



Blue Ridge Mountains
Scout Reservation

ADMINISTRATION

BLUE RIDGE MOUNTAINS COUNCIL

CAMP MEDICAL FORM SUPPLEMENT

Name _____

I. Personal information and Emergency Contact Information

This form must be attached to ALL BSA National Type II and Type III Medical Forms.

It should also be used if health history has changed or if 12 months have passed since your last medical exam.

Name: _____ Date of Birth: _____ Age: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

Unit Number (Troop, Post, Crew): _____ Council: _____

Name of Parent or Guardian: _____ Work Phone: _____ Home Phone: _____

If person named above is not available in the event of an emergency, please contact:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Persons NOT authorized to take youth from the event:

II. Insurance

Personal health/accident insurance provider: _____ Policy No. _____

**Please attach a copy of the front and back of your insurance card to this form.*

III. Health History/Information

Please list any changes to your health history within last year below:

IV. Parent/Minor Signatures

- This section must be signed and updated annually, Base Camp participants may attach last year's signed physical.

To the best of my knowledge, the information on this form is correct. I hereby give permission to the person herein described to engage in all prescribed camp activities, on or off property, except as noted.

In Case of Emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event that I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the camp administration to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult. Permission is given to transport me or my child for medical assistance. This form may be photocopied for use at camp. I understand that I am responsible for payment of all medical treatments received.

If I or my child need medical treatment, I hereby authorize any doctor or hospital treating the Scout while he is at camp to discuss and release information regarding such treatment or follow-up care to any of the following representatives of the BOY SCOUTS OF AMERICA, Blue Ridge Mountains Council: Greg Harmon, Program Director and Tommy Pendleton, Reservation Director. I understand that this authorization will remain in effect while I or the Scout is at summer camp and will expire no later than August 15, 2008.

Signature Parent/Guardian (or participant if over 18): _____ Date: _____

Signature of Minor: _____ Date: _____

Unit _____

Council _____



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ADMINISTRATION

PRESCRIPTION MEDICATION CARDS

Prescription Medication Card

SUN MON TUES WEDS THURS FRI

Breakfast Lunch Dinner Evening Other: _____

Name: _____ Unit: _____

City/State: _____

Medications: _____

Program:

Powhatan Ottari Claytor Fish Camp Mt. Man
High Knoll Voyageur New River Adventure

Parent's Signature: _____

Date: _____ Daytime Phone: _____

Prescription Medication Card

SUN MON TUES WEDS THURS FRI

Breakfast Lunch Dinner Evening Other: _____

Name: _____ Unit: _____

City/State: _____

Medications: _____

Program:

Powhatan Ottari Claytor Fish Camp Mt. Man
High Knoll Voyageur New River Adventure

Parent's Signature: _____

Date: _____ Daytime Phone: _____

Prescription Medication Card

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Breakfast Lunch Dinner Evening Other: _____

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City/State: _____

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High Knoll Voyageur New River Adventure

Parent's Signature: _____

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Breakfast Lunch Dinner Evening Other: _____

Name: _____ Unit: _____

City/State: _____

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Program:

Powhatan Ottari Claytor Fish Camp Mt. Man
High Knoll Voyageur New River Adventure

Parent's Signature: _____

Date: _____ Daytime Phone: _____



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ADMINISTRATION

AS NEEDED MEDICATION FORM

AS NEEDED MEDICATION

(for example: Claritin, Tylenol, sinus medication)

Name: _____ Unit: _____

City/State: _____

Medication: _____

Proper dosage is: _____ every: _____

Distribute as needed for: _____

Medication: _____

Proper dosage is: _____ every: _____

Distribute as needed for: _____

PROGRAM: Powhatan Ottari Claytor Fish Camp
Mt. Man High Knoll Voyageur New River Adventure

Parent's Signature: _____

Date: _____ Daytime Phone: _____

AS NEEDED MEDICATION

(for example: Claritin, Tylenol, sinus medication)

Name: _____ Unit: _____

City/State: _____

Medication: _____

Proper dosage is: _____ every: _____

Distribute as needed for: _____

Medication: _____

Proper dosage is: _____ every: _____

Distribute as needed for: _____

PROGRAM: Powhatan Ottari Claytor Fish Camp
Mt. Man High Knoll Voyageur New River Adventure

Parent's Signature: _____

Date: _____ Daytime Phone: _____

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PROGRAM: Powhatan Ottari Claytor Fish Camp
Mt. Man High Knoll Voyageur New River Adventure

Parent's Signature: _____

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PROGRAM: Powhatan Ottari Claytor Fish Camp
Mt. Man High Knoll Voyageur New River Adventure

Parent's Signature: _____

Date: _____ Daytime Phone: _____



NEW RIVER ADVENTURE

PARENTAL WAIVER

A Letter of Understanding

To: Parents of participants in the New River Adventure



Your son/daughter is enrolled in a week-long high adventure program at the Blue Ridge Mountains Reservation.

To participate in the New River Adventure, both the participants and their parent(s) must sign and return this form.

To participate, your son/daughter must be at least age 13 by January 1, 2008 and must pass the BSA first class swim test upon arrival at our camps.

This program will include:

- 1) A day of white-water rafting in the New River Gorge, which has nineteen Class 3, 4, & 5 rapids.
- 2) A day of canoeing on the New River, which has several class 2 & 3 rapids.
- 3) Two days of physical challenges on our COPE course. This is a BSA designed ropes course that develops confidence, self esteem, problem solving abilities and teamwork.
- 4) The 5th day's program is optional, but the Unit may chose to go caving, climbing and rappelling on 55 foot tower, kayaking, or participate in a natural climbing experience.

Our New River Adventure receives enthusiastic reviews each summer from hundreds of participants. They find it exciting and worthwhile, but it is also physically demanding.

While we have an excellent safety record, outdoor high adventure activities have inherent risks. We've had cuts, sprains and broken bones. We have safety rules that must be obeyed and safety equipment that must be worn. Families and Scout troops are responsible for medical costs.

I have read and understand the nature of the activities of the New River Adventure program. I will follow instructions and will adhere to the safety rules of the program.

Name (please print): _____ Unit #: _____ Dates of Camp: _____

Signature: _____ (participant)

I have read and understand the above form, and I give my son/daughter permission to participate in the New River Adventure this summer.

Signature: _____ (parent/guardian)

Date: _____

