



# 2010 Order of the Arrow Conclave

## Camp Russell

### August 13-15, 2010



Please print clearly. Each individual must complete his/her own form. Form must be submitted to lodge by June 11.

Quan.	Size	Item	Price	Total	FULL NAME
		Participation Fee	\$33		
		Early Arrival Spaghetti Dinner (Served at 6:00 Friday, must pre-register)	\$5		ADDRESS
		Sunday Lunch To Go	\$5		CITY STATE ZIP CODE
		Package Deal T-shirt (S - 3XL), back patch, and mug	\$23 \$25 (2&3X)		E-MAIL GENDER DATE OF BIRTH
		Conclave Patch	\$3		<input type="checkbox"/> M <input type="checkbox"/> F
		Conclave 6" Back Patch	\$10		PLEASE CHOOSE WHICH 9:00 TRAINING SESSION YOU ARE MOST INTERESTED IN ATTENDING
		Conclave Neckerchief (Embroidered)	\$12		
		Conclave T-shirt (S, M, L, XL)	\$10		PLEASE CHOOSE WHICH 10:00 TRAINING SESSION YOU ARE MOST INTERESTED IN ATTENDING
		Conclave T-shirt (2XL, 3XL)	\$12		
		Conclave Ceramic Mug	\$5		PLEASE CHOOSE WHICH 11:00 TRAINING SESSION YOU ARE MOST INTERESTED IN ATTENDING
<b>Total Fees Enclosed</b>					<input type="checkbox"/> ADVISER'S SEMINAR <input type="checkbox"/> HIGH ADVENTURE <input type="checkbox"/> ALL THINGS PATCHES <input type="checkbox"/> JUMP START FOR NEW ARROWMEN <input type="checkbox"/> CAMP COOKING <input type="checkbox"/> NATIVE AMERICAN GAMES <input type="checkbox"/> COSTUMING & BEADWORK <input type="checkbox"/> THE SECRET OF LIFE <input type="checkbox"/> EQUIPMENT ROAD SHOW <input type="checkbox"/> VIGIL SEMINAR <input type="checkbox"/> EXTREME SPORTS

Cash (in person only)  
 Check (mail or in person, make payable to **Boy Scouts of America**)  
 Credit Card (fax, mail or in person)  
 Visa or MasterCard Only

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 The cardholder agrees to the amount shown above and agrees to perform the obligations set forth in the cardholder's agreement with the issuer.

X \_\_\_\_\_

The general welfare of any group depends upon the conduct of each individual member. This ensures the success of our conclave and provides the maximum benefit to every participant. I understand the lodge/section leadership is responsible for the supervision of the event in respect to maintaining discipline and security, and agree to the following **Code of Conduct**:

1. Observe the Scout Oath or Promise, the Scout Law and the Order of the Arrow Obligation.
2. The Boy Scout Buddy System will be used at conclave.
3. Wear my official uniform and official conclave identification throughout the weekend.
4. The use of tobacco in any form, alcoholic beverages, illicit drugs, weapons of any kind including laser pointers, firearms, fireworks, or gambling is strictly prohibited. Adults, please observe BSA policy on smoking and observe all "No Smoking" restrictions.
5. Understand that the use or possession of any restricted items will not be permitted and will result in immediate dismissal (transportation back home at my own expense) from the event. This standard shall apply to all youth and adult participants.
6. The use of any profane language will not be practiced or tolerated.
7. No fighting will be allowed, including horseplay.
8. No teasing, name-calling, hazing, or personal put downs will be allowed. This applies to threats of the same.
9. Attend all planned general sessions and electives.
10. Confine trading and swapping to designated times and areas. Observe the adult/adult only and youth/youth only trading restrictions.
11. It is expected that at all times Scouts will show respect for their fellow Scouts, leaders and equipment. You will be personally liable for breakage, damage, or loss of property.
12. Observe quiet hours and lights out from 11:30 p.m. to 6:30 a.m.
13. Keep my quarters and camp site clean, my bed made, and dispose of trash in the proper manner.
14. Not change my officially assigned sleeping quarters without permission from headquarters.
15. Comply with state laws and camp regulations, including all items mentioned earlier.
16. Comply with camp rule prohibiting the use of private automobiles on camp roads without permission from headquarters.
17. Not be authorized to sell items at the event. I understand that the official trading posts are the only source for purchasing items at the event.
18. At all times, be considerate guests of the camp and the council.
19. It is mandatory that any Scout that witnesses any breach of this Code of Conduct or any other conduct that is dangerous or contrary to Scouting principles bring such matters to the attention of their contingent leader immediately. All incidents or infractions will be handled on a case by case basis. The lodge adviser or contingent leader will approve the corrective measures for a violation of these rules before being implemented. Corrective measures will be at the discretion of the conclave leadership, which may include dismissal from the conclave at the attendee's expense.

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please return this completed form to your Council Service Center no later than **June 11, 2010**.  
**An Annual Health & Medical Record form must accompany your registration.**

Per New York State Law, any medications being taken by a minor at camp **must** be accompanied by a Medication Permission Form signed by a physician. This applies to both prescription and over the counter medications. Contact the lodge adviser for details.

# 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, or when the nature of the activity is strenuous and demanding, such as a high-adventure trek. Service projects or work weekends may also fit this description. 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 limits 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.

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



BOY SCOUTS OF AMERICA®

# Annual BSA Health and Medical Record

## Part A

### GENERAL INFORMATION

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 (i.e., HIB) _____

Exemption to immunizations claimed.

### MEDICATIONS

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

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

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
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**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 \_\_\_\_\_ % body fat \_\_\_\_\_ Meets height/weight limits  Yes  No  
 Blood pressure \_\_\_\_\_ Pulse \_\_\_\_\_

**Individuals desiring to participate in any high-adventure activity or event in which emergency evacuation would take longer than 30 minutes by ground transportation will not be permitted to do so if they exceed the height/weight limits as documented in the table at the bottom of this page or if during a physical exam their health care provider determines that body fat percentage is outside the range of 10 to 31 percent for a woman or 2 to 25 percent for a man. Enforcing this 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)			
Tuberculosis (TB) skin test (if required by your state for BSA camp staff) <input type="checkbox"/> Negative <input type="checkbox"/> Positive							

**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 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, including 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) \_\_\_\_\_

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/ film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/ film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

- Yes     No

Adults authorized to take youth to and from the event: (You must designate at least one adult. Please include a telephone number.)

Adults NOT authorized to take youth to and from the event:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**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  
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<http://www.scouting.org>

SKU 34605



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

# INDIVIDUAL MEDICATION FORM

Medications (Dosages and Frequency): Please note that you must bring all medications in ORIGINAL BOTTLES with specific directions:

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The following is a list of over-the-counter medications available for dispensing at camp. Please indicate with a check if this camper may receive these medications:

- CALDECORT/CORTISON cream to affected area PRN minor pain or discomfort.
- ACETAMINOPHEN 15mg/kg Q4hr PRN temp>101 F, minor pain or discomfort.
- IBUPROFEN 200mg-400mg Q4-6hr PRN minor pain or discomfort.
- ROBITUSSIN 1-2 tsp PO Q6-8hr PRN coughing.
- BENADRYL ELIXER/Tab 12.5-25mg POQ6-8hr (5mg/kg/24hr) PRN not to exceed 300mg/24, minor allergic reaction.
- CHLORASEPTIC Spray PO Q2-4hr PRN minor throat discomfort.
- NEOSPORIN/BACITRACIN Antibiotic Ointment apply topically to affected area PRN minor cuts/abrasions.
- CALADRYL/CALAHIST lotion topically to affected area PRN minor itching.
- KAOPECTIATE 30-60 ml after each loose BM, not to exceed 6 doses/day or a period<48 hrs.  
**Notify physician after 48 hours.**
- AFTER BITE* (Ammonium Hydroxide) apply topically to insect bites PRN itching.
- A & D Ointment to affected area PRN minor skin irritation.
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**NOTE:** If there are any changes in medication or other medical information after this form is submitted, please notify the camp in writing.

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I recommend this child for the camp program believing that he will benefit from the camp experience and will not endanger or be endangered by the group and its activities.

Physician's/Practitioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print: Name: \_\_\_\_\_ Phone \_\_\_\_\_

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

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