



E. Paul Robsham, Jr.  
Scout Reservation  
Camp Resolute

## 2007 Scout & Parent Guide

**UPDATED**  
with new required consent form

# CAMP RESOLUTE

*We Do  
More!*



SINCE  
1924

*Naturally Adventurous!*



A Knox Trail Council Camp

Boy Scouts of America

## Check-In

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

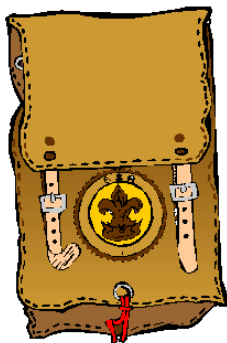


meet in the camp parking lot so that all members are ready to enter camp **together promptly at 1:00 p.m. (no sooner please!)**. The formed troop will then proceed to its campsite after the gate is opened at 1:00 p.m. Vehicles should be parked in parking lot areas only. No private vehicles will be allowed 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.

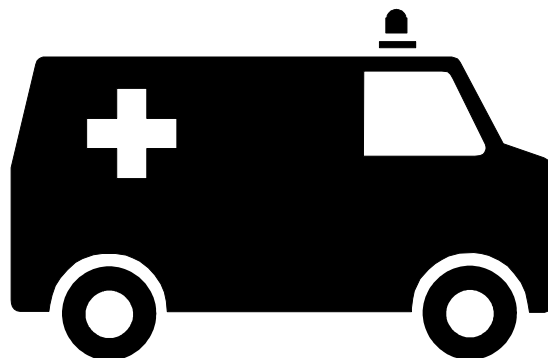
## Emergencies, Visitors, and Scouts Leaving Camp

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.



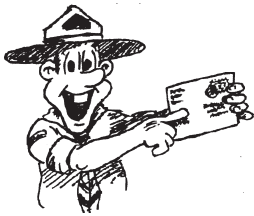
## Telephone

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 medi-

cal 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.

## 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.

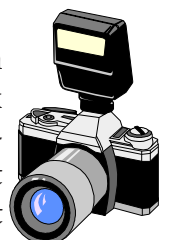
## Insects & Animals



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 \$8.50.



## 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.

## 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.

## 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.

## 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.

## 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!

## 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.

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 your 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. 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.



# 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

## Art

prerequisite: none  
recommended: any Scout  
pre-camp requirement(s): research for 7

## Astronomy

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

## Athletics

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

## Basketry

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

## Camping

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

## 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, 2007  
pre-camp requirement(s): none  
class limit: 12 Scouts

## Cooking

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

## Emergency Preparedness

prerequisite: none  
recommended: at least 2nd year camper  
preparation: 2c, 8c

## Energy

prerequisite: none  
recommended: 2nd year camper  
preparation: 5, 6, 7

## 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, 2b

## Fish & Wildlife Management

prerequisite: none  
recommended: at least 2nd year camper  
pre-camp requirement(s): 5a, 5b, 5c, 5d, 7b (only if using), 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

## 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 and Swimming MB  
recommended: at least 2nd year camper  
pre-camp requirement(s): 1a

## Mammal Study

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

## Metalworking

prerequisite: bring workpants (jeans) and closed toe shoes  
recommended: at least 2nd year camper  
pre-camp requirement(s): 1, 2  
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

## Personal Fitness

prerequisite: none  
recommended: any Scout  
pre-camp requirement(s): 1a, 1b, 6, 7 (contact local counselor through troop for program approval), 8 (final testing will be conducted at camp)

## Pioneering

prerequisite: none  
recommended: Scout with knowledge of basic knots  
pre-camp requirement(s): 5

## 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: Scout with some shooting ability  
pre-camp requirement(s): none

## 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 \$5

## Shotgun Shooting

prerequisite: Rifle Shooting MB, age 14  
recommended: 3rd year camper  
pre-camp requirement(s): 1a through 1i

## 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): 3, 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: totin' chit  
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

## 2007 Merit Badge Schedule

TIME	SCOUTCRAFT	ECOLOGY	HANDICRAFT	WATERFRONT	RANGES	FIELD SPORTS	SPECIAL
9:00 to 9:50	Camping Wilderness Surv. Fishing Indian Lore	Environmental Sci. Mammal Study Space Exploration	Pottery Leatherwork Music	Canoeing Rowing Swimming	Archery Rifle Shooting	Athletics (Sports Area)	Emergency Prep. (Big Top)
9:00 to 10:50				Lifesaving			
10:00 to 10:50	Cooking Orienteering Pioneering	Environmental Sci. Fish & Wildlife Mgt. Energy	Sculpture Basketry Fingerprinting	Canoeing Swimming	Archery Rifle Shooting	Personal Fitness (Sports Area)	First Aid (Health Lodge)
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.	Art Woodcarving Theater	Canoeing Swimming Kayaking BSA*	Rifle Shooting Shotgun Shooting	Sports (Sports Area)	First Aid (Health Lodge)

\*This is an award not a merit badge

### PERSONAL HEALTH AND MEDICAL RECORD FORM—Class 3

**I. IDENTIFICATION** Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth\* \_\_\_\_\_  
 Name \_\_\_\_\_  
 Last name First name Initial Mo. Day Year  
 Address \_\_\_\_\_  
 City & State \_\_\_\_\_ Zip \_\_\_\_\_  
 Health/Accident insurance \_\_\_\_\_ Policy no. \_\_\_\_\_

**IN AN EMERGENCY NOTIFY:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Home phone \_\_\_\_\_  
 City & State \_\_\_\_\_ Business phone \_\_\_\_\_  
 Personal Physician Phone \_\_\_\_\_


**BOY SCOUTS OF AMERICA**

All Class 3 activities require a health examination within the past 12 months by a licensed health-care practitioner.\* This includes youth and adult members participating in high-adventure activities, athletic competition, and world jamborees. Annually, this form is to be used by adults 40 years of age or older for all activities requiring a physical examination and applies to *a//*Wood Badge participants/staff regardless of age.

**II. EMERGENCY MEDICAL INFORMATION**

Has or is subject to (check and give details):

Allergy to a medicine, food†, plant, animal, or insect toxin  
 Any condition that may require special care, medication, or diet  
 ADHD (Attention Deficit Hyperactive Disorder)  
 Asthma  Convulsions  Heart trouble  Contact lenses  
 Diabetes†  Fainting spells  Bleeding disorders  Dentures

 EXPLAIN \_\_\_\_\_

**PLEASE TYPE OR PRINT.**

NAME \_\_\_\_\_

UNIT \_\_\_\_\_

**NOTE:** Keep original form for your personal record. Make reproductions for agency use. Be sure information and signatures are legible on reproduced copies. This upper section may be reproduced and carried with you for emergency identification and care.

**III. PARENTAL STATEMENT**

Has it ever been necessary to restrict applicant's activities for medical reasons?  No  Yes Does applicant take medicine regularly or have special care?  No  Yes If yes, explain.

\_\_\_\_\_

To the best of my knowledge, the information in sections I, II, III, IV, and VI is accurate and complete. I request a licensed health-care practitioner to examine applicant, to give needed immunization, and to furnish requested information to other agencies as needed. I give my permission for full participation in BSA programs, subject to limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates.

Parent or guardian \_\_\_\_\_  
 (Must sign if applicant is 18 or younger)

Applicant's signature \_\_\_\_\_  
 Date signed \_\_\_\_\_  
 Updated \_\_\_\_\_ Signed \_\_\_\_\_  
 Parent or guardian

Updated \_\_\_\_\_ Signed \_\_\_\_\_  
 Parent or guardian

**IV. IMMUNIZATIONS**

If disease, put "D" and year. Last year given

Tetanus \_\_\_\_\_  
 Diphtheria \_\_\_\_\_  
 Pertussis \_\_\_\_\_  
 Measles \_\_\_\_\_  
 Mumps \_\_\_\_\_  
 Rubella \_\_\_\_\_  
 Polio \_\_\_\_\_  
 Chicken Pox \_\_\_\_\_

Religious preference \_\_\_\_\_

**V. LICENSED HEALTH-CARE PRACTITIONER'S EVALUATION AND ADVICE**

Approved for participation in:

Hiking and camping  Water activities  
 Competitive sports  All activities

Specify exceptions \_\_\_\_\_

Recommendations (explain any restrictions OR limitations): \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 \*Licensed health-care practitioner

\*Examinations conducted by licensed health-care practitioners other than physicians will be recognized for BSA purposes in those states where such practitioners may perform physical examinations within their legally prescribed scope of practice.

**VI. MEDICAL HISTORY**

Parent (or applicant if 18 or older): Fill in sections I, II, III, IV, and VI *before seeing a licensed health-care practitioner.* Check immunizations to be given at this time. Be sure to include any emergency information and restrictions or special care that should be observed. Especially be sure to record any injuries, illnesses, surgery, or significant changes in condition of health of applicant since last complete examination.

- Date of most recent complete physical examination (month and year) \_\_\_\_\_ 20\_\_\_\_
- Are you aware of any current health problems?  No  Yes
- Now under medical care or taking medicines?  No  Yes
- Has there been any surgery, injury, illness, allergy, or change in health status since last complete physical examination?  No  Yes

Give dates and full details below for any "yes" answers.

IS THERE DISEASE OF (OR PAST OR PRESENT HISTORY OF):	No	Yes	Year	Details/Medicines
Serious illness	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Serious injury	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Deformity	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Skin, glands	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Ears, eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Nose, sinus	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Teeth, tonsils	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Dentures	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Bridge	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Chest, lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Heart	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Murmur	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Stomach, bowels	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Kidneys or urine	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Albumin	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Sugar	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Infection	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Bed-wetting	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Menstrual problems	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Hernia (rupture)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Back, limbs, joints	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Nervous condition	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (explain)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Please list ALL medications taken in the 30 days prior to arrival at the Scouting activity where this form is to be used:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VII. HEALTH EXAMINATION**

Licensed Health-Care Practitioner:

The applicant will be participating in a strenuous activity that will include one or more of the following conditions: athletic competition, adventure challenge or wilderness expedition (afloat or aloft) that may include high altitude, extreme weather conditions, cold water, exposure, fatigue, and/or remote conditions where readily available medical care cannot be assured.

- Please insist applicant furnish complete medical history (VI) before exam.
- Review immunizations; for youth (18 or younger) tetanus and diphtheria toxoids, measles, mumps, and rubella vaccines, and trivalent oral polio vaccine are required; youths and adults must have had tetanus booster within 10 years. A measles booster is recommended at age 12.
- After completing section VII, summarize any restrictions and/or recommendations in sections II and V, above, and sign.

VISION: \_\_\_\_\_ HEARING: \_\_\_\_\_  
 Date \_\_\_\_\_ Normal \_\_\_\_\_ Normal \_\_\_\_\_  
 Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Glasses \_\_\_\_\_ Abnormal \_\_\_\_\_  
 B.P. \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_ Contacts \_\_\_\_\_

Check box if normal; circle if abnormal and give details below:

Growth, development  Teeth, tonsils  Genitourinary  
 Skin, glands, hair  Respiratory  Skeletomuscular  
 Head, neck, thyroid  Cardiovascular  Neuropsychiatric  
 Eyes, ears, nose  Abdomen, hernia, rings  Other (specify)

**COMMENTS** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FOR THOSE ATTENDING PHILMONT OR NATIONAL HIGH-ADVENTURE BASES:**

\* The minimum age for all participants is 13 by January 1 of the year of participation, or have completed the seventh grade. No exceptions.  
 † Trail food is by necessity a high-carbohydrate, high-calorie diet. It is high in wheat, milk products, sugar, corn syrup, and artificial coloring/flavoring. Dinner meals contain meat. If these food products cause a problem in your diet, you need to bring appropriate substitutions with you and so advise base personnel.  
**Note:** Licensed health-care practitioners representing high-adventure bases reserve the right to deny access to the trails or other program activity on the basis of a medical evaluation performed at the base after arrival.

# CERTIFICATE OF IMMUNIZATION

105 CMR 430.152

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

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ PHONE \_\_\_\_\_

CAMP AND SESSION(S) ATTENDING \_\_\_\_\_

## **For Campers and Staff under 18 Years Old**

- 1) ***Measles, Mumps and Rubella (MMR) Vaccine:*** At least one dose of MMR vaccine(s) must be administered at or after 12 months of age or there must be laboratory evidence of immunity. A second dose of live, measles containing vaccine is required for all campers and staff.  
Both Doses of measles vaccine must be given at least one month apart, and must be given at or after 12 months of age, or laboratory evidence of immunity.
- 2) ***Polio Vaccine:*** At least three doses of either trivalent oral polio vaccine (OPV) or enhanced potency inactivated polio vaccine (e-IPV) are required. If a mixed schedule of polio vaccine is given (IPV and OPV) a total of four doses is required
- 3) ***Diphtheria and Tetanus Toxoids and Pertussis Vaccine:*** At least four doses of DtaP/DTP/DT/tD are required (the Pertussis component is not given to anyone seven years of age or older). A booster dose of tetanus/diphtheria, adult type toxoid (Td) is required if more than ten years have elapsed since the last dose.
- 4) ***Hepatitis B:*** For all children born on or after January 1, 1992, three doses of Hepatitis B vaccine are required.

## **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 one month apart) are required, or there must be laboratory evidence of immunity to measles.
- 2) ***Mumps Vaccine:*** Unless born before 1957, at least one dose of mumps vaccine administered at or after 12 months of age is required, or there must be laboratory proof of immunity to mumps.
- 3) ***Rubella Vaccine:*** at least one dose of rubella vaccine administered at or after 12 months of age is required, or there must be laboratory proof of immunity to rubella.
- 4) ***Diphtheria and Tetanus Toxoids:*** At least three doses of DT/dT are required. A booster dose of tetanus/diphtheria, adult type toxoid (dT) is required if more than ten years have elapsed since the last dose.

## **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.

## **IMMUNIZATION DATES – LIST MONTH AND YEAR**

DTP _____	MMR _____
dT _____	MEASLES _____
POLIO _____	MUMPS _____
HIB _____	RUBELLA _____

**FORM MUST BE SIGNED BY AND DATED BY PHYSICIAN OR DESIGNEE (NOT PARENT OR GUARDIAN!)**

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER**

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

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

Name(s) of Medications

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 of guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

\*Health Supervisor – A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.

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.*