \_\_\_\_\_  
(Tour leader)

Send this entire application to your local council service center for approval at least one month prior to the activity.

Approved \_\_\_\_\_ Council no. \_\_\_\_\_ Date \_\_\_\_\_  
(Scout executive)

For Regional Use Only:  
Approved by \_\_\_\_\_ Region  W  C  S  NE Date \_\_\_\_\_

