EDMUND D. STRANG
Scout Reservation
Housatonic Council
Boy Scouts of America
Summer Camp 2024
Owned and operated by the Housatonic Council, Boy Scouts of America and located in the foothills of Litchfield County, Strang Scout Reservation’s 186 acres of forest, fields and streams provide the backdrop to an exciting scouting experience.

Visit HousatonicBSA.org

STRANG SCOUT RESERVATION
Housatonic Council, Boy Scouts of America
278 Westside Road Goshen CT 06756
860.491.2770
StrangScoutReservation@gmail.com

COUNCIL SERVICE CENTER
Housatonic Council, Boy Scouts of America
111 New Haven Avenue Derby CT 06418
203.734.3329
IMPORTANT DATES TO REMEMBER

APRIL 15, 2024 AND JUNE 3, 2024

IN ORDER TO SECURE A DISCOUNTED FEE TOWARDS SUMMER CAMP, A **NON REFUNDABLE** DEPOSIT OF $85 IS REQUIRED FOR EACH WEEK ATTENDING CAMP ON OR BEFORE APRIL 15, 2024.

FULL PAYMENT OF THE DISCOUNTED PRICE MUST BE RECEIVED ON OR BEFORE JUNE 3, 2024 OTHERWISE THE DIFFERENCE WILL BE APPLIED BASED ON WHICH WEEK YOUR CHILD(REN) WILL BE ATTENDING.

ATTENTION UNITS- DEPOSITS DO NOT HAVE TO BE FOR A SPECIFIC YOUTH MEMBER (I.E. RESERVE 10 SPOTS = $850 DEPOSIT)
Let's Get Started! We are excited that you are interested in attending Strang Scout Reservation this summer! Our team looks forward to meeting you! Since 1961, our scout reservation has created a historic legacy of scouting for youth in the lower Naugatuck Valley, throughout Connecticut, and throughout the Northeast Region.

First named Housatonic Scout Reservation, the property was renamed in 1990, **Edmund D. Strang Scout Reservation** in honor of Ed's commitment as a lifelong scouter, volunteer in Housatonic Council, and holding distinction of being the longest serving Cub Master in B.S.A. history.

Strang Scout Reservation is the primary residential summer camp experience for Housatonic Council. Our program seeks to provide advancement, outdoor education, and leadership opportunities that support the development of the 3 Aims of Scouting-- character, citizenship, and fitness.

Strang Scout Reservation offers a residential summer camp experience for Scouts BSA Scouts, Cub Scouts, and Venturing Scouts. Our seven campsites offer canvas tent and Lean to camping. Scouts and adult leaders have the opportunity to participate in activities and advancement across our nine program areas. Our camp size and experienced staff can offer an *individualized camp experience* for each scout and unit. Our staff is willing to work with you to build the program opportunities you are looking for!
ABOUT US

SAFETY IS OUR TOP PRIORITY

Our Camp Health Office is staffed 24 Hours a Day by a qualified Health Officer. Strang Scout Reservation meets or exceeds National BSA Camp Standards and Complies with Connecticut State Laws for Youth Camps.

Use of tobacco products, alcohol, or illegal drugs on camp property is strictly prohibited.

All residential summer camp participants (scouts and leaders) are required to submit a complete Boy Scouts of America Medical Form A, B, and C. Please see forms attached at the end of this brochure.

Insurance: Housatonic council provides secondary health and accident insurance for participants, which covers costs not paid by the primary carrier. Non-Housatonic Council participants need to provide proof of council/unit insurance.

CAMP STAFF

Our reservation is fortunate to have a talented and seasoned summer camp staff. All Camp Administrators are trained by the National Camping School Program and have a combined 100+ years of scouting experience!

CAMP TRADING POST

The Camp Strang Trading Post offers everything a camper may need during the week. Items include shirts, hats, craft supplies, Merit Badge supplies, soft drinks, ice cream, candy, etc.

MAIL SERVICE

Mail can be sent to the following address:

Camper's Name
Troop/ Pack Number & Campsite
c/o Strang Scout Reservation
278 Westside Rd.
Goshen, Connecticut 06756
PACKING LIST

- Daily Change of Clothes
- Activity Uniform
- **Field Uniform (Scout Shirt, Scout Shorts, Scout Pants)**
- Watch
- Toiletry Items
- Sleeping bag or sheets and a blanket
- Pillow
- **Rain Gear**
- Flashlight with extra batteries
- Trunk with a combination lock
- Scout Handbook
- Pen/ Pencil and Paper, Notebook
- Swimwear and Towel
- **Bug Netting and Bunk Poles**
- Hiking Shoes
- Laundry Bags
- **Water Bottle**
- Sweatshirt or Jacket
- Bug Repellent (non-aerosol)
- Sun Screen
- Spending money for Trading Post
- Bicycle and helmet (if want)

WHAT NOT TO BRING

- Food/ Snacks that are kept in site or tent
- Fireworks
- Tobacco Products, Alcohol, Illegal Drugs
- Scented Toiletries

*** Strang Scout Reservation is not responsible for the loss or damage of personal items brought to camp. ***

Edmund D. Strang Scout Reservation suggests that any swimwear worn at the waterfront be appropriate attire for the activity as suggested by the BSA National Aquatics Committee. Appropriate attire is required for all activities and pertains to all ages, genders, Scouts, Scouters, staff, visitors, and family members. If there are any questions or concerns regarding this please reference the BSA National Aquatics Committee statement on swimwear and contact the camp director.
Scouts BSA Summer Camp at Strang Scout Reservation offers scouts an incredible week long opportunity to try new activities, work on advancement, and develop scouting skills in the outdoors! Scouts will have the opportunity to engage in various program options - including Merit Badges, Early Morning Programs, Older Youth activities, Troop Programs, and Camp Wide Programs.

Scouts who attend each week of summer camp (including Scouts BSA and Cub Scout Programs) will have the opportunity to visit all of our awesome program areas - including Aquatics, Shooting Sports, Climbing, S.T.E.M., Outdoor Skills, Ecology and Conservation, and Handicrafts.

*** Dates for Summer Camp are subject to change due to end of the year school dismissal. ***
Camp Fees

<table>
<thead>
<tr>
<th>Early Bird Rate</th>
<th>1 Week Scouts BSA Resident Camp</th>
<th>2nd Week or Second Youth Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 15</td>
<td>$490</td>
<td>$425</td>
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TREK Camp

<table>
<thead>
<tr>
<th>Residential Cub Experience</th>
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<tbody>
<tr>
<td>$295</td>
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Early Bird Registration
Scouts who register and pay in full before April 15 will receive a $85 discount from the original price of one full week of Scouts BSA Camp.

Adult Leadership
Strang Scout Reservation does not charge adult leaders for attendance. Thank you for volunteering!

Camperships
Housatonic Council campership funds are available to help reduce the cost of attending camp for many scouts and their families. Campership applications can be picked up at the Housatonic Council Service Center or during the summer at the Camp Strang Office.
CHECK THE APPROPRIATE WEEK(S) YOU WILL ATTEND AND CIRCLE THE FEE AMOUNT(S) PER YOUR PAYMENT DATE. Camp fee includes $85 non-refundable deposit.

<table>
<thead>
<tr>
<th>Summer Camp Dates</th>
<th>Regular Fee After April 1</th>
<th>Early Bird Fee Prior to April 1</th>
<th>Additional Week/Sibling Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Cub Experience</td>
<td></td>
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<tr>
<td>June 30 - July 3</td>
<td>$295</td>
<td>$265</td>
<td>$240</td>
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<tr>
<td>Week 1 BSA Resident Camp</td>
<td></td>
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<tr>
<td>July 7 - July 13</td>
<td>$490</td>
<td>$465</td>
<td>$425</td>
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<tr>
<td>Week 2 BSA Resident Camp</td>
<td></td>
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<tr>
<td>July 14 - July 20</td>
<td>$490</td>
<td>$465</td>
<td>$425</td>
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<tr>
<td>Week 3 BSA Resident Camp</td>
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<td></td>
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<tr>
<td>July 21 - July 27</td>
<td>$490</td>
<td>$465</td>
<td>$425</td>
</tr>
<tr>
<td>TREK Week</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>July 29 - August 4</td>
<td>$490</td>
<td>$465</td>
<td>$425</td>
</tr>
</tbody>
</table>

PAYMENT INFORMATION
Payment by (check all that apply) Cash____ or Check ____ or Credit Card Payment____
Credit Card Type: MC _____ VISA____ Date: ________ Check #: _______
Print Name of Card Holder: ___________________________ Signature ___________________________
Credit Card #: ___________________________ Security # on Back ________ Expiration Date: __________

Remit to: Housatonic Council, BSA, 111 New Haven Ave, Derby, CT 06418 See refund request form for refund policy.
ALL REFUND REQUEST MUST BE MADE IN WRITING TO THE COUNCIL SERVICE CENTER BY AUGUST 31
PROGRAM ACTIVITIES AT CAMP STRANG

Archery
Arts & Crafts
Astronomy/ Star Party!
Baden Powell Award
Boating
Black Powder Rifle
Blob
By Appointment Badges
Campsite Cooking
Canoe Tug of War
Climbing Tower
Conservation Projects
Cornhole
Crate Stacking
Cyber Chip
Dining Hall Theater
Ecology & Conservation
Exploration Day
Firem'n Chit Award
First Year Camper
Flu Flu Archery
Frisbee Golf
Ga Ga Ball
Geocaching
Greased Watermelon
Kayak Soccer
Karaoke Night
Lawn Games
Leather Slide Making
Merit Badges
Mile Swim
Morning Climb
Nature Hike
Night Climb
Night Ga Ga
Night Shoot
Opening Floating Campfire
Order of the Arrow Day
Paul Bunyan Award
Plaque Making
Polar Bear Swim
Raft Building
Rank Advancement
Rifle Shooting
Rocketry
Scout Leader Award
Scout Skills Instruction
Shotgun Shooting
Slip-n-Slide
Snack Craft
Sunrise Sports
Soccer
Stand Up Paddle Board
Staff Hunt
S.T.E.M. Competitions
S.T.E.M. NOVA Awards
Tomahawk Throwing
Totin' Chip Award
Trivia Night
Troop Competitions
Ultimate Frisbee
Water Polo
Water Trampoline
Wilderness Rescue
Wiffle Ball
**Merit Badge Offerings**
Strang Scout Reservation offers dozens of Merit Badge options! Please see the attached Merit Badge schedule. Merit Badge classes are taught by trained staff and supervised by Area Directors who are trained by the National Camping School Program. Merit Badge classes run based upon enrollment. Most Merit Badges can be earned during one week of summer camp, but others may receive a partial. Some badges may require pre-requisites prior to arrival at camp.

**Open & Exploratory Programs**
All Program Areas offer the opportunity for scouts to engage in open or exploratory programs, which are non-advancement programs that allow scouts the opportunity to try new activities or earn specialty awards. Examples of open or exploratory programs may include Open Waterfront, Open Archery, Open Rifle Shooting, Mile Swim, Totin' Chip, By Appointment Merit Badges, etc.

**First Year Program**
The Stang Scout Reservation First Year Program is designed to support scouts who are in their first few years of scouting. The FY Program follows the patrol model, supervised by camp staff, which provides scouts the opportunity to work on **Scout, Tenderfoot, Second Class, and First Class Rank Requirements**. The First Year Program runs in the morning during **Period 1 - Period 3**. Scouts in the FY Program may choose their own badges to earn during **Periods 4, 5, and 6**.

**Early Bird & Night Owl Programs**
Strang Scout Reservation offers various "early morning" and "late night" programs that take place at 6:30am and 9:00pm. Scouts who attend these programs have the opportunity to earn special awards. Examples of Early Bird/ Night Owl Programs include Polar Bear Swim, Sunrise Sports, Morning Climb, Night Shoot, Night Climb, Night GaGa, Snack Craft, and more!

**Camp Wide Programs**
Camp Wide Programs are run each day allowing for scouts to interact with other scouts from each troop. Examples of Camp Wide Programs have historically included Camper v. Staff Ultimate Frisbee, Trivia Night, Campfires, and more!
About the Merit Badge Schedule:

Merit Badges will now be taught on a 4 x 6 schedule. This new schedule will now allow scouts to participate in four days of advancement programs (over six periods).

On Fridays, scouts will have the opportunity to finish partial requirements not completed Monday - Thursday, while also engaging in Open Camp Program Opportunities.

- Brownsea Island/ First Year Program will run Periods 1-3. Scouts in the FYC Program can choose Merit Badges for Periods 4, 5, and 6.
- Fire Safety, Mammal Study, Art, Photography, Nature, Forestry, and Signs Signals and Codes are recommended for First Year Scouts.
- Shotgun Shooting, Lifesaving, and Emergency Preparedness are recommended for Scouts 13+
- First Aid is recommended for Scouts 13+ and who have already achieved the rank of First Class.
- Camp Administration reserves the right to adjust the Merit Badge schedule due to class enrollment.
- Scouts wishing to change their Merit Badge selections may do so by visiting the Camp Office upon arrival to Camp on Sunday.
- Basketry requires the purchase of supplies from Camp Trading Post (est. cost $15-20)
- An additional fee is required for participants in Welding Merit Badge ($15). Charged to Unit Fee Bill.
- Additional Blue cards can be requested by scouts at the office and will be charged to Unit Fee Bill.

Merit Badge schedule will be made closer to summer camp along with the prerequisite requirements list.

Merit Badges Available By Appointment:

See the Program Director or Area Directors for information!
SPECIALTY PROGRAMS

Strang Scout Reservation TREK Program
Aprox. 48 miles of canoeing starting at the southern end of Long Lake in NY and finishing at the southern end of Tupper Lake via the Raquette River. The trip is five days and four nights. Travel logistics to get there will need to be arranged to NY but if we go through Massawepie scout reservation, or an outfitter, we can arrange to drop us off and pick us up from the water. There is a ~1mile portage that ideally is split between the afternoon of day 2 and morning of day 3. Thus we can be a little heavy with equipment because we’re not really doing much carrying and will have the luxury of being able to make multiple trips.

TREK Program runs from July 29 - August 4 for $490. The 2023 See TREK PAGE

Residential Cub Experience
Cub Scouts and parents/ guardians are encouraged to join us for an incredible adventure! Sleep in canvas tents, eat in the dining hall, try many new activities, and learn what a week of residential summer camp is all about! Cubs may have the opportunity to work on some requirements towards Rank Adventures. Program events include: Swimming and Boating, BB Shooting, Archery, Climbing, S.T.E.M., Scout Skills, team building games, Slip n' Slide, nature activities, handicrafts, and more!

The Residential Cub Scout Week runs June 30 - July 3 for $295. Check-In Begins 9:00am on June 30 and concludes 10:00 on July 3 after Breakfast and a Closing Ceremony.

If scouts are interested in participating in an A2E style program we will accommodate them by tailoring their merit badge schedule to make the most of the week and get them as much exposure to what it takes to get on their way along the Eagle trail.
Sunday (Check In Procedures)

Plan to Arrive between **2:00PM and 4:30PM** for check-in.

Scoutmasters and Camp Staff will be located at the registration area to check-in your Pack or Troop. Scouts will receive their buddy tag for the Waterfront. All personal gear can be taken to campsite.

If a buddy tag is not in the scoutmaster packet, the scout must report to the Medical Check-In station in front of the Health Lodge before reporting to the Waterfront for Swim Tests.

A **Swim Check** will be conducted at the Waterfront immediately following check-in. A Swim Check is a requirement before participation in any Waterfront activities.

Around **5:00PM** the **Family Picnic will Begin**. All parents/visitors are invited to stay for our opening picnic. The fee is **$10.00** for adults and **$5.00** for children. Children under age 6 are free. Field Games will be organized during this picnic.

**Formal Retreat and Opening Ceremonies** will be held at **6:30PM**. A **Camp Tour** will be offered directly following Retreat. Each Program Area will be visited and will provide important safety information, as well as an overview of programs offered.

**Opening Night** will conclude with the traditional **Opening Campfire!**

**Merit Badge Sign-Ups**

Scoutmasters should submit their unit's Merit Badge requests online prior to the pre-camp meeting. This allows camp staff time to plan accordingly. Camp Administration will do their best to accommodate all schedule requests. The Camp Director reserves the right to adjust the Merit Badge schedule to best accommodate the majority of scouts.

Many badges are available to be taught "By Appointment" by contacting a Merit Badge Counselor and the Program Area Director. By Appointment badges can be taught at a time agreed upon by the camper, their scoutmaster, and the badge instructor.
Saturday (Closing Ceremonies)

Saturday Program will include breakfast served in the campsite, and a Court of Honor.

Reveille will occur at 7:00am.

Unit Breakfast will occur at 8:00am. Breakfast can be collected from the Dining Hall at 7:30am to eat at troop sites. Please be sure to bring all trash back to the Dining Hall. We ask that all unnecessary gear and/or equipment be packed and placed in a central location in the unit site. Camp Staff can assist with moving out gear starting at 8:30am.

The Court of Honor will occur at 9:30am. This Court of Honor will recognize all scouts for their hard work during the week. Troops have the option of being able to purchase merit badges that can be attached to all certificates handed out at the court of honor in the office. It is the responsibility of the troop to pay for these badges in a reasonable amount of time.
**REQUIRED FORM**

Permission to Leave Camp Form

Scout's Name: ____________________  Age: ______  Troop #: ______
Campsite: _________________________  Week #: ______

We cannot release any Scout to anyone other than a parent, legal guardian, or other authorized person specified on this form. We require advance notice if a Scout will be leaving camp for any reason (other than emergencies) and with whom. In case of emergency, a Scout will be released to the parent or guardian whose signature is on the official Hausatonic Council, BSA medical form.

PART 1: (REQUIRED OF ALL CAMPERS)

CIRCLE ONE:
My Scout WILL / WILL NOT be leaving camp during the week.

Reason for leaving: ____________________________________________________________

Authorized pick-up person (provide their name and relationship to the Scout named above):

departure date & time: ___________________________  Return date & time: ___________________________

Signature of parent of legal guardian: ________________________________________

PART 2:

Trip Permission Form

Some merit badge classes and camp programs require Scouts to leave the camp property. At all times while off site, proper adult/staff supervision will be provided. (a minimum of 2 adults over the age of 18) Transportation will be by foot, chartered bus, or private car driven by adult to whom you give permission below. All BSA Youth Protection Rules will be followed.

In consideration of the benefit to be derived, and in view of the fact that the Boy Scout of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety of my child’s activity, I hereby agree to their participation and waiver all claims against the leaders of this trip and officers, agents, and representatives of the Boy Scouts of America.

I DO / DO NOT give my child permission to participate in the following off property trip(s) on the following dates.

Camp Mohawk dance on __________________________ (date/time)

5 mile hike on __________________________ (date/time) or rain date of __________________________

Other: __________________________ on __________________________ (date/time)

Parent signature: __________________________ date: __________________________
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REQUEST FOR REFUND
Housatonic Council, BSA

Refund Policy

All requests must be received by August 31ST and must have the Unit Leader’s approval (signature) to be considered for refund. If a Scout will be missing days during a Camp period, that Scout needs to notify the Camp Director at check in time. Refunds will NOT include the non-refundable $85.00 deposit.

The only circumstances under which refunds will be granted are as follows:
1. Illness of Scout prevents their attendance at summer camp.
2. Illness or death in the campers’ immediate family prevents attendance at camp.
3. Family relocation making attending camp impractical.
4. Mandatory attendance at summer school that is verifiable.
5. A Scout leaves camp for medical reasons (home sickness is not considered a refundable medical reason) must be certified by the Camp Health Officer or Camp Director. In such cases, the Scout will receive a pro-rated refund for the unused portion of the camp fee. If the unused portion constitutes three or more days and the medical excuse is not due to horseplay or negligence of said Scout.

NO REFUNDS WILL BE GRANTED FOR “NO SHOWS” OR DAYS MISSED

Scouts name: ___________________________ Troop/Pack # ___________________________

Address: ______________________________ City/State/Zip: ______________________________

Parent’s Name: _________________________ Phone #: ______________________________

Camp Attending and Date(s): ______________________________

Reason for Refund

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Amount Paid for Camp: $ __________________________ Amount Requesting: $ __________________________

Scoutmaster/Cubmaster’s Signature (required): ______________________________

INCOMPLETE REQUESTS WILL NOT BE PROCESSED

Mail to: Housatonic Council, BSA, 111 New Haven Avenue, Derby, CT 06418
CAMP SCHOLARSHIP APPLICATION

A $85 NON-REFUNDABLE DEPOSIT is required to process application along with the Unit Leader’s signature.

Name: ___________________________  Age (as of 7/1/2024): ___________________________

Address: ___________________________  City: ______________  State: ______  Zip: ______

Telephone #: ___________________________  Email: ___________________________

Unit: Troop/Pack/Crew #______________

Parent, briefly explain your need for Campership assistance:

_____________________________________________________________________________

My child is planning on attending _______________ week(s) of camp.

Applying for:

☐ June 30-July 3  Residential Cub Experience
☐ July 7-July 13 Week 1 - Scouts BSA Resident Camp
☐ July 14-July 20 Week 2 - Scouts BSA Resident Camp
☐ July 21-July 27 Week 3 - Scouts BSA Resident Camp

I can afford $______________ towards my child’s week(s) at camp.

The Unit will be contributes $______________ towards my child’s week(s) at camp.

Number of people in household: ______________  Gross Income: ______________ *

*COPY OF THE FRONT PAGE OF MOST RECENT FORM 1040 REQUIRED

I understand that this is an application, and in no way guarantees a camp scholarship. I further understand that Housatonic Council awards partial camp scholarship and that scouts are encouraged to earn part of their camp fee. This campership program is limited to use at Housatonic Council Camp facilities only.

Parents Name (please print): ___________________________

Address: ___________________________  City: ______________  State: ______  Zip: ______

Parents Signature: ___________________________  Email: ___________________________

Mail to: Housatonic Council, BSA, 111 New Haven Avenue, Derby, CT 06418

This applicant is a registered Scout within my unit:

Unit Leader’s Signature: ___________________________  Date: ______________

APPLICATIONS MUST BE FILLED OUT COMPLETELY
INCOMPLETE APPLICATIONS WILL BE AUTOMATICALLY REJECTED
THIS PAGE IS LEFT INTENTIONALLY BLANK
REQUIRED MEDICAL FORMS

All troops/packs send in medical forms with their Scoutmaster a week prior, during the Pre-Camp Meeting. All scouts and scouters must have a completed medical form to spend the week in camp. A scout’s health history must be filled out and signed by the parent/guardian within the past year and the medication signature must be within 90 days. The camp health officer will check and collect all forms not previously turned in, as well as medications during check-in.

PLEASE SUBMIT A PHOTOCOPIED HEALTH FORM

Scouts and scouters not meeting the medical examination requirements will not be permitted to remain in camp. This pertains to all participating scouts and leaders, no matter how long their stay in camp may be, including temporary leadership.

EACH MEDICATION TO BE ADMINISTERED BY THE HEALTH OFFICER WILL NEED:

- “Authorization for Administration of Medication by School, Child Care, and Youth Camp Personnel” - page 24
- The doctor needs to fill out a form for each medication to be administered, including any over the counter, vitamins, inhalers, and EpiPens.
- If the “Authorization for Administration of Medication by School, Child Care, and Youth Camp Personnel” is not complete - the medication CANNOT be administered at Camp.

No medical examinations can be given at camp!

MEDICATIONS

All medications for scouts and scouters must be turned into the health officer during check-in. The Health officer will be located at the Medical check-in station at the Health Lodge. All medications must have a photo of the camper attached. Each form of medication must have a date as well as a doctor’s name on the container.

Medications must be in the original container with an attached photo!
*Please bring only the amount of medication necessary for the week.*

Medical Forms Checklist for each Camper:

- Authorization of Medication by School, Child Care, and Youth Camp Personnel (If over 18, not required)
- Boy Scouts of America Annual Medical Form
- Medical Addendum
- Non-prescription medication must also be left at the Health Lodge. This is a state law.
MEDICAL ADDENDUM
REQUIRED FORM to attend camp!

(must be completed by parent/guardian for scouts under 18 years old)

Scout__________________________________ Troop____ Week(s) ______

This addendum to the Annual BSA Health and Medical Record is for scouts under 18 years of age and is required to meet Connecticut Department of Health requirements.

I give my permission for the camp Health Officer/Nurse to administer over-the-counter medications as directed by the Camp Physician in the Camp Standing Orders. The Housatonic Council’s policies on medications at scout camp are written to comply with the National Standards of the Boy Scouts of America and the State of Connecticut Health Department.

If you do not wish to have any of the following over-the-counter medications administered, please cross out and initial.

Over-the-Counter Medications may include:

(Generics may be substituted)

- Tylenol by mouth, per weight/age dosing as needed every 4-6 hours
- Advil by mouth, per weight/age dosing as needed every 6-8 hours
- Bacitracin/Neosporin/Hydrogen Peroxide topically as needed
- Hydrocortisone Cream topically every 6 hours as needed
- Benadryl by mouth, per weight/age dosing as needed, per package directions
- Claritin by mouth, per package directions
- Sudafed by mouth, per package directions
- Zantac by mouth, per package directions
- Sunscreen topically, as needed
- Bug repellent topically, as needed every 2-4 hours
- Solarcaine/Aloe Vera topically as needed every 2-4 hours

Signature__________________________________ Date_____________

**REMINDER - Prescription medications must be in the original pharmacy container with label, this includes Epi-Pens. Please bring only amount needed for camp. Failure to comply will result in the inability for the medications to be administered at camp. Any medication not picked up with-in 1 week after scout leaves camp will be destroyed.**
Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel

In Connecticut schools, Child Care Centers and Group Care Homes, licensed Family Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):

Name of Child/Student: ___________________________ Date of Birth ______/____/____ Today's Date ______/____/____
Address of Child/Student: ___________________________ Town ___________________________

Medication Name/Generic Name of Drug, ___________________________ Controlled Drug? ☐ YES ☐ NO
Condition for which drug is being administered: ___________________________

Specific Instructions for Medication Administration

Dosage ___________________________ Method/Route, ___________________________
Time of Administration ___________________________ If PRN, frequency ___________________________

Medication shall be administered: Start Date: ______/____/____ End Date: ______/____/____

Relevant Side Effects of Medication ___________________________ ☐ None Expected

Explain any allergies, reaction to/negative interaction with food or drugs, ___________________________

Plan of Management for Side Effects ___________________________

Prescriber's Name / Title ___________________________ Phone Number (____) ___________________________
Prescriber's Address ___________________________ Town ___________________________
Prescriber's Signature ___________________________ Date ______/____/____

School Nurse Signature (if applicable) ___________________________

Parent/Guardian Authorization:

☐ I request that medication be administered to my child/student as described and directed above

☐ I hereby request that the above ordered medication be administered by school, child care and youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse, child care nurse or camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the school with no more than a three (3) month supply of medication (school only)

☐ I have administered at least one dose of the medication with the exception of emergency medications to my child/student without adverse effects. (For child care only)

Parent/Guardian Signature ___________________________ Relationship ___________________________ Date ______/____/____

Parent/Guardian’s Address ___________________________ Town ___________________________ State ___________________________
Home Phone # (____) ______ Work Phone # (____) ______ Cell Phone # (____) ______

SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse (if applicable) in accordance with board policy. In a school, inhalers for asthma and cartrige injectors for medically-diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.

Prescriber’s authorization for self-administration: ☐ YES ☐ NO Signature ___________________________ Date ______/____/____

Parent/Guardian authorization for self-administration: ☐ YES ☐ NO Signature ___________________________ Date ______/____/____

School nurse, if applicable, approval for self-administration: ☐ YES ☐ NO Signature ___________________________ Date ______/____/____

Today’s Date ___________________________ Printed Name of Individual Receiving Written Authorization and Medication ___________________________
Title/Position ___________________________ Signature (in ink or electronic) ___________________________

Note: This form is in compliance with Section 10-212a, Section 19a-79-9a, 19a-87b-17 and 19-13-B27a(v.)
Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____________________________

Date of birth: __________________________

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 coordinator, 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 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 adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers and/or medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. The participant or his/her legal guardian shall release any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinator, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication.

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/video/audio/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 coordinator, 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/video/audio/electronic representations and/or sound recordings without limitation at the discretion of the local council, and I specifically waive any right to any compensation I may have for any of the foregoing.

Every person who contracts any injury, sickness, death, or other damage to any property of any kind, to himself or to any other person or property, by any activity of the Boy Scouts of America, the local council, the activity coordinator, and all employees, volunteers, related parties, or other organizations associated with the activity, shall release any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinator, and all employees, volunteers, related parties, or other organizations associated with the activity.

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 have provided is found to be inaccurate, it may limit 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 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: _____________________________ Phone: _____________________________

Name: _____________________________ Phone: _____________________________

Adults NOT Authorized to Take Youth to and From Events:

Name: _____________________________ Phone: _____________________________

Name: _____________________________ Phone: _____________________________

Prepared. For Life.
### Part B1: General Information/Health History

**Full name:**

**Date of birth:**

- **Age:**
- **Gender:**
- **Height (inches):**
- **Weight (lbs):**

- **Address:**

- **City:**
- **State:**
- **ZIP code:**
- **Phone:**

- **Unit leader:**
- **Unit leader’s mobile #:**

- **Council Name/No.:**
- **Unit No.:**

- **Health/Accident Insurance Company:**
- **Policy No.:**

> **Important Note:** 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?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hyper tension (high blood pressure)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/ coronary artery disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any heart surgery or procedure. Explain all “yes” answers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family history of heart disease or any sudden heart-related death of a family member before age 50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke/TIA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma/reactive airway disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung/respiratory disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COPD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ear/eyes/nose/sinus problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muscular/skeletal condition/muscle or bone issues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head injury/concussion/TBI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Altitude sickness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatric/psychological or emotional difficulties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurological/behavioral disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood disorders/hemolytic anemia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fainting spells and dizziness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seizures or epilepsy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdominal/stomach/digestive problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thyroid disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin issues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obstructive sleep apnea/sleep disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>List all surgeries and hospitalizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>List any other medical conditions not covered above</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Last HbA1c percentage and date:**

**Insulin pump:** Yes [ ] No [ ]

**Last attack date:**

**Last seizure date:**

**CPAP:** Yes [ ] No [ ]

**Last surgery date:**

---

**Prepared. For Life.**

---

**G00-001**

2019 Printing
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? 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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Allergies or Reactions</th>
<th>Explain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Allergies or Reactions</th>
<th>Explain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Frequency</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

□ 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/DO, NP, or PA signature (if your state requires signature) __________________________

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

Immunization
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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Had Disease</th>
<th>Immunization</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: __________________________
### Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

**Full name:**

**Date of birth:**

**High-adventure base participants:**

- Expedition/crew No.: 
- or staff position: 

---

You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient. You can also visit [www.scouting.org/health-and-safety/admr](http://www.scouting.org/health-and-safety/admr) to view this information online.

---

Please fill in the following information:

<table>
<thead>
<tr>
<th>Medical restrictions to participate</th>
<th>Yes</th>
<th>No</th>
<th>Explain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Allergies or Reactions</th>
<th>Yes</th>
<th>No</th>
<th>Explain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Allergies or Reactions</th>
<th>Yes</th>
<th>No</th>
<th>Explain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insect bites/stings</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Height (inches)**

**Weight (lbs.)**

**BMI**

**Blood Pressure**

**Pulse**

---

### Examiner’s Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions):

#### True  False  Explain

- **Eyes**
- **Ears/nose/throat**
- **Lungs**
- **Heart**
- **Abdomen**
- **Genitalia/hernia**
- **Musculoskeletal**
- **Neurological**
- **Skin Issues**
- **Other**

---

### Examiner’s Certification

**Examiner’s signature:**

**Date:**

**Examiner’s printed name:**

**Address:**

**City:**

**State:**

**ZIP code:**

**Office phone:**

---

### Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

**Maximum weight for height:**

<table>
<thead>
<tr>
<th>Height (inches)</th>
<th>Max. Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>166</td>
</tr>
<tr>
<td>61</td>
<td>172</td>
</tr>
<tr>
<td>62</td>
<td>178</td>
</tr>
<tr>
<td>63</td>
<td>183</td>
</tr>
<tr>
<td>64</td>
<td>189</td>
</tr>
<tr>
<td>65</td>
<td>195</td>
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<tr>
<td>66</td>
<td>201</td>
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<td>67</td>
<td>207</td>
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<tr>
<td>68</td>
<td>214</td>
</tr>
<tr>
<td>69</td>
<td>220</td>
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<tr>
<td>70</td>
<td>236</td>
</tr>
<tr>
<td>71</td>
<td>233</td>
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<tr>
<td>72</td>
<td>239</td>
</tr>
<tr>
<td>73</td>
<td>246</td>
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<tr>
<td>74</td>
<td>252</td>
</tr>
<tr>
<td>75</td>
<td>260</td>
</tr>
<tr>
<td>76</td>
<td>267</td>
</tr>
<tr>
<td>77</td>
<td>274</td>
</tr>
<tr>
<td>78</td>
<td>281</td>
</tr>
<tr>
<td>79 and over</td>
<td>295</td>
</tr>
</tbody>
</table>
JOIN OUR STAFF!

Strang Scout Reservation is looking for Summer Camp Staff! No prior scouting experience is necessary! Now hiring for all Program Areas:

- Program Staff
- Aquatics/ Lifeguards
- Shooting Sports
- Archery Instructors
- Outdoor Skills Instructors
- Ecology & Nature Instructors
- First Year Camper Staff
- S.T.E.M. Instructors
- Business and Trading Post Staff
- Kitchen Crew
- Counselors in Training

Interested in applying for the best summer job around? Please reach out to StrangScoutReservation@gmail.com or the Council Service Center for an application.

Have You Heard About Our Counselor in Training Program?

Scouts who are 14 or 15 Years Old can sign-up to be a CIT! CITs work with a CIT Director, can choose which Program Areas they wish to work in, and may work on several Merit Badges each week!

Contact Camp Admin at StrangScoutReservation@gmail.com for an application!
CONTACT INFORMATION

Ben Wheeler
Scout Executive
203.734.3329
Benjamin.Wheeler@scouting.org

Chris Kellogg
Camp Director
203.231.8073
Kellogg.Strang@gmail.com

Housatonic Council
Boy Scouts of America
111 New Haven Ave.
Derby, Connecticut 06148
203.734.3329

All Summer Camp Forms and Staff Applications are Available at:
www.HousatonicBSA.org