

DIAMOND



SCOUT RANCH



DIAMOND H 50-MILER

SUMMER 2010

June 6-12

June 13-19

June 20-26

EXTREME ADVENTURE
FOR
SCOUTS AND VENTURERS

DIAMOND



SCOUT RANCH

The Diamond H 50 Miler Program

A “Triathlon” is defined in the dictionary as: an athletic competition in which the contestants compete in three different events and are awarded points for each, to find the best all-around athlete.

But at The Diamond H Scout Ranch we define it as completing the most exciting 3-part 50 Miler that you will ever have the opportunity to undertake.

When you arrive on Sunday, we will set you up in a pre set-up tent on a platform. You will be able to leave most of your un-needed equipment here at Base Camp while you start your week of Adventure. You might start the trek on Monday morning canoeing on the Illinois River north of the city of Tahlequah. You will spend the day traveling downstream to your camp-site for the evening. Take your time enjoying the sights on an Oklahoma Scenic River, swimming and enjoying the fellowship of your crew. After a meal and some sleep, you will spend all day Tuesday moving downstream as the stream changes from a narrow channel to a wider river while making its way to the lake. Camp there Tuesday night and get ready for tomorrow. Wednesday, it's time for the second part of the Triathlon. That's right it's time to climb on board a mountain bike. This is how you will be returning to camp. From the lake to The Diamond H Scout Ranch will be spent on a fun-filled bike ride across the same area that the outlaws used for years as a place to hideout from the law, the Cookson Hills.

Back at Base Camp, you will get a home-cooked meal that night and a chance to sleep in your platform tent again. Get some good sleep because we aren't done yet. Thursday morning we head out on a 2 day backpacking trip on Diamond H's 6,500 acres.

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Diamond H has mountains, valleys, streams, trails, wildlife and interesting features that are unique to the camp. You will spend 2 days hiking and camping all over this incredible new addition to our Council's great list of properties. Friday night you will be back to your platform tent at Base Camp for another great meal. Before you realize it, the week is over. You have spent the week canoeing, mountain biking and backpacking over 50 miles.

After breakfast on Saturday morning, it is time to say good bye to all your new friends and take a ride back home. It has been so much fun that for the first time in years you actually have something to write about when your teacher asks you to write "What I did on my Summer Vacation."

Our Staff look forward to seeing you this summer at Oklahoma's Extreme Adventure Base.

Camp Director

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2010 Fee Schedule

Boy Scouts, Venturers & Adult Leaders	\$295 (Before May 7, 2010)
Boy Scouts, Venturers & Adult Leaders	\$350 (After May 7, 2010)

Reservations for The Diamond H Scout Ranch 50 Miler Program may be made beginning October 1, 2009. A \$100 deposit per participant is due at the time you turn in your reservation form. Then a \$100 payment per participant is due by May 7th, with the \$95 balance of the fee due when you arrive at camp.

The cost is the same for In or Out of Council participants!

How to save money!!!

Sign up early! The fee is \$350 per participant if you turn in your registration after the May 7, 2010 second payment deadline.

Mail

All mail should be directed to the Last Frontier Council Service Center before any and all deadlines.

Last Frontier Council
3031 NW 64th St.
Oklahoma City, OK 73116

Telephone Numbers

Council Service Center (Oklahoma City)
1-888-841-1114
Diamond H Scout Ranch Camp Phone
918-457-3477 (only during camp)
918-457-4057 (fax—only during camp)



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Check In

The registration process is completed when you check in on Sunday after arriving at Diamond H Scout Ranch. Check in time is between 12:00 pm and 1:00 pm. Special arrangements can be made if you plan to arrive early. Please contact the Camp Director for such arrangements.

In case of emergency you will need to have a **Part A, B & C Medical Form** completed by a doctor before you arrive. You will be asked for this form at check in. **No one will be allowed to participate without all 3 parts of the Medical Form.**

All participants will have activities in the water and will be required to have a swim check. If you conducted your swim checks prior to camp, bring the swim check form with you to camp, otherwise we will conduct swim checks for you on Sunday afternoon after your arrival.

Be sure that you have signed your Photo/Video Consent form prior to check in. (It's on the registration form)

Please do not mail the Medical forms; have them ready at check in.

Any remaining balances will be settled and any remaining paperwork will be completed at check in.

Required Medical Forms

All participants at Diamond H, Scouts, Venturers and leaders alike, are required to have a physical examination performed by a licensed physician before camp. All participants are likewise required to complete all 3 parts of the medical form, which can be found on the Boy Scout web site, www.scouting.org. Each participant will have their medical form on file with the camp health officer and it will be returned at the end of the camp. Please make arrangements for physical examinations to be completed before arrival at the camp. **Any participant who does not have a completed health form – including examination - will not be allowed to participate.**

Camperships

There are some camperships available for members of Last Frontier Council - Scouts & Venturers, needing financial assistance. The deadline for applications is April 1, 2010. The Campership forms are available at the Scout Office. Camperships generally pay for one-half of the camp fee. Each participant receiving a campership will receive a credit voucher that is redeemable at the office or at camp. It is necessary to have the voucher with you at check-in to receive credit.

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WHAT TO BRING TO CAMP

Other than some basic items, different people and units will bring different items with them. A good exercise is to think about your perfect week at camp and bring items that you see in your mental picture.

Participants need to bring:

Backpack appropriate for backpacking

Clothes for the week

Swimsuit

Rain Gear

Hiking Boots and Running Shoes

Sleeping Bag

Flashlight

Sunscreen

Bug Repellant

Towel

Sleeping Mat

Plastic Bags for Waterproofing

Hat

Knife

Water Bottles -3 liters minimum

Water Shoes

Medications

Personal Toiletries

Health Forms



TRADING POST

A trading post will be available with items that can only be purchased by participants of Diamond H 50-Miler Program. Some snacks and personal items may also be bought through the Trading Post.

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What Not to Bring to Camp

Fire Arms

Sheath Knives

Illegal Drugs

Alcohol

Fireworks

Pets of any kind



Dangerous Wildlife

The Illinois River area and Diamond H are in a wilderness setting. While visiting the outdoors it is common to encounter various forms of wildlife. Dangerous wildlife at Diamond H could include: coyotes, venomous snakes, scorpions, spiders, ticks, chiggers and centipedes. Bites from most of these animals are extremely rare but precautions should be taken. Here are a few tips to keep you comfortable at camp:

Wear closed-toed shoes

Use insect repellent with DEET

Carry flashlight at night

Shake out clothing and shoes



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Adult Leaders in Camp

All Leaders are welcome to come to Diamond H. Units with 4 or more youth participating should be prepared to provide 1 adult leader. Crews with female participants are required to send at least 1 female adult leader age 21 or older. At Diamond H, leaders will participate with the crews throughout the week.

Youth Eligibility

All youth must be at least 13 years of age before January 1st, 2010. Both Boy Scouts and Venturers are eligible to attend. This program requires greater physical strain, mental stress and higher levels of skills to be eligible to participate.

SAMPLE ITINERARY

Sunday	Check-In Swim Checks Instruction
Monday	Get on the River Canoeing –Illinois River
Tuesday	Back on the River Work on Conservation Requirements
Wednesday	Mountain Biking through the Cookson Hills to Diamond H
Thursday	Backpacking on the 6,500 acres of Diamond H Scout Ranch
Friday	Backpacking on the 6,500 acres of Diamond H Scout Ranch
Saturday	Get up and go home

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Itinerary

Be aware that some treks will follow a slightly different schedule. For example, your crew could start out backpacking first and then move to canoeing down the river and returning on mountain bikes. When we are running multiple treks on the same week, we will fill up crews doing the canoeing activity first before filling up the crews doing backpacking first.

Crew Size

Each crew at Diamond H has a maximum number of 12 participants. These crews are filled on a first-come first-served basis. If your unit cannot fill up the entire crew, then individual participants may be added to your crew in order to fill it up.

Individual Participants

An individual may choose to sign up and participate on their own without others from their unit. Female participants will have to bring an Adult Female age 21 or older with them.

Camp Dates

Camp will take place on the following weeks:

June 6-12, 2010

June 13-19, 2010

June 20-26, 2010

Please specify on your reservation form which week you are applying for.

Equipment

Each crew will be provided with the canoes, mountain bikes, cooking gear, food, backpacking stoves & tents for your adventure. You will need to bring your own backpack. You may choose to bring additional luggage as well. You will be able to leave un-needed items at Central Lodge at Base Camp's platform tents. For Example: While you are canoeing and mountain biking you may opt to leave most of your backpacking gear at camp. Then Thursday, leave other equipment at Base Camp and repack what you will take with you on the backpacking part of the trek.



Pre-Camp Conditioning & Risk Advisory Statement

Every person in a high-adventure crew should have the knowledge, skill and ability to complete the trek successfully and to enjoy it. This trek will require a high degree of fitness, specialized skills, prudent leadership and a mastery of fundamental Scouting. This type of trek should not be attempted by anyone who is not physically prepared to undergo advanced planning and preparation for the trek.

Getting in Shape

To enjoy a high-adventure experience, everyone who plans to go on a trek must be physically conditioned. Any trek is physically demanding. This program may involve portaging a canoe and carrying a 30+ to 40+ pound backpack, or strenuous physical activity such as mountain biking. Steep trails, high elevations, long distances and inclement weather impose additional demands. The more difficult your trek, the more time you will need to devote to getting in shape. A regular program of physical conditioning for at least three to six months before the trek is essential. A longer period is required for those who are more than 25 pounds overweight and for those unaccustomed to physical exercise.

Developing an Exercise Plan

A program of regular aerobic exercise is highly recommended. Plan to exercise for thirty to sixty minutes, three to five times a week. Exercise at an intensity that boosts your pulse rate to about 75 percent of your maximum. An average maximum heart rate is 220 minus your age. Exercise individually or with other members of your crew. Set aside regular periods of time to do it. Start slowly and gradually increase the duration and intensity of your exercises. Plan to be in top physical shape for this trek. You'll enjoy your experience more and be less likely to have a medical problem.

Training

The best way to train for this trek is to backpack, canoe and ride mountain bikes just like you will be doing on the trek. It is highly recommended that everyone going, fulfill the requirements for the related merit badge, such as Backpacking, Canoeing and Cycling or work on the Outdoor Bronze award. Fulfilling these requirements will enable all crew members to enjoy a high-adventure trek.



Weight Guidelines for High-Adventure

The right hand column shows the maximum recommended weight for participating in a high-adventure trek. Anyone who exceeds these limits is at extreme risk for health problems. Individuals who exceed these limits may not be permitted to participate in this trek.

Recom-
mended
Weight

Height	19-34 Years	35+ Years	Maximum
5'0"	97-128	108-138	166
5'1"	101-132	111-143	172
5'2"	104-137	115-148	178
5'3"	107-141	119-152	183
5'4"	111-146	122-157	189
5'5"	114-150	126-162	195
5'6"	118-155	130-167	201
5'7"	121-160	134-172	207
5'8"	125-164	138-178	214
5'9"	129-169	142-183	220
5'10"	132-174	146-188	226
5'11"	136-179	151-194	233
6'0"	140-184	155-199	239
6'1"	144-189	159-205	246
6'2"	148-195	164-210	252
6'3"	152-200	168-216	260
6'4"	156-205	173-222	267
6'5"	160-211	177-228	274
6'6"	164-216	182-234	281

(lbs.)

Each participant who will take part in this trek is encouraged to meet the recommended guidelines in the height-weight chart above. Every trek means carrying a backpack weighing 30 to 40 pounds. Steep trails and elevation changes make this even more rigorous. Canoeing may involve portaging a 70-90 pound canoe over some distance. Participants who fall within the guidelines are more likely to have an enjoyable trek and to avoid incurring health risks.

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Directions to Diamond H Scout Ranch

From Oklahoma City, follow I-40 East

140 miles

Take exit 297 for OK-82 North

Pass through the city of Vian

0.3 miles

Go North at OK-82

9.1 miles

Turn Right/ East at OK-82/OK-100

7.3 miles

There will be a Conoco on the south east corner of the three way intersection. The road will curve back north/left after about 0.5 miles. Continue to follow. Note the "Sixshooter Marina" signs. There will be an advertisement for "Sixshooter" roughly 0.25 miles before the road leading to Diamond H.

Turn Right/ East at 920 Rd.

3.0 miles

The entrance to "Sixshooter Marina" is directly across the street (OK-82) from the Road (920 Rd.) leading to Diamond H.

The 920 Rd. is poorly marked, so look for the "Diamond H Logo" sign.

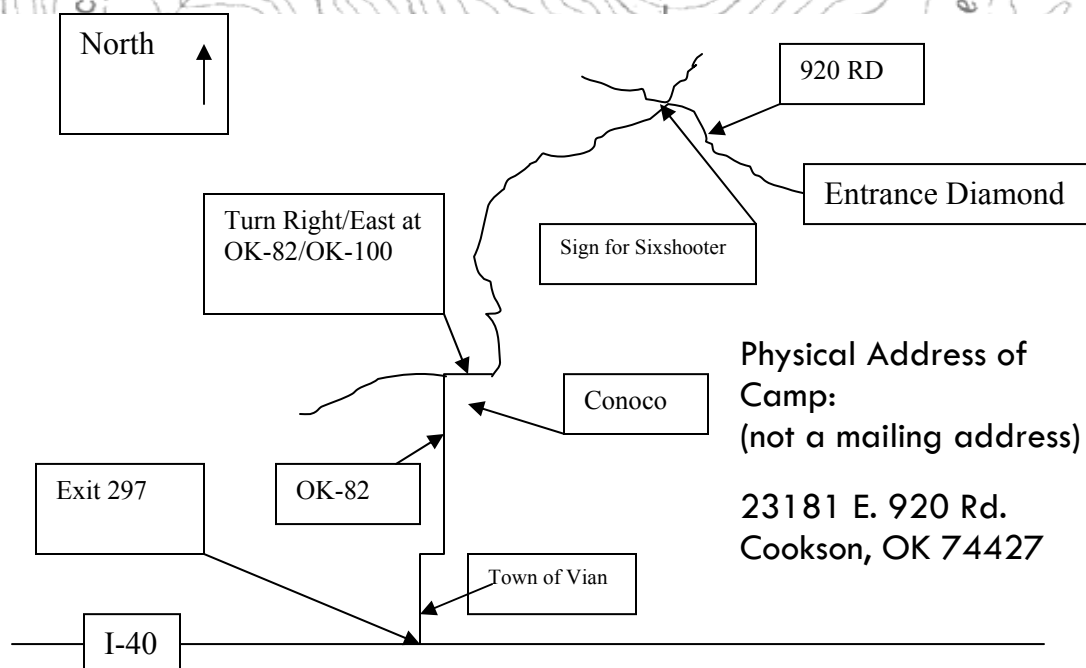
Follow the Dirt road (920 Rd.) to DH entrance.

920 Rd. will lead you directly through the DH entrance.

Follow the dirt road through the entrance

0.1 miles

The Central Lodge building will be on your right.



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Leaders Meeting

There will be a Pre-Trek Leaders Meeting on **Saturday, April 17, 2010** at the Gaylord Scout Office. It is located at 3031 NW 64th St. in Oklahoma City, OK. The meeting time is 2:00 pm. It is not required that you attend, but highly recommended. This will be an opportunity to receive information, ask questions and get to know more about your preparation for the trek.

Your Trek—Your Needs

The Director and staff at Diamond H Scout Ranch would like for you to be prepared (at either the Pre-Trek Leaders Meeting or via phone) to talk with us about the needs of your participants. We are not at this point speaking of medical needs or special diets. We are interested in customizing your trek to the needs of your youth. If your group is younger, you may wish us to do more in the way of putting their Scouting Skills to the test on your trek. Maybe you have a group of older Scouts that could benefit from some Leadership Training, such as Kodiak. Whatever the case, we want to take the time to tailor your trek to the needs that you feel would be the most beneficial to your group. Talk it over and let us help you build in some activities that would help your unit after the trek is over.

Uniforms on the Trek

Your unit's official Scout uniform should be worn at all meals served while at Central Lodge at Base Camp. Class B's or Activity uniforms are used while off camp during the trek or while backpacking.

Central Lodge at Base Camp

We will be based out of New Central Lodge building with hot water showers, washers & dryers, medical lodge and air-conditioned Dining Hall. Your vehicles will be parked in this parking lot and our staff will keep watch over everything while you are on your trek.

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How to make application for The Diamond H 50-Miler

1. The facing page is the official form to fill out.
2. The last possible application date is May 7, 2010.
3. A separate form should be filled out for each participant.
4. You must circle the week that you wish to participate.
5. You must circle the trek in which you wish to participate.
6. Trek I will start with the 2 days of canoeing, then mountain biking and end with 2 days of backpacking.
7. Trek II will start with 2 days of backpacking, then 2 days of canoeing and end with the mountain bike trip.
8. Each Trek is limited to 12 participants.
9. These participant positions are filled on a first paid, first filled basis.
10. This application will not be honored without the \$100 deposit that should accompany it.
11. You must sign the Photo/Video Consent Form. If you are under 18 years of age, it must be signed by your legal Guardian or parent.
12. Everyone must have a Part A, B & C physical, signed by a doctor, when you show up at the camp or you will not be allowed to participate.
13. Any questions or inquiries should be directed to the Camp Director, Scott Johnson at 405-234-6570 or email him at J.Scott.Johnson@Scouting.org
14. Adult participants count toward the total number of 12 per Trek. Females under the age of 21 must have a female adult over the age of 21 accompanying them in order to participate.

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Due Date Return To:
May 7, 2010 Last Frontier Council
3031 NW 64th St.
Oklahoma City, OK 73116



One of these forms should be submitted for each individual that is making a reservation for the "Diamond H 50-Miler" Camp.

Program Schedule

June 6-12, 2010 Trek I or Trek II
June 13-19, 2010 Trek I or Trek II
June 20-26, 2010 Trek I or Trek II

Unit Number
Council
Week of Camp
Date Received

(Please Circle the week and trek you wish to participate in)

Name _____

Unit Number/Council _____

Address _____

Home Phone _____

Cell Phone _____

Email: _____

Age _____ Sex _____

Payment & Deposits

Cost Center 064

In Council Youth and Leaders: \$295

Out of Council Youth and Leaders: \$295

\$100 Deposit (at time of application) _____

\$100 Deposit (at time of application) _____

\$100 Payment (on or before May 8th) _____

\$100 Payment (on or before May 8th) _____

\$ 95 Final Payment (at camp) _____

\$ 95 Final Payment (at camp) _____

Photo/Video Consent Form (Parent or Guardian must sign if under 18 yrs old)

I am an adult over the age of 18 years or am the parent or legal guardian of the above participant. I authorize the Boy Scouts of America, its Councils, and units to use the above-named individual's images and likeness on the web sites and promotional materials of Diamond H Scout Ranch and Last Frontier Council, BSA. This authorization shall remain in effect until revoked by me in writing.

Adult's Printed Name _____

Adult Signature _____



Annual Health and Medical Record

(Valid for 12 calendar months)

Medical Information

The Boy Scouts of America recommends that all youth and adult members have annual medical evaluations by a certified and licensed health-care provider. In an effort to provide better care to those who may become ill or injured and to provide youth members and adult leaders a better understanding of their own physical capabilities, the Boy Scouts of America has established minimum standards for providing medical information prior to participating in various activities. Those standards are offered below in one three-part medical form. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

Parts A and C are to be completed annually by all BSA unit members. Both parts are required for all events that do not exceed 72 consecutive hours, where the level of activity is similar to that normally expended at home or at school, such as day camp, day hikes, swimming parties, or an overnight camp, and where medical care is readily available. Medical information required includes a current health history and list of medications. Part C also includes the parental informed consent and hold harmless/release agreement (with an area for notarization if required by your state) as well as a talent release statement. Adult unit leaders should review participants' health histories and become knowledgeable about the medical needs of the youth members in their unit. This form is to be filled out by participants and parents or guardians and kept on file for easy reference.

Part B is required with parts A and C for any event that exceeds 72 consecutive hours, a resident camp setting, or when the nature of the activity is strenuous and demanding, such as service projects, work weekends, or high-adventure treks. It is to be completed and signed by a certified and licensed health-care provider—physician (MD, DO), nurse practitioner, or physician's assistant as appropriate for your state. The level of activity ranges from what is normally expended at home or at school to strenuous activity such as hiking and backpacking. Other examples include tour camping, jamborees, and Wood Badge training courses. It is important to note that the height/weight chart must be strictly adhered to if the event will take the unit beyond a radius wherein emergency evacuation is more than 30 minutes by ground transportation, such as backpacking trips, high-adventure activities, and conservation projects in remote areas.

Risk Factors

Based on the vast experience of the medical community, the BSA has identified that the following risk factors may define your participation in various outdoor adventures.

- ☐ Excessive body weight
- ☐ Heart disease
- ☐ Hypertension (high blood pressure)
- ☐ Diabetes
- ☐ Seizures
- ☐ Lack of appropriate immunizations
- ☐ Asthma
- ☐ Sleep disorders
- ☐ Allergies/anaphylaxis
- ☐ Muscular/skeletal injuries
- ☐ Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit Scouting Safely on www.scouting.org.

Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.

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Annual BSA Health and Medical Record**Part A****GENERAL INFORMATION**

Name _____ Date of birth _____ Age _____ Male ☐ Female ☐
Address _____ Grade completed (youth only) _____
City _____ State _____ Zip _____ Phone No. _____
Unit leader _____ Council name/No. _____ Unit No. _____
Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____
Health/accident insurance company _____ Policy No. _____

**ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD (SEE PART C).
IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."**

In case of emergency, notify:

Name _____ Relationship _____
Address _____
Home phone _____ Business phone _____ Cell phone _____
Alternate contact _____ Alternate's phone _____

MEDICAL HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension (high blood pressure)	
<input type="checkbox"/>	<input type="checkbox"/>	Heart disease (i.e., CHF, CAD, MI)	
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/TIA	
<input type="checkbox"/>	<input type="checkbox"/>	COPD	
<input type="checkbox"/>	<input type="checkbox"/>	Ear/sinus problems	
<input type="checkbox"/>	<input type="checkbox"/>	Muscular/skeletal condition	
<input type="checkbox"/>	<input type="checkbox"/>	Menstrual problems (women only)	
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric/psychological and emotional difficulties	
<input type="checkbox"/>	<input type="checkbox"/>	Learning disorders (i.e., ADHD, ADD)	
<input type="checkbox"/>	<input type="checkbox"/>	Bleeding disorders	
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells	
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	
<input type="checkbox"/>	<input type="checkbox"/>	Sickle cell disease	
<input type="checkbox"/>	<input type="checkbox"/>	Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	Sleep disorders (i.e., sleep apnea)	
<input type="checkbox"/>	<input type="checkbox"/>	GI problems (i.e., abdominal, digestive)	
<input type="checkbox"/>	<input type="checkbox"/>	Surgery	
<input type="checkbox"/>	<input type="checkbox"/>	Serious injury	
<input type="checkbox"/>	<input type="checkbox"/>	Other	

Allergies or Reaction to:

Medication _____
Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by the BSA. Tetanus immunization must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the box and enter the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____

☐ Exemption to immunizations claimed.

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

MEDICATIONS

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

Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>

NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are **NOT expired, including inhalers and EpiPens. You **SHOULD NOT STOP** taking any maintenance medication.**

Emergency contact No.:

Allergies:

DOB:

Last name:

**Part B****PHYSICAL EXAMINATION**

Height _____ Weight _____ Meets height/weight limits ☐ Yes ☐ No Blood pressure _____ Pulse _____

Individuals desiring to participate in any high-adventure activity or events in which emergency evacuation would take longer than 30 minutes by ground transportation will not be permitted to do so if they exceed the weight limit as documented at the bottom of this page. Enforcing the height/weight limit is strongly encouraged for all other events, but it is not mandatory. (For healthy height/weight guidelines, visit www.cdc.gov.)

	Normal	Abnormal	Explain Any Abnormalities	Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Eyes				Knees (both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs				Other	Yes	No	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal hernia			Explain
Emotional adjustment				Medical equipment (i.e., CPAP, oxygen)			

Allergies (to what agent, type of reaction, treatment):

I certify that I have, today, reviewed the health history, examined this person, and approve this individual for participation in:

- ☐ Hiking and camping ☐ Competitive activities ☐ Backpacking ☐ Swimming/water activities ☐ Climbing/rappelling
☐ Sports ☐ Horseback riding ☐ Scuba diving ☐ Mountain biking ☐ Challenge ("ropes") course
☐ Cold-weather activity (<10°F) ☐ Wilderness/backcountry treks

Specify restrictions (if none, so state)

Certified and licensed health-care providers recognized by the BSA to perform this exam include physicians (MD, DO), nurse practitioners, and physician's assistants.

To Health Care Provider: Restricted approval includes:

- Uncontrolled heart disease, asthma, or hypertension.
- Uncontrolled psychiatric disorders.
- Poorly controlled diabetes.
- Orthopedic injuries not cleared by a physician.
- Newly diagnosed seizure events (within 6 months).
- For scuba, use of medications to control diabetes, asthma, or seizures

Provider printed name _____

Signature _____

Address _____

City, state, zip _____

Office phone _____

Date _____

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

Part B Last name: _____ DOB: _____

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Part C

Parental Informed Consent and Hold Harmless/Release Agreement

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

☐ Without restrictions.

☐ With special considerations or restrictions (list)

Talent Release Form

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child by the Boy Scouts of America, and I hereby release the 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/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

☐ Yes ☐ No

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

Participant's name _____

Participant's signature _____

Parent/guardian's signature _____

(if under the age of 18)

Date _____

Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.



BOY SCOUTS OF AMERICA
1325 West Walnut Hill Lane
P.O. Box 152079
Irving, Texas 75015-2079
<http://www.scouting.org>



2008 Printing

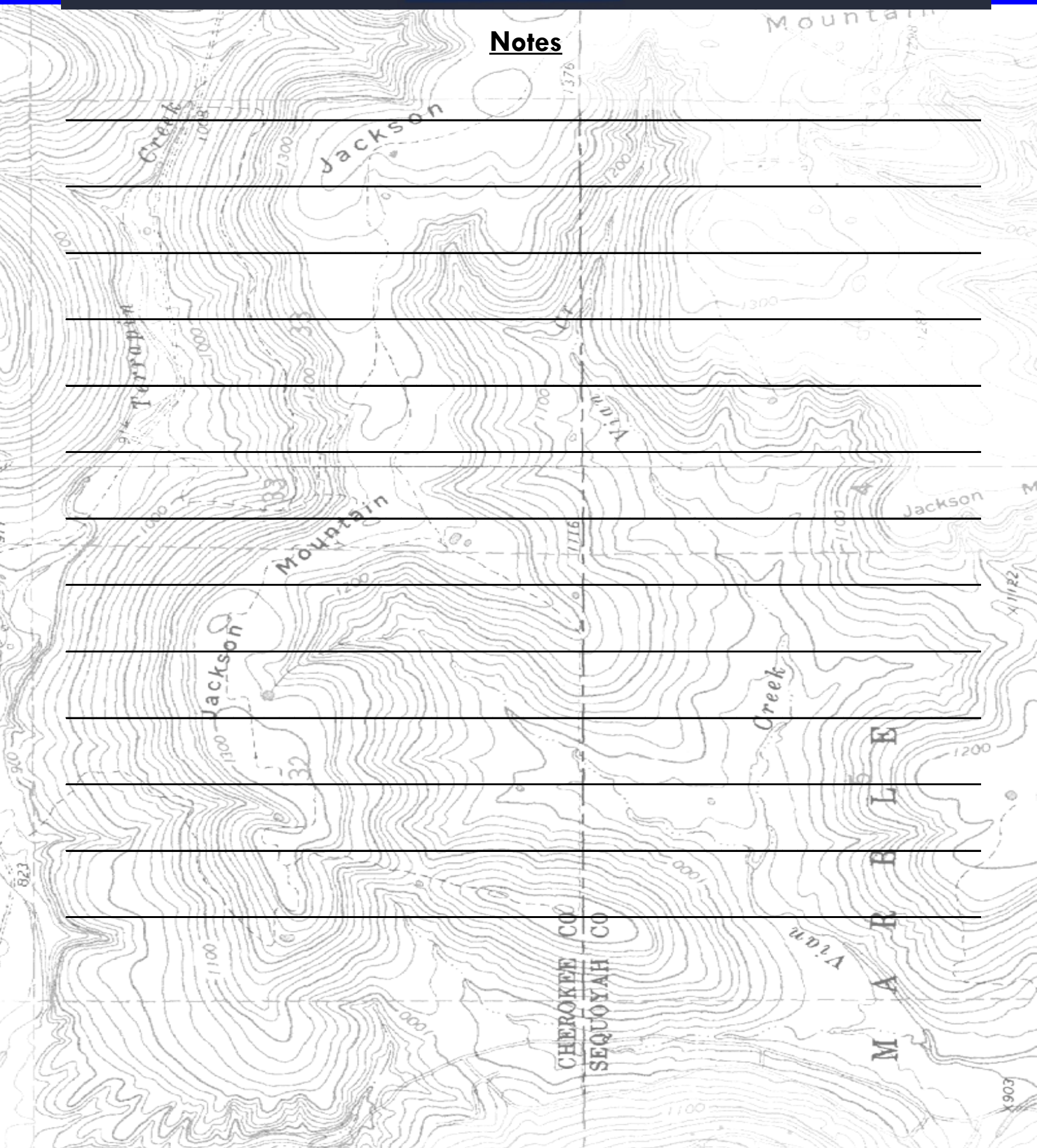
Part C Last name: _____ DOB: _____

DIAMOND



SCOUT RANCH

Notes



DIAMOND



SCOUT RANCH

Questions that I need to ask:

1. _____

2. _____

3. _____

4. _____

5. _____

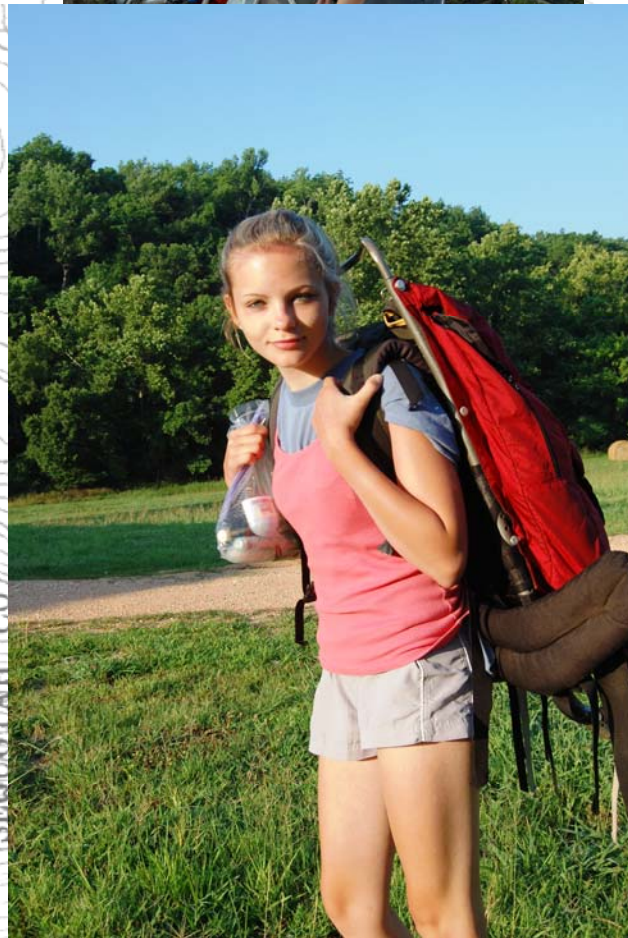
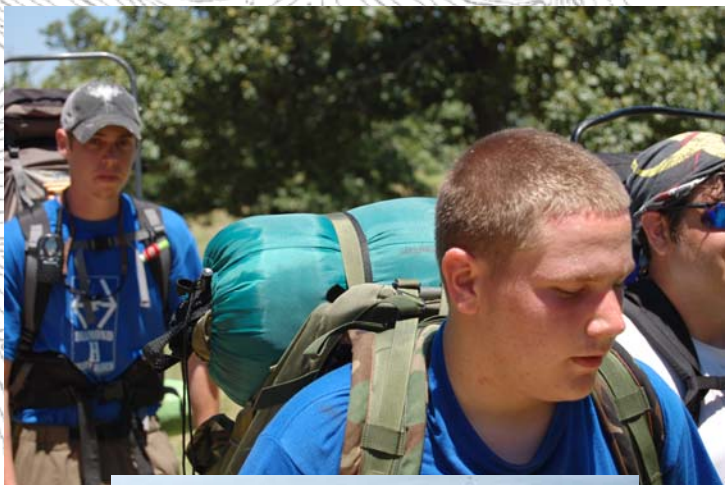
6. _____

7. _____

DIAMOND



SCOUT RANCH



DIAMOND



SCOUT RANCH

