



E. Paul Robsham, Jr.  
Scout Reservation

Camp Resolute  
*We Do More!*

## 2009 Scout & Parent Guide

# CAMP RESOLUTE

*We Do  
More!*

*Naturally Adventurous!*



A Knox Trail Council Camp

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Boy Scouts of America

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[www.campresolute.org](http://www.campresolute.org)

## Check-In

You should ask your Troop Leader when and where to assemble for Check-In.



Typically, troops meet in the camp parking lot so that all members are ready to enter camp **together promptly at 1:00 p.m. (no sooner please!)**. The formed troop will then proceed to its campsite after the gate is opened at 1:00 p.m. Vehicles should be parked in parking lot areas only. No private vehicles will be allowed on the camp road. Exceptions for disabled persons can be arranged in advance with the Camp Director.

Family members are welcome to accompany troops to their campsites and help settle their Scouts in. Please no animals. Most family pets are not accustomed to the volume of people and the level of activity that a camp of our size generates. For the safety of your pet and others at camp, please leave your pets at home when you bring your Scout to camp.

Scouts arriving after their troop has entered camp should report to the Administration Building (first building on the right after passing through the gate) to be checked in and escorted to their troop's location.

## Check-Out



Unit Leaders, Scouts and Parents are encouraged to attend closing activities that include the Chicken Barbecue (6:30 p.m. Friday night), followed by a Formal Parade and Retreat and the closing campfire...a memorable ending to a memorable week at camp. Folks leaving early will miss Unit Awards, Honor Camper Awards and Scout achievement awards which are distributed at the campfire.

Check with your Scout's Unit Leader to find out how to obtain your son's personal gear. He/she should be able to tell you where it is, how, and when to get it. Please make sure that your Scout is being met by you or knows how he is getting home. We are not able to provide supervision for individual Scouts overnight after the campfire.

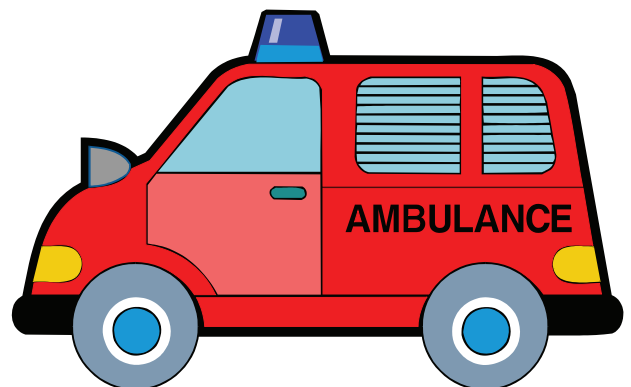
## Emergencies, Visitors, and Scouts Leaving Camp

Parents/guardians picking up Scouts during the week should do so by checking in at the Administration Building. **All Scouts leaving must be signed out by one of their Unit Leaders. A Scout will not be dismissed from camp until one of his Unit Leaders sign him out in the Administration Building.** This process lets the Unit and the Camp know WHO picked up the Scout and when the Scout left camp. Our Unit Leaders know the individual situations of each of the Scouts in their care and we depend on them to assist us in this very important area. Other than in a sudden emergency, your Unit Leaders should know about the departure in advance and should have your son ready to be picked up at the time you have requested. Upon his return, your Scout must check back in at the Administration Building and will be returned to the care of his Unit Leader. Special instructions or limitations must be presented to the camp director in writing.

All visitors during the week (excluding during Sunday check-in and Friday closing activities) must check in at the Administration Building and receive a Visitor badge which must be returned upon check out and departure. In the event of a home emergency, please contact your Scout by calling the Administration Building. **Please do not contact or remove your Scout from camp without notifying the Administration Building!**

## CAMP OFFICE/EMERGENCY NUMBER: (978) 779-2777

All serious medical emergencies will be treated at the UMass Marlboro Hospital and parents/guardians will immediately be notified by the Health Officer, Camp Director, or his designee.



## Telephone

Camp Resolute's phone number for incoming calls is (978) 779-2777. Please keep in mind that this is primarily a business phone, for the use of the camp administration. Non-emergency messages will be taken and delivered to the Scout's Unit Leader at the next mealtime. Scouts are strongly discouraged from phone use, and must have a note from their Scoutmaster to place a call. Outgoing calls must be made collect or with a calling card. **Please do not send cellular phones to camp.**



## Mailing Address



Parents can send mail to their Scout while he is at camp, it is recommended to send mail early in the week or even prior to the week to make sure it arrives in camp prior to the Scout's departure on Friday.

Send mail to:

Your Scout's Name  
Scout's Troop # and Town/Campsite  
Camp Resolute  
75 Hudson Road  
Bolton, MA 01740

## Medical Forms

**Every Scout and Adult staying in camp must have a complete medical form on file in the Health Lodge.** State law mandates that a physical exam has been completed within two years of attending camp **and contain an immunization record signed by a physician.** *These forms must be retained by camp, so keep a copy at home for use at other activities.*

Please make certain that both the parent's signature and physician's signature sections are filled out and your health insurance number is on the form. This form should be in your Unit Leaders' hands at least two weeks before your Scout goes to camp. Your Unit Leader may then have it checked by the Health Officer during the pre-camp planning meeting to let them know if there are any problems. This will give you a chance to rectify the problem before your Scout comes to camp. Christian Scientist members will need to

contact their Unit Leader for a special medical form pertaining to their faith's medical policies. Upon arrival at camp, the Health Officer will perform a medical recheck and collect all prescribed medications (except bee sting kits and inhalers).

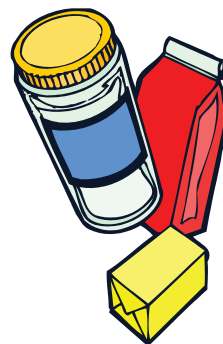
**Medications must be in their original containers with a valid/current prescription label that bears the name of the drug, the dosages, the name of the prescribing physician, and the name of the individual for whom the drug was prescribed.** This information must also be on the medical form. Containers with more than one drug, or are unmarked, or do not have a valid label will not be accepted. The Health Officer will dispense medications as prescribed on the container.

## New Medical Form for 2010

The medical form in this guide is new and will be required for 2010. Medicals from 2008 for those under forty years of age will be accepted this summer. Scouts must have the health history updated and signed by their parent or guardian this year. The new BSA form will be required in 2010 and all Scouts and leaders must have an annual physical examination starting next year.



## Special Requirements Including Diet



If your son has special requirements that you would like to discuss privately with the Health Officer please notify us as soon as possible and we will work with you on any concerns you may have regarding your son's stay at camp.

The menus at camp are well balanced meals approved by a dietician. We will also work with you to address any reasonable dietary restrictions and/or food allergies. Please make sure that these are indicated on his health form and are shared with the Unit Leader.

## Insects & Animals

There are insects such as mosquitos at camp. We encourage Scouts to bring non-aerosol bug spray and long clothes to wear in the evenings. There are also small animals such as squirrels, raccoons, etc. and we discourage Scouts from keeping any food items at all in their tents. Talk to your Unit Leader about care packages or snacks prior to your arrival at camp.



## Photographs

A photo of your Scout's troop is a great souvenir of camp! These color 8" x 10" troop photos will be taken on Sunday before retreat. Please see your Unit Leader for ordering details. Photos cost \$10.00.

## Pocket Money and Other Costs at Camp

It is recommended that a Scout bring pocket money to camp to use for merit badge or program materials and for purchases at the Trading Post. A Scout should consult with his Unit Leaders to determine what materials are needed for selected merit badges and how much money will be needed. Refer to the appropriate Merit Badge Book or ask one of your Unit Leaders for advice.



## Trading Post

Camp Resolute's Trading Post maintains a well-stocked camp store to serve everyone who is staying, or just visiting in camp. Items include Scouting literature, Merit Badge Books, mosquito nets, camp t-shirts, hats, patches, mugs, cold drinks, snacks, and program materials such as basket kits, seat kits, craft kits, and gimp required for completion of certain merit badges.



## Lost and Found

Lost and found will be maintained in the Administration Building. Please check through it on your way out of camp and reclaim your Scout's "treasures." We can not be responsible for items lost or stolen at camp. We cannot keep lost items for the entire summer. Please contact the camp as soon as possible in regard to lost items.

## Uniforms



The Official BSA field uniform is required to be worn by all Scouts and adults during the evening meal, flag ceremonies, formal retreats, and Troop photographs. This consists of a BSA cap, a Scout shirt (short or long sleeved), trousers or shorts socks, a belt and shoes. Neckerchiefs are optional. Order of the Arrow members are encouraged to bring their sash for the weekly OA day.

## A Scout is Reverent

Camp Resolute offers a weekly Scout's Own vespers service which is open to all Scouts and leaders. We also provide a chapel for quiet reflection.



## Showers

There are two shower houses for Scouts at camp. There is plenty of hot water and opportunity for Scouts to maintain good personal hygiene during their stay in camp. Each campsite is also equipped with a latrine and hand washing facilities. A Scout is clean.

## Extra Weeks at Camp

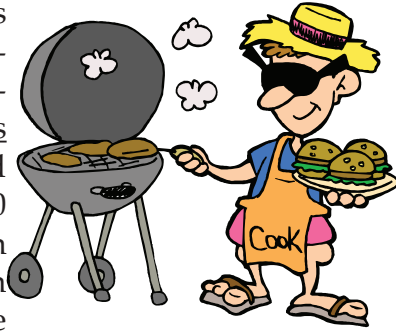
Do you have a Scout who wants to stay longer than his Troop, wants to earn additional merit badges, or isn't able to go with your troop to a high adventure camp? Suggest Provisional Camping to him! We will introduce your son to Troop 244, the camp troop, who will include him in their activities during the week!

## Visitor's Day and Chicken

### B.B.Q

Friday evening is for parents and visitors. Parents and visitors (please leave pets at home) are invited to the camp after 2:00 p.m., but should plan to arrive no later than 6:00 p.m. to share the Friday evening experiences with their Scout. Parents are invited and encouraged to attend the chicken barbecue and the evening campfire. This is where your Scout gets a chance to have fun, show off some of the songs he has learned during the week, and possibly receive some well earned recognition for his or his troop's efforts. We invite you to join us at 6:30 p.m. on Friday for our chicken barbecue. You may purchase your tickets from your Unit Leader, or if he or she prefers, directly from the camp on Sunday. Tickets are sold at the Trading Post. All parents and family members are encouraged to attend. Your Scout will be glad to see you and share his experiences with you. Scouts and leaders in camp are free.

COST: \$7.00 for Adults, \$5.00 for children 5 to 10 years old and under 4 years old are free.



Special arrangements can be made for additional merit badges not listed in the camp program guide. If you have an interest in a specific badge that is not regularly offered and we have the counselor and resources available we will work with you to try to meet you interest. Please make sure that you talk to the program director prior to your arrival at camp.

### Need More Information?

Please see your son's Scoutmaster, as he has the complete Leader's Guide for camp. Additional information is also available at [www.campresolute.org](http://www.campresolute.org). Further questions can be directed to the Knox Trail Council Office, Monday through Fridays, from 8:00 a.m. to 5:00 p.m. The phone number is (508) 872-6551.



### Advancement

Camp Resolute offers a wide variety of merit badges that fit the needs of all Scouts regardless of rank or experience. Once you decide which badges to take, you should obtain a current copy of the merit badge book for each badge. Merit badge books are available at our camp's Trading Post. Be sure that you read the requirements of the badge and complete any pre-camp requirements. The list of these pre-camp requirements is on the next page. You may need a note from your Scoutmaster stating that you have met your pre-camp requirements. If, for any reason, you don't complete all the requirements for a badge during your week at camp, you will receive a partial for that badge. This partial can be completed any time up to your eighteenth birthday.



# Pre-Camp Merit Badge Requirements

The following is a list of the merit badges offered at camp along with the corresponding pre-camp requirements. Please consult the merit badge pamphlets for specific information about these requirements.

## Archery

prerequisite: none  
recommended: 2nd year camper  
pre-camp requirement(s): read pamphlet before 1st class  
class limit: 18 Scouts

## Art

prerequisite: none  
recommended: any Scout  
pre-camp requirement(s): 4

## Astronomy

prerequisite: none  
recommended: any Scout  
pre-camp requirement(s): 6

## Athletics

prerequisite: begin training  
recommended: any Scout  
pre-camp requirement(s): 3, 5

## Basketry

prerequisite: none  
recommended: any Scout  
pre-camp requirement(s): none  
cost: two basket kits, stool kit

## Camping

prerequisite: provide own equipment for 7b  
recommended: any Scout  
pre-camp requirement(s): 9a, 9b & 9c

## Canoeing

prerequisite: "swimmer" classification  
recommended: Scout must be big enough to carry a canoe alone  
pre-camp requirement(s): none

## Climbing

prerequisite: review merit badge pamphlet  
recommended: must be 13 years or older as of January 1, 2009  
pre-camp requirement(s): none  
class limit: 12 Scouts

## Cooking

prerequisite: none  
recommended: 2nd year camper  
pre-camp requirement(s): 7  
class limit: 18 Scouts

## Emergency Preparedness

prerequisite: earn First Aid Merit Badge  
recommended: at least 2nd year camper  
pre-camp requirement(s): 2c, 8c

## Environmental Science

prerequisite: none  
recommended: at least 2nd year camper  
pre-camp requirement(s): 3a, 3b, 3c, 3d, 3e, 3f, 4

## Fingerprinting

prerequisite: none  
recommended: any Scout  
pre-camp requirement(s): none  
Fire Safety  
prerequisite: none

recommended: 2nd year camper  
pre-camp requirement(s): 11

## First Aid

prerequisite: none  
recommended: 2nd year camper  
pre-camp requirement(s): 1, 2d

## Fish & Wildlife Management

prerequisite: none  
recommended: at least 2nd year camper  
pre-camp requirement(s): 5, 7, 8

## Fishing

prerequisite: may bring your own equipment  
recommended: any Scout  
pre-camp requirement(s): none

## Fly Fishing

prerequisite: may bring your own equipment  
recommended: any Scout  
pre-camp requirement(s): none

## Golf

prerequisite: none  
recommended: 2nd year camper  
cost: approximately \$55 for greens fees. Club rentals are extra.

## Indian Lore

prerequisite: none  
recommended: any Scout  
pre-camp requirement(s): prepare for req. 1

## Leatherwork

prerequisite: none  
recommended: any Scout  
pre-camp requirement(s): none  
class limit: 20

## Lifesaving

prerequisite: "swimmer" classification  
recommended: at least 2nd year camper, Swimming MB  
pre-camp requirement(s): 1a

## Mammal Study

prerequisite: none  
recommended: good for 1st year camper  
pre-camp requirement(s): none

## Metalwork

prerequisite: bring workpants (jeans) and closed toe shoes  
recommended: at least 2nd year camper  
cost: metalworking kit - \$8 at trading post  
class limit: 12 Scouts

## Music

prerequisite: must bring instrument  
recommended: 2nd year Scout  
pre-camp requirement(s): 3

## Oceanography

prerequisite: none  
recommended: at least 2nd year camper  
pre-camp requirement(s): research for 8c

## Orienteering

prerequisite: none  
recommended: at least 2nd year camper  
pre-camp requirement(s): none

## Pioneering

prerequisite: none  
recommended: Scout with knowledge of basic knots  
pre-camp requirement(s): none

## Pottery

prerequisite: none  
recommended: any Scout  
pre-camp requirement(s): 7  
cost: purchase clay kit at trading post \$3

## Rifle Shooting

prerequisite: read pamphlet before 1st class  
recommended: 2nd year Scout with some shooting ability  
pre-camp requirement(s): none  
class limit: 24 Scouts

## Rowing

prerequisite: "swimmer" classification  
recommended: Scout should be sufficient size and strength to carry and handle a boat  
pre-camp requirement(s): none

## Sculpture

prerequisite: none  
recommended: 2nd year Scout  
pre-camp requirement(s): none  
cost: purchase clay kit at trading post \$8

## Shotgun Shooting

prerequisite: age 14  
recommended: 3rd year camper  
pre-camp requirement(s): 1f  
class limit: 10 Scouts

## Small Boat Sailing

prerequisite: "swimmer" classification  
recommended: prior knowledge of sailing and knots helps  
pre-camp requirement(s): none  
class limit: 12 Scouts

## Soil & Water Conservation

prerequisite: none  
recommended: 2nd year camper  
pre-camp requirement(s): 7

## Space Exploration

prerequisite: none  
recommended: 2nd year camper  
pre-camp requirement(s): none  
cost: model rocket kit

## Sports

prerequisite: none  
recommended: 2nd year camper  
pre-camp requirement(s): 4, 5

## Swimming

prerequisite: "swimmer" classification, bring long pants and long sleeve shirt  
recommended: good for 1st year camper  
pre-camp requirement(s): 3  
class limit: 24 Scouts

## Theater

prerequisite: none  
recommended: 2nd year Scout  
pre-camp requirement(s): 1  
class limit: 12 Scouts

## Wilderness Survival

prerequisite: none  
recommended: any Scout  
pre-camp requirement(s): 5

## Wood Carving

prerequisite: none  
recommended: any Scout  
pre-camp requirement(s): none

## What to bring to Camp:

- Completed BSA Health Form (This should have been done prior to arriving at camp)
  - Mosquito netting (Available at the Trading Post)
  - 4-36" dowels for attaching mosquito netting to bunk (Available at the Trading Post)
  - twine, nylon ties
  - Mosquito repellent (crème or pump spray...no aerosols!)
  - Complete uniform
  - Extra shirts, shorts, socks, jeans, underwear...enough for 1 to 2 changes per day
  - Handkerchiefs
  - Swimsuit (two pair = 1 to dry + 1 to wear)
  - Raincoat/poncho
  - Sweatsuit/pajamas
  - Sweater/jacket
  - Extra sneakers/shoes
  - Moccasins/slippers
  - Sleeping bag (3 warm blankets are a good alternative)
  - Pillow
  - Mattress cover (twin size works perfectly)
  - Towels/washcloths
  - Toiletries (toothbrush, toothpaste, soap, comb/brush, shampoo...A Scout is Clean!)
  - Scout Handbook
  - Pen, pencil and paper
  - A few trash bags
  - Flashlight, extra batteries
  - Sunblock
  - Length of rope – 15' to 20', and clothes pins
  - Watch
  - OA Sash if Order of the Arrow member
  - Pocket knife
  - Swimming Merit Badge clothes (long sleeved cotton shirt with collar, jeans with belt)
  - Pre-Camp Merit Badge requirements
- Note: Please mark all belongings with Scout's full name and Troop # and town.**

## What Not to Bring to Camp!

- Aerosol cans of any type.....they explode in fires, can cause eye injuries
- Bows, arrows, ammunition.....camp will provide when needed
- Sheath knives.....not approved for Scout Camps
- Any other weapon.....should not be needed in Camp
- Fireworks of any kind .....fire/safety hazard, illegal in Massachusetts
- Illegal drugs, alcohol, or prescription drugs in improperly/unmarked containers
- Double bit axes
- Cigarette lighters
- Traps
- Televisions, boom boxes .....iPods are permitted
- Cell phones
- Anything of real or sentimental value



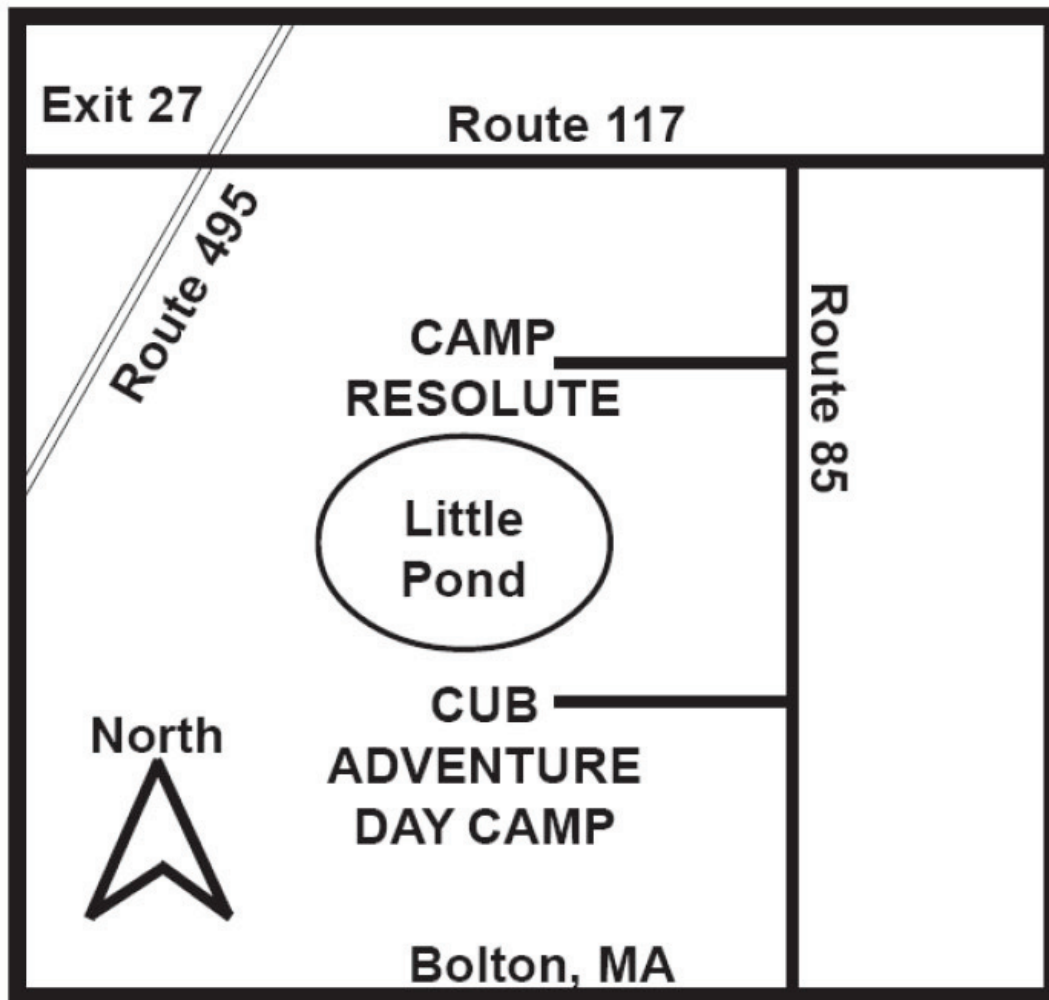
# Camp Resolute

## 2009 Merit Badge Schedule

TIME	SCOUTCRAFT	ECOLOGY	ARTS CENTER	WATERFRONT	RANGES	FIELD SPORTS
9:00 to 9:50	Camping Wilderness Surv. Fishing Indian Lore First Aid	Environmental Sci. Mammal Study Space Exploration	Open period for these badges Pottery Leatherwork Music	Canoeing Rowing Swimming	Archery Rifle Shooting	Emergency Prep. (Big Top)
9:00 to 10:50				Lifesaving		
10:00 to 10:50	Cooking Orienteering Pioneering First Aid	Environmental Sci. Fish & Wildlife Mgt. Forestry	Open period for these badges Sculpture Basketry Fingerprinting	Canoeing Swimming	Archery Rifle Shooting	Athletics (Ball Field)
10:00 to 11:50	Metalworking			Small Boat Sailing		Climbing (Big Top)
11:00 to 11:50	Fire Safety Camping Fly Fishing Cooking	Astronomy Oceanography Soil & Water Cons.	Open period for these badges Art Woodcarving Theater	Canoeing Swimming Kayaking BSA*	Rifle Shooting Shotgun Shooting	Sports (Ball Field)

\*This is an award not a merit badge

## Directions to E. Paul Robsham Scout Reservation



From Route 495 take Exit 27 to Route 117 East heading towards Stow. Take the first right which will be Route 85 South. Follow Route 85 2/10's of a mile and turn right at the entrance sign to Camp Resolute.



## Camp Resolute Permission Slip for Golf Merit Badge

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(to be sent to camp with your Scout)

There will be a charge of approximately \$55 to cover the greens fees for 2 days. Club rentals are available at an additional cost. Your Scoutmaster has the details. If you wish to permit your Scout to participate in this activity, please complete the following permission statement:

"My son \_\_\_\_\_ of Scout Troop# \_\_\_\_\_ of \_\_\_\_\_  
Name Community

has my permission to participate in the Golf Merit Badge program and to leave camp with a qualified driver to get to the golf course."

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



# Annual Health and Medical Record

(Valid for 12 calendar months)

## Medical Information

The Boy Scouts of America recommends that all youth and adult members have annual medical evaluations by a certified and licensed health-care provider. In an effort to provide better care to those who may become ill or injured and to provide youth members and adult leaders a better understanding of their own physical capabilities, the Boy Scouts of America has established minimum standards for providing medical information prior to participating in various activities. Those standards are offered below in one three-part medical form. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

**Parts A and C** are to be completed annually **by all BSA unit members**. Both parts are required for all events that do not exceed 72 consecutive hours, where the level of activity is similar to that normally expended at home or at school, such as day camp, day hikes, swimming parties, or an overnight camp, and where medical care is readily available. Medical information required includes a current health history and list of medications. Part C also includes the parental informed consent and hold harmless/release agreement (with an area for notarization if required by your state) as well as a talent release statement. Adult unit leaders should review participants' health histories and become knowledgeable about the medical needs of the youth members in their unit. This form is to be filled out by participants and parents or guardians and kept on file for easy reference.

**Part B** is required with parts A and C for any event that exceeds 72 consecutive hours, a resident camp setting, or when the nature of the activity is strenuous and demanding, such as service projects, work weekends, or high-adventure treks. It is to be completed and signed by a certified and licensed health-care provider—physician (MD, DO), nurse practitioner, or physician's assistant as appropriate for your state. The level of activity ranges from what is normally expended at home or at school to strenuous activity such as hiking and backpacking. Other examples include tour camping, jamborees, and Wood Badge training courses. It is important to note that the height/weight chart must be strictly adhered to if the event will take the unit beyond a radius wherein emergency evacuation is more than 30 minutes by ground transportation, such as backpacking trips, high-adventure activities, and conservation projects in remote areas.

## Risk Factors

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

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Sleep disorders
- 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.



BOY SCOUTS OF AMERICA

# Commonwealth of Massachusetts Immunization Requirements

105 CMR 430.152

Written documentation of immunization or alternative proof of immunity shall be required for all campers, adults, and staff as follows:

## For Campers and Staff under 18 Years Old

- 1) **Measles, Mumps and Rubella (MMR) Vaccine:** A minimum of one dose of MMR vaccine(s) must be administered at or after 12 months of age. A second dose of live measles containing vaccine given at least four weeks after the first, is required for all campers and staff, who will be entering grades K-12 or college in the school year immediately following the camp session (or in case of an ungraded classroom or the camper/staff does not attend school/college, campers or staff five years of age or older). Laboratory evidence of immunity is acceptable.
- 2) **Polio Vaccine:** A minimum of three doses of either inactivated polio vaccine (IPV) or oral polio vaccine (OPV) are required. If a mixed (IVP/OPV) schedule was used, four doses are required;
- 3) **Diphtheria and Tetanus Toxoids and Pertussis Vaccine:** A minimum of four doses of DTaP/DTP/DT or at least three doses of Td is required. Where a camper or staff person is seven or more years of age and requires additional immunizations to satisfy 105 CMR 430.152(A)(3), Td is to be substituted for DTaP, DTP or DT vaccine. Effective January 1, 2004, a booster dose of Td is required for all campers and staff who will be entering grades seven through ten (or in the case of an ungraded classroom or the camper or staff does not attend school, campers or staff 12 through 15 years of age) if it has been more than five years since the last dose of DTaP/DTP/DT. For all campers and staff who will be entering grades 11 and 12 (or in the case of an ungraded classroom or the camper or staff does not attend school, campers or staff 16 through 17 years of age) a booster of Td is required if it has been more than ten years since the last dose of DTaP/DTP/DT/Td.
- 4) **Hepatitis B:** For all children born on or after January 1, 1992, three doses of Hepatitis B vaccine are required. Laboratory evidence of immunity is acceptable.

## For Staff and Adults 18 Years of Age or Older

- 1) **Measles Vaccine:** Unless born before 1957, two doses of live measles-containing vaccine administered at/or after 12 months of age (at least four weeks apart) are required. Laboratory evidence of immunity is acceptable.
- 2) **Mumps Vaccine:** Unless born before 1957, at least one dose of mumps vaccine administered at/or after 12 months of age is required. Laboratory evidence of immunity is acceptable.
- 3) **Rubella Vaccine:** Unless born before 1957, at least one dose of rubella vaccine administered at/or after 12 months of age is required. Laboratory evidence of immunity is acceptable.
- 4) **Diphtheria and Tetanus Toxoids:** At least three doses of DTaP/DTP/DT/Td are required. A booster dose of tetanus/diphtheria, adult type toxoid (Td) is required if more than ten years have elapsed since the last dose of DTaP/DTP/DT/Td vaccine.

## Physical Examinations or Immunizations Excepted (105 CMR 430.153)

- 1) **Religious Exceptions:** If a camper or staff member has religious objections to physical examinations or immunizations, the camper or staff member shall submit a written statement, signed by a parent or legal guardian for those under 18 years of age, to the effect that the individual is in good health and stating the reason for such objections.
- 2) **Immunizations Contraindicated:** Any immunization specified in 105 CMR 430.152 shall not be required if the health history required by 105 CMR 430.151 includes a certification by a physician that he or she has examined the individual and that, in the physician's opinion, the physical condition of the individual is such that his or her health would be endangered by such immunization.

# Annual BSA Health and Medical Record

## Part A

### GENERAL INFORMATION

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 (SEE PART C).  
 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 \_\_\_\_\_

### MEDICAL HISTORY

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

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

### Allergies or Reaction to:

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

### Immunizations:

The following are recommended by the BSA. Tetanus immunization 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"/>	Tetanus _____
<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 _____

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

### MEDICATIONS Not for use at Camp Resolute - Use separate form

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 _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>

**NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.**

Emergency contact No.:

Allergies:

DOB:

Last name:

**Part B**

**PHYSICAL EXAMINATION**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Meets height/weight limits  Yes  No Blood pressure \_\_\_\_\_ Pulse \_\_\_\_\_

**Individuals desiring to participate in any high-adventure activity or events in which emergency evacuation would take longer than 30 minutes by ground transportation will not be permitted to do so if they exceed the weight limit as documented at the bottom of this page. Enforcing the height/weight limit is strongly encouraged for all other events, but it is not mandatory. (For healthy height/weight guidelines, visit [www.cdc.gov](http://www.cdc.gov).)**

	Normal	Abnormal	Explain Any Abnormalities	Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Eyes				Knees (both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs				<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)			

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

---

I certify that I have, today, reviewed the health history, examined this person, and approve this individual for participation in:

- Hiking and camping   
  Competitive activities   
  Backpacking   
  Swimming/water activities   
  Climbing/rappelling  
 Sports   
  Horseback riding   
  Scuba diving   
  Mountain biking   
  Challenge (“ropes”) course  
 Cold-weather activity (<10°F)   
  Wilderness/backcountry treks

Specify restrictions (if none, so state)

---

**Certified and licensed health-care providers recognized by the BSA to perform this exam include physicians (MD, DO), nurse practitioners, and physician’s assistants.**

- To Health Care Provider:** Restricted approval includes:
- Uncontrolled heart disease, asthma, or hypertension.
  - Uncontrolled psychiatric disorders.
  - Poorly controlled diabetes.
  - Orthopedic injuries not cleared by a physician.
  - Newly diagnosed seizure events (within 6 months).
  - For scuba, use of medications to control diabetes, asthma, or seizures

Provider printed name \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, state, zip \_\_\_\_\_  
 Office phone \_\_\_\_\_  
 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

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.

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

**Part C**

**Informed Consent and Hold Harmless/Release Agreement**

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. 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.

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.

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 to the adult in charge 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.

- Without restrictions.
- With special considerations or restrictions (list)

**Talent Release Form**

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 by the Boy Scouts of America, and I hereby release the Boy Scouts of America 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

**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.**

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

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

Parent/guardian's signature \_\_\_\_\_  
(if under the age of 18)

Date \_\_\_\_\_

**Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.**



BOY SCOUTS OF AMERICA  
1325 West Walnut Hill Lane  
P.O. Box 152079  
Irving, Texas 75015-2079  
<http://www.scouting.org>



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

**Camp Resolute**  
**Authorization to Administer Medication to a Camper**  
**(To be completed and submitted with medical form)**

I hereby authorize E. Paul Robsham Scout Reservation to administer to my child;

\_\_\_\_\_ the medications listed below in accordance with 105 CMR 430.160.  
 (Name of Child)

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

Medication _____ Strength _____ Frequency _____ Reason for medication _____ _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
Medication _____ Strength _____ Frequency _____ Reason for medication _____ _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
Medication _____ Strength _____ Frequency _____ Reason for medication _____ _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>

**NOTE: Be sure to bring medications in the original containers, and make sure that they are not expired, including inhalers and EpiPens. You should not stop taking any maintenance medication.**

105 CMR 430.160(A)

*Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.*

105 CMR 430.160(C)

*Medication shall only be administered by the health supervisor or by a licensed health care professional authorized to administer prescription medications. The health care consultant shall acknowledge in writing the list of medications administered at the camp. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.*

105 CMR 430.160(D)

*When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Camp Resolute Parental Authorization Form

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## Compliance with Massachusetts State Law regarding Authorized Use of Firearms by a Minor

The Knox Trail Council adheres to all applicable laws and operates under the governance of BSA National Standards as well as MA State Health Code. As a part of the Boy Scout Program the council operates several safe shooting sports ranges for Scouts to participate in rifle shooting, shotgun, and archery. In order to satisfy Mass General Law Chapter 140 section 130 the council requires parental permission to participate in such activities. Mass General Law Chapter 140, Section 130 stipulates the following:

Furnishing Child 15 or older with Rifle, Shotgun and Ammunition

“Nothing in this section shall be construed to prohibit an instructor from furnishing rifles or shotguns or ammunition to pupils; provided however that said instructor has the **consent of a parent or guardian of a pupil under the age of 18.**”

The pupil must be under the direct supervision of a person (the range instructor) holding a valid Firearms Identification Card or a License to Carry Firearms.

## Photo Release Statement

I hereby assign and grant to the Knox Trail Council the right and permission to use and publish the photographs/film/video tapes/electronic representations and/or sound recordings made during my son’s visit to Camp Resolute by the Knox Trail Council, and I hereby release the Knox Trail Council, Boy Scouts of America 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/video tapes/electronic representations and/or sound recordings without limitation at the discretion of the Knox Trail Council and I specifically waive any right to any compensation I may have for any of the foregoing.

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\_\_\_\_\_ I hereby authorize my child to participate in all events during summer camp including (if age appropriate) use of the shooting sports program areas (for rifle and shotgun under supervision of a FID instructor) and I agree to the Photo Release Statement outlined above.

\_\_\_\_\_ I do not authorize my child to participate in shooting sports activities. However, my child is authorized to participate in all other events and activities of the camp and I agree to the Photo Release Statement outlined above.

Scout’s Name \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

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

*This form is required for every Scout and must be turned in along with the camp medical form.*