



Date: January 1st, 2024

To: National Camping School Participant

From: Matt Ragan, NCS Course Director (mragan@scouting.org)
Nicholas Scovanner, Local Council Host (nscovann@scouting.org)

Subject: Welcome to National Camping School (Bert Adams Scout Camp)

Congratulations, your National Camping School application has been received! On behalf of the faculty, we look forward to serving you at Bert Adams Scout Camp this spring. The following information will help you prepare for NCS, please read carefully.

Critical information about your National Camping School participation

LOCATION:

Bert Adams Scout Camp
218 Boy Scout Road, Covington, GA 30016

DATES:

May 11-17, 2024

CHECK-IN:

Upon arrival at the Bert Adams Scout Camp main entrance, please follow signs to the Love Dining Hall in the Adventure Camp. All participants should plan to arrive at the Dining Hall between 9:00 a.m. and 11:30 a.m. (EST) on Saturday, May 11, 2024. A camp map and driving directions are attached to this letter. Any registration related questions may be directed to the BSA National Office, 972-580-2444.

EARLY ARRIVALS:

If you need to arrive on Friday, May 10th due to travel arrangements, please select “Early Arrival” in the online registration system. The Early Arrival fee of \$55* includes dinner on Friday and breakfast on Saturday. Early arrival check-in will be at the Love Dining Hall.

Note: For those who are not registered as early arrivals, your first meal will be lunch on Saturday, May 11th.

AIRPORT TRANSPORTATION (Additional Fee):

The most convenient airport for attending Bert Adams Scout Camp NCS is Hartsfield-Jackson Atlanta International Airport [ATL]. For an additional fee, the host council will provide two airport pick-up shuttle options:

1. Friday, May 10th at 5:00 PM for early arrivals
2. Saturday, May 11th at 9:00 AM for all others

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The return shuttle will arrive at ATL by 12:00 pm on Friday, May 17th. The fee for roundtrip shuttle service is \$100 and is payable to the Atlanta Area Council. If you plan to use this service, you will need to reserve and pay for your seat by contacting the Local Council Host Liaison, Nicholas Scovanner (nscovann@scouting.org). *PLEASE NOTE: Shuttle reservations must be submitted by May 1st, 2024.*

BSA HEALTH & MEDICAL RECORD:

Your camp health screening will take place at check-in. **Please make sure Part C of your BSA Annual Health & Medical Record has been signed by a Medical Doctor, Physician's Assistant (Master's degree) or a Licensed Nurse Practitioner within 12 months of the last day of this NCS session.** Those without a current Annual Health & Medical Record will be required to obtain one at their own expense before being allowed to remain in camp.

PREREQUISITES (Select Sections):

Please note that there are pre-requisite trainings which you **MUST** have before you attend you attend NCS. Please ensure you bring support materials (certificates) with you as proof. **Those participants who arrive without their prerequisites completed will not be certified.**

- **Shooting Sports Director:** NRA Basic (Rifle & Shotgun), NRA Instructor (Rifle & Shotgun)
- **Aquatics Director:** Current Lifeguard certification (BSA Lifeguard, Red Cross Lifeguard, YMCA Lifeguard, Starfish Aquatics Institute Starguard, Ellis & Associates International Lifeguard Training Program, or equivalent) Safe Swim Defense and Safety Afloat training and proven swimming skills.
- **COPE Director:** COPE Level I Instructor
- **Climbing Director:** Climbing Level I Instructor
- **Resident Camp Director and Resident Camp Program Director:** Online NCAP and Unlawful Harassment Prevention Training is available at on the NCS page at <https://www.scouting.org/outdoorprograms/national-camping-school/>
- **ALL:** BSA Youth Protection Training

WEATHER:

Some of the scheduled programming will take place outdoors. While daytime temperatures in May can be in the low to mid 80's, it may get chilly at night. Please bring suitable bedding, warm clothing, rain gear, and a hat.

ACCOMODATIONS:

Housing will be in BSA-style platform tents with foam mattresses. Bedding/linens will not be provided. If you need access to electricity for a CPAP machine, please bring an extension cord.

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DAY ONE CAMP-WIDE SCHEDULE (Saturday, May 11th):

7:00 am - 7:45 am	Breakfast
8:00 am - 9:00am	Staff Preparation in Section Areas
9:00am - 11:30 am	Check-in, Registration, Section Interviews and Campsite Check-in
12:00 pm - 12:30 pm	Lunch
12:30 pm - 12:45 pm	Mealtime Presentation - Purposes of NCS
1:00pm - 5:00 pm	Course Instruction
5:00 pm - 5:45 pm	Personal Time
5:45 pm - 6:00 pm	Assembly & Retreat
6:00 pm - 6:45 pm	Dinner
6:30 pm - 6:45 pm	Mealtime Presentation – Aims & Methods of Scouting
7:00 pm - 8:30 pm	Course Instruction
8:30 pm - 9:30 pm	Welcome Campfire
9:30 pm - 10:00 pm	Cracker Barrel
10:00 pm - 11:00 pm	Personal Time/Study Time

DRESS CODE:

National Camping School graduates set the example when it comes to wearing the right uniform at the right time in camp. BSA Field Uniform will be required for meals, formations and campfire. BSA Activity Uniform will be worn at all other times. Please be sure to bring enough BSA Activity Uniform polos and t-shirts to get you through the week.

EQUIPMENT/GEAR NEEDED BY PARTICIPANTS:

Please see the attached document that lists the equipment and gear required during your week of National Camping School. Many sections require that you bring program items or copies of Council documents in addition to your personal camping gear.

VISITORS:

Please do not plan to have visitors or additional attendees such as spouses or children. Only participants and faculty are permitted on camp property while the course is in session.

DEPARTURE:

Departure will be after graduation on Friday, May 17th. Participants who are enrolled in any retraining sections will be able to depart after lunch on Tuesday, May 14th.

NATIONAL CAMPING SCHOOL TRADING POST:

While National Supply will not have a trading post at National Camping School, you can preview and purchase NCS items at the following website:

<https://www.scoutshop.org/shop-by-scout/special-collections/national-camp-school.html>

Items purchased from National Supply will be shipped directly to your home.

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As a member of your council's resident camping leadership team, you will be providing Scouts with an experience that they will remember the rest of their lives. Thank you for making the decision to attend National Camping School.

Yours in Scouting

Matt Ragan

Matt Ragan
NCS Course Director

** The early arrival fee is handled through the event registration system. You may or may not be expected to cover it personally (discuss with your local council). The fee includes lodging the night prior to the start of the course, dinner Friday night and breakfast Saturday morning. No activities are planned for early arrivals as the staff is busy with course preparations.*

Attachments:

Driving Directions
Bert Adams Scout Camp Map
Equipment Needed by Students
BSA Annual Health & Medical Record

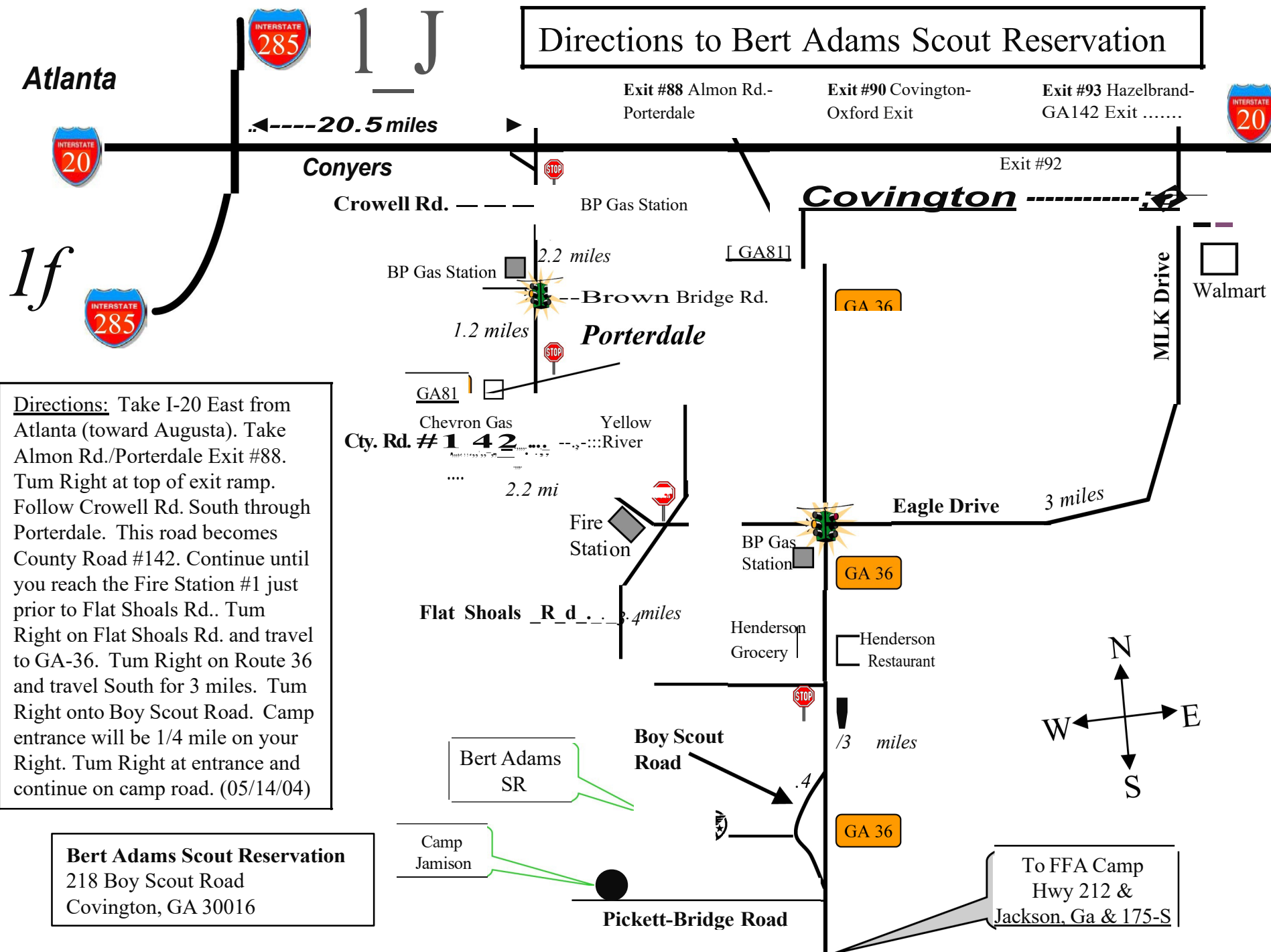
Course start dates by section:

Camp Director (Full Course) - May 11
Program Director (Full Course) - May 11
Aquatics Director (Full Course) - May 11
Aquatics Director (Recertification Only) - May 11
COPE Director (Full Course) - May 11
COPE Director (Recertification Only) - May 11
Climbing Director (Full Course) - May 11
Climbing Director (Recertification Only) - May 11
Ecology/Conservation (Full Course) - May 11
Outdoor Skills (Full Course) - May 11
Shooting Sports Director (Full Course) - May 11
Shooting Sports Director (Recertification Only) - May 14
CCPT (Full Course) - May 14

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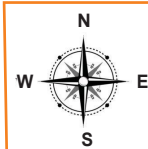
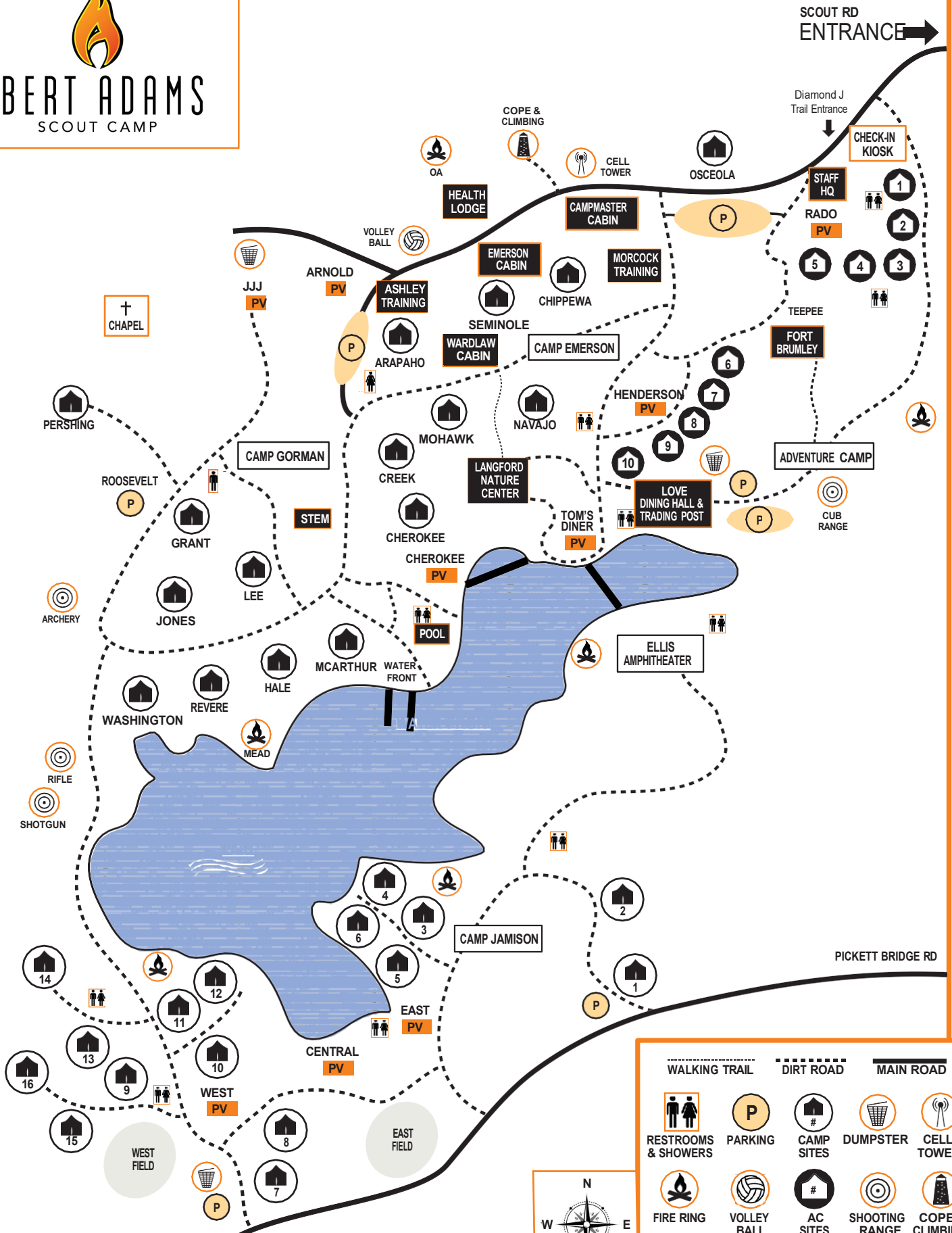


Directions to Bert Adams Scout Reservation





BERT ADAMS SCOUT CAMP



WALKING TRAIL	DIRT ROAD	MAIN ROAD



ATLANTA AREA COUNCIL
BOY SCOUTS OF AMERICA

EQUIPMENT NEEDED BY STUDENTS

ALL PARTICIPANTS SHOULD BRING

Current BSA Medical Form (all sections completed)

- | | |
|---|---|
| <input type="checkbox"/> Two or more complete official Scout field uniforms
<input type="checkbox"/> Washcloths & towels
<input type="checkbox"/> Camp or Scout t-shirts, Scout caps
<input type="checkbox"/> Sleeping bag, blanket, sheets, pillow/case
<input type="checkbox"/> BSA Handbook
<input type="checkbox"/> Job description, camp schedules, promotion materials | <input type="checkbox"/> Toiletry items (soap, toothpaste, toothbrush, etc.)
<input type="checkbox"/> Flashlight & pocketknife
<input type="checkbox"/> Paper, pen/pencil for taking notes
<input type="checkbox"/> Socks, underwear, shoes, outdoor clothing
<input type="checkbox"/> Insect repellent and/or mosquito net
<input type="checkbox"/> Rain gear |
|---|---|

PLUS ... SECTION PARTICIPANTS SHOULD ALSO BRING:

AQUATICS DIRECTOR SECTION

- | | |
|---|--|
| <input type="checkbox"/> CPR Certification for the Professional Rescuer
<input type="checkbox"/> Current Lifeguard certification (<i>by recognized agency</i>)
<input type="checkbox"/> First Aid Certificate
<input type="checkbox"/> Kneeling pads (for canoeing)
<input type="checkbox"/> Sandals, canvas shoes or tennis shoes
<input type="checkbox"/> Mask, snorkel and fins | <input type="checkbox"/> Bathing suit (2)
<input type="checkbox"/> Cap with visor, sunglasses, extratowels
<input type="checkbox"/> Sunscreen, sun hat
<input type="checkbox"/> Button-up, long-sleeve shirt, jacket or sweater, long
<input type="checkbox"/> Diagram or sketch of your camp waterfront area(s) |
|---|--|

COPE and CLIMBING SECTIONS

- | | |
|---|---|
| <input type="checkbox"/> Long pants, comfortable for climbing
<input type="checkbox"/> Sweatshirt, long-sleeve shirt
<input type="checkbox"/> Hydration system or water bottle(s)
<input type="checkbox"/> Local Council COPE/Climbing Staff Training plan
<input type="checkbox"/> Local Council COPE/Climbing Operations plan | <input type="checkbox"/> Tennis shoes (<i>or climbing shoes</i>) and sturdy boots for hiking
<input type="checkbox"/> Leather palm gloves, bandanna or neckerchief
<input type="checkbox"/> Appropriate rain gear (no poncho's)
<input type="checkbox"/> Sunscreen
<input type="checkbox"/> Daypack |
|---|---|

ECOLOGY/CONSERVATION SECTION

- | | |
|---|---|
| <input type="checkbox"/> Binoculars
<input type="checkbox"/> Canteen
<input type="checkbox"/> Hiking boots (waterproof) | <input type="checkbox"/> Small backpack or fanny pack
<input type="checkbox"/> Field notebook
<input type="checkbox"/> Camp conservation plan |
|---|---|

CAMP DIRECTOR SECTION

- | | |
|---|--|
| <input type="checkbox"/> Camp long-range & maintenance plans
<input type="checkbox"/> Camp program/Leader's Guide
<input type="checkbox"/> Camp conservation plan
<input type="checkbox"/> Staff job descriptions & letter of employment
<input type="checkbox"/> Laptop Computer | <input type="checkbox"/> Camp budget & menus
<input type="checkbox"/> Camp staff organization chart
<input type="checkbox"/> Staff manuals, training schedules
<input type="checkbox"/> Brochures, maps, promotion material, etc. |
|---|--|

PROGRAM DIRECTOR SECTION

- | | |
|---|---|
| <input type="checkbox"/> Camp Program materials
<input type="checkbox"/> Program budget
<input type="checkbox"/> Water bottle
<input type="checkbox"/> Laptop Computer | <input type="checkbox"/> Camp Leaders Guides
<input type="checkbox"/> Camp Staff Flow chart
<input type="checkbox"/> Program Schedule |
|---|---|

OUTDOOR SKILLS, FIRST YEAR CAMPER

- | | |
|---|--|
| <input type="checkbox"/> Pocketknife
<input type="checkbox"/> Day Pack | <input type="checkbox"/> Compass (Pathfinder preferred)
<input type="checkbox"/> water bottle |
|---|--|

TREK LEADER

- ☐
- Pocketknife
-
- ☐
- Hiking boots & comfortable in--camp shoes
-
- ☐
- Personal First Aid Kit
- ☐
- Compass (Pathfinder preferred)
-
- ☐
- Pack & frame or combo pack (suitable for overnight hike)
-
- ☐
- Plate, cub bowl, eating utensils, water bottle
-
- ☐
- Work gloves
-
- ☐
- Backpacking tent, ground cloth & pad

SHOOTING SPORTS SECTION

- ☐
- Current NRA pre-requisite training certification records
-
- ☐
- Eye & ear protection
-
- ☐
- Long-sleeve cotton shirt

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Informed Consent, Release Agreement, and Authorization

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

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

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

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

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

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

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

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



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

List participant restrictions, if any: _____

☐ None

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

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:

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

Name: _____

Phone: _____

Name: _____

Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____

Phone: _____

Name: _____

Phone: _____



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Part B1: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Age: _____ 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.: _____



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

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

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

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



Part B2: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

DO YOU USE AN EPINEPHRINE ☐ YES ☐ NO

AUTOINJECTOR? Exp. date (if yes) _____

DO YOU USE AN ASTHMA RESCUE ☐ YES ☐ NO

INHALER? Exp. date (if yes) _____

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

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

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

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

Medication	Dose	Frequency	Reason

☐ YES ☐ NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by:

 _____ / _____
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)


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

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.

Yes	No	Had Disease	Immunization	Date(s)
<input type="checkbox"/>	<input type="checkbox"/>		Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>		Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>		Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>		Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>		Polio	
<input type="checkbox"/>	<input type="checkbox"/>		Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Other (i.e., Hib)	
<input type="checkbox"/>	<input type="checkbox"/>		Exemption to immunizations (form required)	

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX.

Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: ☐ Yes ☐ No

Reason: _____

Approved by: _____

Date: _____



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/ahmr to view this information online.

Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate	<input type="checkbox"/>	<input type="checkbox"/>	

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

Height (inches)	Weight (lbs.)	BMI	Blood Pressure	Pulse
			/	

	Normal	Abnormal	Explain Abnormalities
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	
Ears/nose/throat	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
Genitalia/hernia	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	
Skin issues	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

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
<input type="checkbox"/>	<input type="checkbox"/>	Meets height/weight requirements.
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled heart disease, lung disease, or hypertension.
<input type="checkbox"/>	<input type="checkbox"/>	Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled psychiatric disorders.
<input type="checkbox"/>	<input type="checkbox"/>	Has had no seizures in the last year.
<input type="checkbox"/>	<input type="checkbox"/>	Does not have poorly controlled diabetes.
<input type="checkbox"/>	<input type="checkbox"/>	If planning to scuba dive, does not have diabetes, asthma, or seizures.

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:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295



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