

# ADVENTURE CAMP PARENT GUIDE

*Summer of 2026*



# LETTER FROM THE DIRECTOR



**Jason Baumgartner**  
**Camp Director**  
**567-429-1627**



Thank you for your interest in Adventure Camp at Camp Berry! We are thrilled to have your Kids join us for an exciting and fun-filled adventure. The Black Swamp Area Council team is working hard to make sure this is a safe, memorable, and enriching experience for not only your child but for families as well.

Kids do stuff. They build things. Play with purpose. Make friends and work together. Set goals and clear them. Go places: physically, mentally, and spiritually. Camp is an amazing place where a child's imagination can come to life and their adventurous spirit can be unleashed in a safe and fun environment. We provide the information contained within this guide to answer your questions about Adventure Camp and to earn your complete confidence when you place your child in our care. I started working here as soon as I was old enough, and now this is my 13th year working at Camp Berry. My hope is that Camp Berry will become as memorable an experience for your kids as it is for me.

If you have any questions about Camp, please don't hesitate to reach out to me and I would love to talk more about the programs we offer, including boating, swimming, climbing, and archery, just to name a few. If you feel like the problems have not been resolved, you can also reach out to the Hancock Public Health (419-348-6611) or the Hancock County Job and Family Services (419-429-8008). Thank you again, and I hope to hear from you soon!

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IT IS THE MISSION OF ADVENTRUE CAMP TO FOSTER THE CHARACTER OF THE SCOUT OATH AND LAW IN CAMPERS BY OFFERING A FUN, SAFE, INCLUSIVE, POSITIVE, MEMORABLE AND CHALLENGING SUMMER CAMP EXPERIENCE.



# CONTACT INFORMATION



## Camp Office

## Camp Berry Office

Yamine Lodge  
11716 Co Rd 40, Findlay  
Phone: 567-226-4967

## Camp Director

## Jason Baumgartner

jason.baumgartner@blackswampbsa.org  
Phone: 567-429-1627

## Camping Administration

## Micah Zinna

micah.zinna@scouting.org  
567-208-5286

## Year-Round Office

## Black Swamp Area Council

Findlay Service Center  
2100 Broad Avenue, Findlay  
Phone: 419-422-4356

## Health Department

Phone: 567-208-5012

## Ohio Department of job and Family Services

614-466-6282

For any communications, questions, or special requests, the Adventure Camp Program Director can be reached at

**[AdventureCamp@blackswampbsa.com](mailto:AdventureCamp@blackswampbsa.com)**

The Program Directors will be in charge of much of the camp daily activity. This person will change during the summer, but each Program Director will use this address.



# SIGN UP FOR BAND



## BAND App Overview

Our number one priority is to keep your child safe. We also want to share with you photos and stories of all the fun they are having at camp! To do this in a safe and private way, we will be using the BAND app. It is very similar to Facebook but more private — your group is completely invite-only, not searchable, and everything stays within our private camp community.

### Why BAND?

BAND gives us a secure, all-in-one place to:

- Share daily photos, videos, and activity updates so you can see your child's camp experience in real time.
- Post fun “stories” and memory albums from each day.
- Send important notifications and announcements.
- Allow easy two-way communication between parents and camp staff.

### Security & Privacy

Your family's information and all shared content are protected with encryption. Only invited parents, guardians, and camp staff can see the group. No one outside our camp community can join or view posts.

### Tip:

Turn on notifications in the app so you don't miss important updates. You can reply directly to posts or message staff privately.

### How to Join

On the first day of camp, simply scan the QR code provided at check-in. This will instantly connect you to our private group. Once joined, download the free BAND app (available on iOS and Android) to receive notifications and easily view photos and messages.

### What You Can Expect

We will use BAND to keep you informed with messages that may include:

- Emergency notifications
- Announcements for the group
- Messages for individuals
- Pick-up or drop-off changes

You can also use BAND to:

- Ask questions or send us a quick message
- View the daily schedule and activity highlights
- See photo albums and recaps from each session

We're excited to keep you connected to your camper's summer adventure through this safe and easy platform. If you have any questions about BAND, feel free to ask our staff on the first day!



# DAILY SCHEDULE

## BEFORE- / AFTER- CARE

7:00 AM Early Drop-off  
 7:30 AM Breakfast  
 4:00 PM After-care starts  
 6:00 PM Last Pickup

## GENERAL SCHEDULE

8:00 AM Arrival Check-in  
 8:15 AM Flags / Opening  
 8:30 AM Station Activities  
 11:30 AM Lunch  
 1:00 PM Station Activities  
 4:00 PM Snack  
 4:15 PM Departure Pickup

## TRADING POST

Wednesdays 4:00-5:00 PM

AND each group will have the opportunity to buy Slushies from the Trading Post each day.

## MEDICAL OFFICE

7:00 AM - 6:00 PM

## THE PRINCIPLES OF ADVENTURE CAMP'S MISSION

### SCOUT OATH

**On my honor, I will do my best**  
**To do my duty to God and my country**  
**and to obey the Scout law;**  
**To help other people at all times;**  
**To keep myself physically strong,**  
**mentally awake, and morally straight.**

### SCOUT LAW

**A Scout is...**  
**Trustworthy, Loyal,**  
**Helpful, Friendly,**  
**Courteous, Kind,**  
**Obedient, Cheerful,**  
**Thrifty, Brave,**  
**Clean, and Reverent.**

# CAMP SERVICES

## MEAL SERVICE

Lunch is provided as part of the camper experience. Meals, including breakfast and snacks for Before- and After- Care, are created to be kid-friendly and appeal to the majority. Dietary restrictions can be accommodated as needed. If there are special needs, please include this information in the registration. Campers are welcome to bring additions for the Lunch or pack their meal if necessary.

## TRADING POST

Trading Post purchases are limited to Slushies during the day. Leaders will take pre-orders and campers are called into the Trading Post to pick up their Slushies. However, Slushie orders can be made as needed. On Fridays, the Trading Post will be open for families to purchase additional items. Campers are permitted to go to the Trading Post with their family before heading home.

## HEALTH LODGE

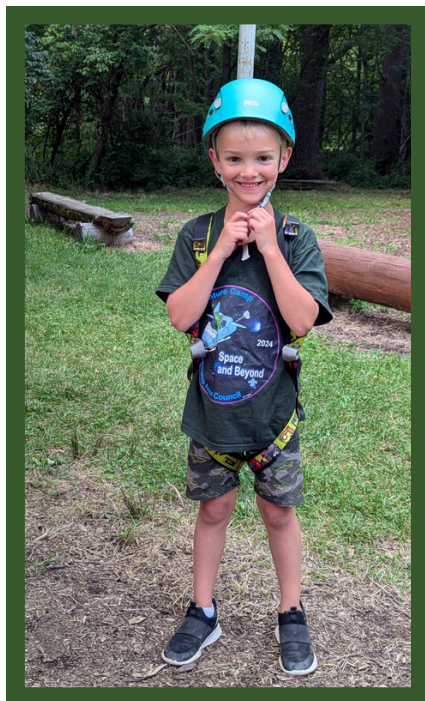
The camp Health Lodge is staffed during camp by qualified medical personnel. For insurance purposes and for the health and safety of all participants, all accidents, and illnesses, no matter how minor, must be reported to the Health Lodge and recorded. Additionally, medical emergency arrangements have been made with the local rescue squads and hospitals to handle any medical emergencies.

## LOST & FOUND

It is recommended that all items brought to camp are labeled with a name or initials so they can be returned to the owner. However the camp maintains a Lost & Found in the Donnell Lodge's foyer. When things are found, they are collected and put on the table for owners to reclaim. It is our effort to keep track of belongings, but we will try to find belongings when we have been alerted they are missing. Please communicate as needed and we will check the Lost & Found. At the end of the summer, Lost & Found items are donated to the local Goodwill.



# PREPARING FOR CAMP



## MEDICAL FORMS

### Health Form Requirement

The safety of your child and all campers is our top priority. All youth and adult participants must have a current Scouting America Annual Health and Medical Record on file.

[Download the form here](#)

What to bring: Please complete Parts A and B (attach a photocopy of the camper's insurance card to Part A) and turn them in to the medical staff upon arrival at camp.

Do not fax or email health forms to camp. Bring them with you to the first day. If you need copies, call the office

## EQUIPMENT CHECKLIST

The following list is provided as an aid, but certainly is not all encompassing. Children should ask parents to assist them.

- Health Forms (only the first week, if repeating)
- Backpack or drawstring bag
- Swimsuit and towel
- Plastic bags for wet swimsuit for travel home
- Close-toed shoes or comfortable hiking boots
- Plastic bags for wet swimsuit for travel home
- Some days a sweatshirt, poncho, or raincoat
- Canteen or water bottle
- Sunscreen, hat, or both!
- Non-aerosol insect repellent (with DEET)
- Spending money for Slushies
- Prescription medication in its original container



Please send a water bottle with your child's name on it. We work on staying hydrated ALL DAY. ...A hydrated camper is a HAPPY camper!

# ARRIVING AND DEPARTING CAMP

## DROP OFF AND PICK UP

When arriving in the morning, please enter the large parking area (with the big yellow gates) at 11716 CR 40 and drive to the far corner. Our homebase is the Howard Lodge, the big cabin just off the parking area. We will meet you on the porch for check-in.

For pick-up, you will again enter the large parking area and park at the far corner. Campers will make their way to the parking lot for pick up. Trail leaders and the director will return the camper to intended adults. Please be sure to show your ticket given at check in and check with your camper's Trail Leader or the directors for information about the day.



## BEFORE- / AFTER- CARE

For “Before Camp Care,” campers can be dropped off as early as 7:00am. Leaders will take your child to breakfast at 7:30am.

Campers who have signed up for “After Camp Care” will get a snack and additional play time at the Howard Lodge after everyone else is dismissed at 4:15pm. Campers may stay as late as 6:00pm.

Before-care drop off and After-care pick up will both happen at the Howard Lodge just off the parking lot.



## SCHEDULE CHANGES

If your camper needs to arrive late or be picked up early, please communicate that with us at morning drop off or afternoon pickup so we can record it on our check-in/out log and have leaders waiting with/for your child at the appropriate time.





## SIGNING UP FOR CAMP

Registration and payment for Adventure Camp can be completed by an adult online at <https://www.blackswampbsa.org/camping/adventure-camp-/74185>.

This program is open to girls and boys entering 1st through 5th grade. Join us for up to 7 weeks of camp filled with themed activities, swimming every day, fishing, archery, crafts, climbing, BBs, gaga ball, music and MORE!

	Dates	Themes	Activities
Wk 1	June 15th- 19th	Jurassic Games	Games and team-building
Wk 2	June 22nd-26th	Apex Impact	Range and Target activities
Wk 3	No Camp	N/A	N/A
Wk 4	July 6th-10th	Dinos of the Sea	Boating and water games
Wk 5	July 13th-17th	Dinosaur Impressions	Arts, crafts, skits, & songs
Wk 6	July 20th-24th	Survive In Dino Land	Shelter-building & cooking
Wk 7	July 27th-31st	Dino-STEAM	Art & engineering
Wk 8	August 3rd-7th	Dino Discovery	Science experiments

# CAMPER FEES & PAYMENTS

Registration fees and discounts are outlined below. More detail is given at <https://www.blackswampbsa.org/camping/adventure-camp-/74185>.

	Rate	Deadline
All Campers	\$200	Early Bird Registration by June 1, 2026
	\$215	Registration - June 2, 2026
Not Currently Scouts	\$40 Registration fee	One time fee in addition to first week
Sibling Discount	\$10 off	
Multiple Week Discount	\$10 off (2 weeks) \$20 off (3 or more)	

## Camperships - Visit

The Black Swamp Area Council Camp Campership (Scholarship) Assistance Program was established to provide aid to those Scouts and families needing assistance in paying the fees for Council-sponsored Scout summer activities. Approved assistance is dependent on funds available. Visit <https://www.blackswampbsa.org/camping/camperships> or to register for camperships. If you have questions, reach out to us.

[CLICK HERE](#)



# CAMP POLICIES

## GENERAL POLICY PERTAINING TO ALL REFUNDS

No refunds will be issued for activities where promotion literature states No refunds. Deposits are non-refundable. All monies are refundable if the council or district cancels an event. Refund requests for rescheduled events due to weather conditions will be dealt with on an individual basis, partial refunds can be granted after incurred expenses for the event have been taken into consideration. Transferring fees from one person to another within the same unit for the same program is permissible. Fees are not transferable from one event to another. No refund request for any event or facility will be accepted more than 14 days after the conclusion of the event. For resident camps, each session or week is considered a separate event. Any refund granted will be credited back to the source of the original payment. i.e., Credit card back to credit card, check back to checking account, etc. Valid reasons for requesting a refund include: Illness Death in family, or Change in business plans. In no event shall any refund be made for any reason if the cost of the event has not been completely met. If substitution for participation in the event has been secured, then full refund may be made to the individual originally registered. Any refunds granted will be reduced by the cost of any deposit plus the cost of any materials already procured. Refunds will not be made for late arrivals or early departures. All requests for refunds of money must be made in writing to the Black Swamp Area Council, Boy Scouts of America. Supporting receipts must accompany the request.

## POLICY PERTAINING TO THE TREATMENT OF MEDICATIONS

Black Swamp Area Council camps require that all prescription and over the counter (OTC) medications be stored securely, except when in the controlled presence of health care staff or another adult leader responsible for the administration and/or dispensing of medications. Please do not to bring over-the-counter medications such as Tylenol or cough syrup—the Health Office stocks these medications and will dispense based on the patient’s signs and symptoms.

Emergency medications such as inhalers, EpiPens, and nitro should be maintained on the patient’s person. Refrigerated medications may be stored at the health lodge or in the campsite if secured under lock and key.

All medication should be in a container issued by a pharmacist with the medication name and strength, the dose and dose frequency clearly marked on the container. All participants taking medications must fill out the Prescription Medication Dosing Form (see the administration appendix for this form) prior to arrival at camp. Please list the medication, dosage, and dosage schedule shown on the prescription.

# ADDITIONAL POLICIES

1. The Scout Oath and Law are the codes of conduct for behavior expected at camp.
2. Youth Protection guidelines must always be followed by youth and adults. Please review these guidelines before attending camp.
3. While at camp, all children, parents and visitors must wear a nametag and/or t-shirt provided during check-in.
4. Visitors must check in at the Camp Office upon arrival and wear a visitor's wristband while in camp.
5. Everyone – campers, parents and staff – must sign in and sign out of camp when leaving the property. The sign-in and sign-out can be done with the staff at drop-off and pickup. All late drop-off and early pickup can be done at the Camp Office.
6. Any camper who is a minor and is to leave camp property for any reason needs to be signed out by a parent or legal guardian. All other individuals with parental permission to take a minor away from camp must be listed on the camper's medical form and must have a photo ID to verify their identity.
7. Closed toed shoes and socks must always be worn, except when swimming. If shoes are not appropriate, campers will need to change them before they can attend for the day.
8. Do not climb over, lean against or sit on fences in camp. Respect camp boundaries. Do not cross fences or other obstacles onto private property.
9. Do not tamper with smoke detectors, fire extinguishers or other emergency or lifesaving equipment.
10. Alcoholic beverages, illegal drugs, fireworks or firearms are not permitted in camp. Vandalism, theft, personal injury or other illegal actions will not be tolerated. Local authorities will be called, and damages will be assessed.
11. Under no circumstances is an open flame to be used inside a tent. Lanterns (except those that are battery operated), candles, etc., are not allowed in any tent.
12. Pets are not permitted; service animals are welcome.
13. Swim-wear should be comfortable, functional and modest. For males, swim trunks or board shorts are appropriate. Females should bring modest tankinis or one-piece swimsuits.
14. Camp is a NON-SMOKING, Tobacco- and Nicotine-free facility. Violators will be asked to leave the property.
15. Personal firearms may NOT be brought to camp. Personal firearms will be confiscated and secured by the Shooting Sports Director or Camp Ranger until the owner's departure. Personal shooting equipment may not be stored in campsites or vehicles.
16. Personal vehicles are not allowed on camp roads at any time without the specific permission of the Camp Director or Camp Ranger. They must be kept in the parking lot.
17. Report all injuries on camp property to the Health Lodge and any damage or breakage of camp facilities or equipment to the Camp Office as soon as possible.
18. No standing tree, living or dead, may be cut down without the permission of the Camp Ranger.

# FAQ

Thanks for considering Adventure Camp for your child's summer camp experience. We encourage parents to review the FAQ section, which we hope answers many questions about Camp and our commitment to safety. We provide the information below to answer your questions about Adventure Camp to earn your confidence when you put your child in our care. If we don't answer your questions, don't hesitate to contact us at 419-422-4356. We want to do whatever we can to give your child the life-changing experience of camp.

**WHO RUNS ADVENTURE CAMP?** Camp operates year-round serving youth of all ages with dedicated leaders from the local Scouting America. During the summer, Adventure Camp is focused on providing safe, age-appropriate activities for our youngest campers. Our camp leadership team is trained at National Camping School. Adventure Camp's leadership team increases during the summer to include professional educators who care for and teach our community's students during the school year.

**WHAT SORT OF ACTIVITIES WILL MY CHILD DO?** Your son or daughter will do all sorts of fun, age-appropriate activities, including BBs and archery, swimming, climbing, hiking, STEM activities and making new friends. You should know that while we do a variety of activities at camp, the most important part is that your child will be able to challenge themselves in a safe environment surrounded by supportive staff. Sometimes that means your child will be uncomfortable meeting a new friend or trying a new activity. It is through camp that your child will grow and learn how to face new challenges on their own.

**WHAT IF MY CHILD GETS HOMESICK?** Children do get homesick. Even with parents around, they might start missing their friends, pets –even their bed – at home. When this happens, our staff, who are trained in working with homesick youth, will be there to support them. When needed, our leadership team and medical team have further training and years of experience. In our years of service, we have found it's best to get the camper busy doing fun activities. Rest assured, we will consult you about any concerns.





**CAN YOU ACCOMMODATE DIETARY RESTRICTIONS?** We are able to accommodate dietary restrictions if given advanced notice. Please detail the restrictions in the registration application. Alternately, a packed lunch can be brought by those who have dietary restrictions.

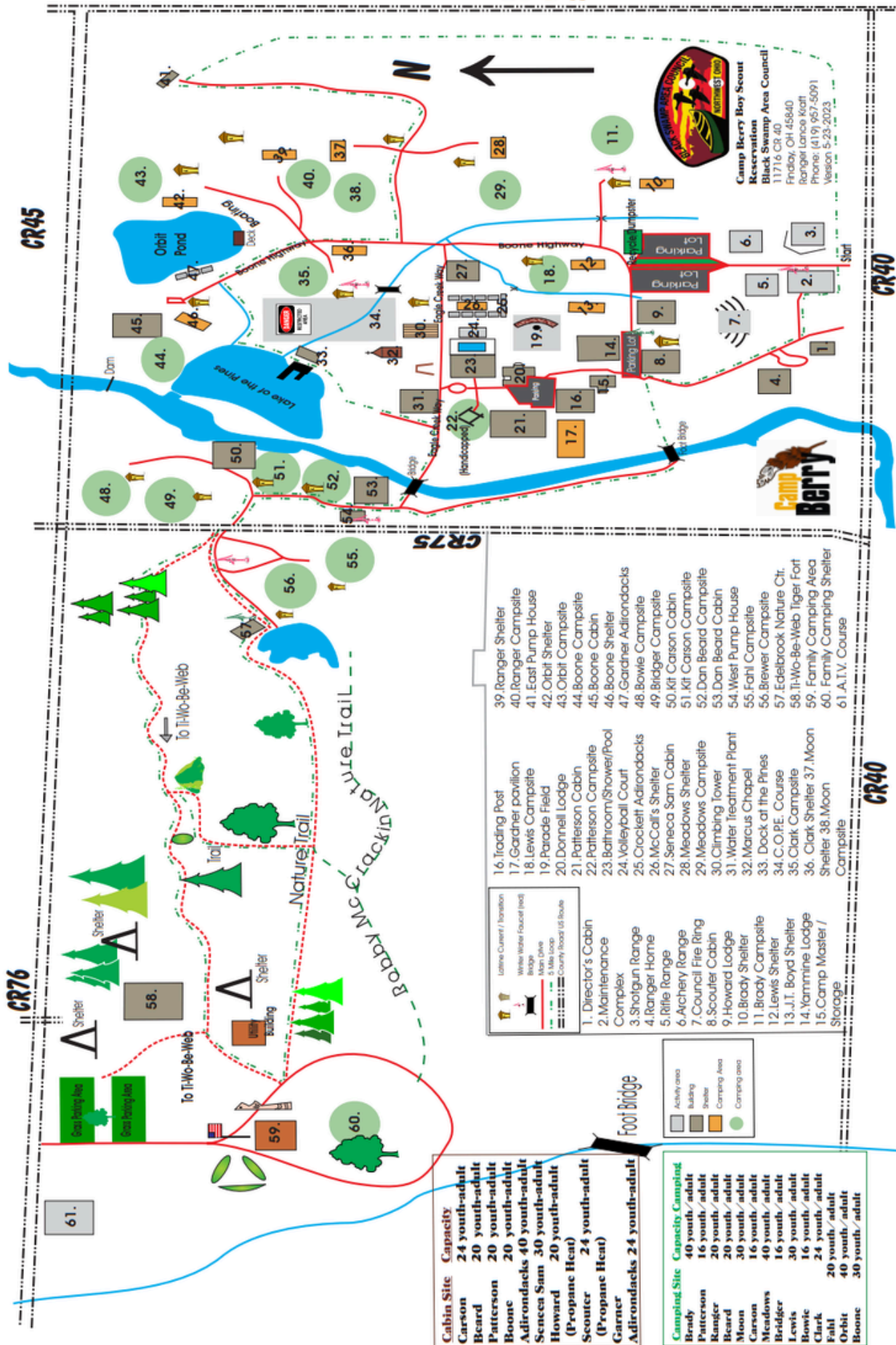
**WHAT IF I NEED TO GET IN CONTACT WITH MY CHILD?** Should you need to contact your child, please call the camp office phone number at 567-429-1627. Generally, this phone is answered between the hours of 8 AM and 6 PM. However, during peak arrival, departure and other busy times, callbacks may be delayed.

**CAN ADVENTURE CAMP ACCOMMODATE MY CHILD'S MEDICATION OR OTHER SPECIAL NEEDS?** Adventure Camp employs a qualified

and dedicated health officer who is on duty and on property during all program times. The Health Office is already prepared for routine medical needs including dispensing medications. Camp has golf carts available for participants who have mobility issues. If there are other special needs, please call us to determine if we can host your child.

**WHAT IF MY CHILD GETS INJURED?** Adventure Camp employs a qualified and dedicated health officer who is on duty and on property during all program times. The Health Office is centrally located for routine medical needs. While we strive to prevent all accidents, we recognize that injuries do occur. Most injuries are simple scrapes and bruises and are cared for in the program areas by our trained program staff. When they need a bit more care, they are treated in our Health Office. If this happens, you will be notified. If an emergency occurs, please know that we are prepared. In addition to our Health Officer, our staff is well-trained in first aid and CPR. If necessary, two trained staff members will accompany your child to a nearby medical facility. When possible, the Camp Director will make every effort to contact you before transporting your child, though we will not delay care when immediate care is warranted.

**WHAT HAPPENS IF THERE IS BAD WEATHER?** Ohio summer weather can be very accommodating or very unaccommodating. The leadership team tracks the weather for possible concerns involving storms, lightning, or high temperatures. Some programs can continue as normal during rain while others cannot. You and your child should be prepared to continue during rain. In cases of severe rain, we will close programs and move activities indoors as appropriate. In cases of severe thunderstorms or tornadoes, all participants and staff will be sheltered in preapproved locations. In the case of severe heat, we activate our hot weather emergency plans. Depending on the heat indexes, we may cancel or substitute activities. We will take all necessary actions to ensure the safety of your child during severe weather. Weather related pick-up or drop-off changes will be communicated through the **BAND** app messaging system.



**Camp Berry Boy Scout Reservation**  
 Black Swamp Area Council  
 11716 CR 40  
 Findlay, OH 46840  
 Ranger Lance Scott  
 Phone: (419) 957-5091  
 Version 5-23-2023



- 1. Director's Cabin
- 2. Maintenance Complex
- 3. Shotgun Range
- 4. Ranger Home
- 5. Rifle Range
- 6. Archery Range
- 7. Council Fire Ring
- 8. Scouter Cabin
- 9. Howard Lodge
- 10. Brady Shelter
- 11. Brady Campsite
- 12. Lewis Shelter
- 13. J.I. Boyd Shelter
- 14. Yammie Lodge
- 15. Camp Master / Storage
- 16. Trading Post
- 17. Gardner pavilion
- 18. Lewis Campsite
- 19. Parade Field
- 20. Donnell Lodge
- 21. Patterson Cabin
- 22. Patterson Campsite
- 23. Bathroom/Shower/Pool
- 24. Volleyball Court
- 25. Crockett Adirondacks
- 26. McCall's Shelter
- 27. Seneca Sam Cabin
- 28. Meadows Shelter
- 29. Meadows Campsite
- 30. Climbing Tower
- 31. Water Treatment Plant
- 32. Marcus Chapel
- 33. Dock at the Pines
- 34. C.O.P.E. Course
- 35. Clark Campsite
- 36. Clark Shelter
- 37. Moon Shelter
- 38. Moon Campsite
- 39. Ranger Shelter
- 40. Ranger Campsite
- 41. East Pump House
- 42. Obbit Shelter
- 43. Obbit Campsite
- 44. Boone Campsite
- 45. Boone Cabin
- 46. Boone Shelter
- 47. Gardner Adirondacks
- 48. Bowie Campsite
- 49. Bridger Campsite
- 50. Kit Carson Cabin
- 51. Kit Carson Campsite
- 52. Dan Beard Campsite
- 53. Dan Beard Cabin
- 54. West Pump House
- 55. Fahli Campsite
- 56. Brewer Campsite
- 57. Edlebrook Nature Ctr.
- 58. Th-Wo-Be-Web Tiger Fort
- 59. Family Camping Area
- 60. Family Camping Shelter
- 61. A.T.V. Course Campsite

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Cabin Site	Capacity
Carson	24 youth-adult
Beard	20 youth-adult
Patterson	20 youth-adult
Boone	20 youth-adult
Adirondacks	40 youth-adult
Seneca Sam	30 youth-adult
Howard	20 youth-adult
(Propane Heat)	
Scouter	24 youth-adult
(Propane Heat)	
Garner	
Adirondacks	24 youth-adult

Camping Site	Capacity
Brady	40 youth / adult
Patterson	16 youth / adult
Ranger	20 youth / adult
Beard	20 youth / adult
Moon	30 youth / adult
Carson	16 youth / adult
Meadows	40 youth / adult
Bridger	30 youth / adult
Bowie	16 youth / adult
Clark	24 youth / adult
Fahli	20 youth / adult
Obbit	40 youth / adult
Boone	30 youth / adult



APPENDIX:  
MEDICATION PERMISSION FORM  
HEALTH FORM- PARTS A AND B

# Participant Medication Control Permission Form



Scout's Name:		Week #:
Campsite	First Day:	Last Day:

## Medication Required:

Name of Medication:
Reason For Medication:
Possible Common Reaction to Medication:
Dosage:
Time of Administration:
Comments Regarding Medication:

This form has been designed to meet both the requirements of the State of Ohio as well as the Boy Scouts of America. It should offer benefits to the scout in assuring the proper medication at the proper time, and benefit the leader in knowing exactly what the parent is requesting the leader to do, and provide a record that request was carried out.

**Note: All prescribed medications must be kept in the original container bearing the physician's name, direction for use, and the patient's name.**

## Prescribing Physician:

Doctor's Name:	Phone:	
Address:	City, State:	ZIP:

## Parent Permission:

Authorized to administer medication:

Adult #1 Name:	Adult #2 Name:
----------------	----------------

Hereby request that my scout be administered his prescribed medication at camp by the approved Camp Health Officer or the Adult Unit Leader listed above. I understand that the medication at camp will be administered exactly per the directions as prescribed by the above physician.

Signature of Parent or Guardian:	Date:	
Printed Name of Parent or Guardian:	Phone:	
Address:	City, State:	ZIP:

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

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

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

**High-adventure base participants:**

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

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

### Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

**With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.**

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

*Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915(a))* My signature below on this form indicates my permission.

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

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



**NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.**

List participant restrictions, if any:  None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

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

Parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_

(If participant is under the age of 18)

## Complete this section for youth participants only:

### Adults Authorized to Take Youth to and From Events:

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

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

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

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

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

### Adults NOT Authorized to Take Youth to and From Events:

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

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

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

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



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## Part B1: General Information/Health History

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

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

**High-adventure base participants:**

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

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

Age: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_  Male  Female

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

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

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

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

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



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

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

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

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

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

### Health History

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

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



## Part B2: General Information/Health History

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

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

**High-adventure base participants:**

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

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

### Allergies/Medications

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

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

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

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/stings	

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

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

Medication	Dose	Frequency	Reason

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

Administration of the above medications is approved for youth by: \_\_\_\_\_

Parent/guardian signature

MD/DD, NP, or PA signature (if your state requires signature)

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

### Immunizations

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

Y	N	Had Disease	Immunization	Date(s)
<input type="checkbox"/>	<input type="checkbox"/>		Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>		Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>		Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>		Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>		Polio	
<input type="checkbox"/>	<input type="checkbox"/>		Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Other (i.e. Hib)	
<input type="checkbox"/>	<input type="checkbox"/>		Exemption to immunizations (form required)	

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

Further approval required:  Yes  No

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

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

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





