



الكشافة التونسية القيادة العامة

تونس في 1 نوفمبر 2017

إلى الأخوة:
قادة الجهات
والأفواج والوحدات

الموضوع : حول المشاركة في برنامج المخيم الدولي للقادة بأمريكا.

تُعلم الكشافة التونسية عن فتح باب الترشيحات للمشاركة في برنامج المخيم الدولي للقادة بأمريكا بإشراف منظمة الكشافة الأمريكية. و الذي يوفر الفرصة للمشاركين للمساهمة في تأطير مخيمات كشفية بالولايات المتحدة الأمريكية خلال صائفة 2018.

شروط الترشح :

- الإنخراط في الكشافة التونسية منذ فترة لا تقل على خمس سنوات.
- السن بين 18 و 28 سنة.
- إتقان اللغة الأنكليزية.
- تتوفر فيه الشروط المطلوبة من المنظمة المستضيفة والمذكورة في النشرات التفصيلية.
- الإلتزام بتقديم تقرير حول المشاركة في أجل أسبوعين من تاريخ العودة إلى تونس.

ترسل مطالب الترشح وجوبا إلى لجنة العلاقات الخارجية بالكشافة التونسية عبر بريدها الإلكتروني التالي @tunscoutsinternational@gmail.com مع نسخة إلى البريد الإلكتروني للجمعية contact.scoutstunisiens@gmail.com في أجل أقصاه يوم 20 جانفي 2018 على أن يقع إيداع الملفات النهائية لدى الكشافة الأمريكية قبل 15 فيفري 2018 بعض إجراء مقابلة شخصية مع المترشحين.

لمزيد من المعلومات الرجاء الاطلاع على الملف المصاحب باللغة الأنكليزية.

وفي إنتظار ذلك، تقبلوا فائق عبارات التحية والتقدير.

والسلام
المفوض الدولي
محمد علي الخياري

المفوضة الدولية
هندة المعرفي

اطلعت عليه
القائد العام
وحيد العبيدي

العلاقات الخارجية :

العنوان : شارع يوغرطة 1002 تونس البليديير - ص.ب. 339 حي المهرجان / الهاتف : 00 216 71 790 501 / الفاكس : 00 216 70 201 050
الحساب الجاري بالبريد : 1700100000000661631 / البريد الإلكتروني : contact.scoutstunisiens@gmail.com
موقع الواب : www.facebook.com/scouts.tunisiens / www.youtube.com/scouttunisienTube / www.scouts-tunisiens.org



INTERNATIONAL CAMP STAFF PROGRAM



SCOUTS AND SCOUTERS:

VISIT THE UNITED STATES OF AMERICA AND SERVE AS A BOY SCOUTS OF AMERICA (BSA) CAMP STAFF MEMBER

You are eligible to apply for this program if you are between the ages of 18 and 30 and can speak English. To apply, read the enclosed information and submit a completed application, the BSA's Annual Health and Medical Record, a copy of your passport, and English language documentation (if necessary) to your national Scout association for approval. Your Scouting organization will send these items to the Boy Scouts of America.

As an international staff member at a Boy Scout camp in the United States of America, you will have the opportunity to do the following:

- Visit the United States.
- Make friends with Scouts in another country.
- Learn about another Scout association.
- Live in another culture.
- Share information about Scouting and life in your country with youth in the United States.
- Improve your English language skills.
- Earn money while working at a Scout camp.



BOY SCOUTS OF AMERICA®

International Camp Staff Program

To be a camp staff member, you must:

- Be approved by your Scout association.
- Be a member of a national Scout association and between the ages of 18 and 30.
- **Be able to speak English well enough to instruct Scouts in skills. You must be able to provide results of an English language test or signed document from an academic institution or English language school.**
- Provide a copy of your valid passport.
- Be able to teach Scouting skills to Scouts in a summer camp program.
- Be available for at **least six weeks beginning in June.**
- Agree to live by the culture and laws of the United States.

Scout Camping in the United States

Throughout the year, American Scouts camp with their troops in campsites near their homes. They learn the basic Scout skills and how to live in the outdoors.

In the summer, Scouts go to a permanent BSA camp. There are more than 400 BSA camps in the United States. These camps have organized programs for youth in which Scouting skills and ideas are presented.

Some of the camps are small, with fewer than 40 hectares (100 acres) of land, and some are large, with more than 10,000 hectares (24,700 acres). Each camp period usually lasts one week. Each camp will have six to 11 one-week camp periods. The average camp will have 150 to 200 youth from 10 to 15 different troops in camp each week.

Many activities are taught in camp. Some of them are swimming, first aid, canoeing, nature, orienteering, archery, pioneering, camping, hiking, crafts, wood carving, conservation, and other outdoor skills.

The camp staff puts on this program. The camp staff is made up of adult Scouters and older Scouts. The number of staff members ranges from 15 to 20 people in a small camp to as many as 75 in a large camp. Cub Scouts participate in day camp programs filled with exciting activities for younger Scouts.

You as a Staff Member

For one week before the camp opens, you and the rest of the staff will receive training. You and the other staff members will eat in a dining hall and sleep in a tent or in a small cabin. There is little free time, as the staff works on programs all through the day and evening.

The camp director or camp director's representative will be available to help you with any problem that you may have. This friendly Scouter wants your experiences in the United States to be happy ones.

Most camps are located in the country, far away from large cities. However, you will receive an occasional free day when you can visit nearby towns or the home of a staff member.

You will have a few costs in camp. You should bring extra money to cover the cost of admission to places of interest, tours, entertainment, postage, snacks, laundry, and souvenir items.

The Scout uniform is worn at all times by staff members. You should wear your Scout association uniform at all times while serving as a member of a camp staff, unless instructed otherwise. You are encouraged to bring at least two complete uniforms.

Medical/Accident Insurance

Accident and medical insurance will be paid by the International Department of the Boy Scouts of America.

Medical Form

You must complete and submit the BSA's Annual Health and Medical Record with your application. **The Boy Scouts of America requires you to have had an immunization for tetanus within the last 10 years.**

Salary

While serving in the assigned council camp, you will be paid a salary equal to what is paid to American counselors at that camp. A typical salary would be \$150-\$175 per week. However, these amounts vary from camp to camp. You will be advised of the exact amount you will be paid when you are accepted by a BSA local council camp. Also, please be aware that as an employee in the United States your salary is subject to federal income tax and, therefore, will be withheld from your salary. Other than your salary, you will also receive room and board as well as various hospitality measures during your employment at camp.

Visa and Travel

The International Department of the Boy Scouts of America will provide specific documents (DS-2019 visa form) to secure your J-1 visa. You will be financially responsible to pay for your own visa, SEVIS, and airfare costs.

Touring

Following the completion of your program (the period defined on form DS-2019), the United States Citizenship and Immigration Services (USCIS) allows participants a 30-day travel period, commonly referred to as the "grace period." During this 30-day grace period, participants are no longer in J-visa status and are under the jurisdiction of the USCIS. The USCIS grants this period to allow participants to settle their affairs and to prepare to return to their home countries. You may no longer continue and/or complete exchange activities, nor may you work. Although you may travel in the United States, it is recommended that you do not travel beyond the borders of the United States, as you may not be permitted re-entry.

How to Apply

If you meet the requirements and would like to be a BSA camp staff member in the United States, you should apply now.

1. Send the following items to your national Scout association for approval before January 1:
 - Completed application
 - Completed medical form
 - Results of an English language test or signed document from an academic institution or English language school
 - A copy of your valid passport
2. Your national Scout association will approve your application and send it to: International Department, Boy Scouts of America, 1325 West Walnut Hill Lane, P.O. Box 152079, Irving, Texas 75015-2079, U.S.A. **All applications must be received by the BSA no later than February 15.**
3. The BSA will notify you of your acceptance.
4. If you have any questions, contact your Scout association.

International Camp Staff Program

APPLICATION

*Please return entire application. Type or print clearly. Please complete all information as it appears on your passport.
Be sure to include a copy of your passport.*

Submitted through the Scout association of _____ Country _____

Personal Data Single Married Divorced Male Female

Name _____
Last (family name) First Middle

Home address _____

City _____ Postcode _____
(Town/province)

Country _____ Citizen of _____ Country _____

Home phone _____ Cell phone _____

Email _____

WhatsApp username _____ Facebook name _____

Place of birth _____ City _____ Country _____

Native language _____ Religion _____

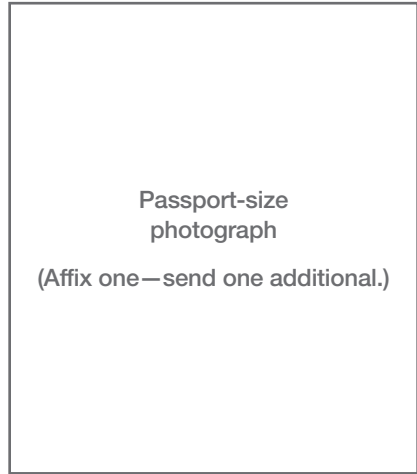
Age _____ Height _____ Weight _____

Name that I would like to be called _____ Birth date (month/day/year) _____

*Speaking ability in English: Good Excellent Can you swim? _____
(*Must provide results of English language test or signed document from an academic institution or English language school.)

In case of emergency, contact: Name _____

Address _____ Telephone no. _____



Scout Record

Present Scouting appointment or responsibility _____

Scout awards and recognitions _____

Years of service: Scout _____ Venturer _____ Rover _____ Adult _____

Scouter training completed _____ Wood Badge _____

Camp Skills

I feel I can help instruct in the following areas: *(Check all that you are experienced in and can help teach.)*

Leadership

- Campfires
- Counseling
- Public relations
- Training
- Troop leadership

Scoutcraft

- Backpacking
- Camping
- Fishing
- Hiking
- Horseback riding
- Nature/ecology
- Orienteering
- Outdoor cooking
- Pioneering
- Rappelling
- Rock climbing
- Survival skills

Program

- Archery
- Arts and crafts
- First aid
- Ham radio
- Knots
- Leatherwork
- Photography
- Riflery
- Song leading
- Sports
- Storytelling
- Woodcarving

Waterfront

- Canoeing
- Lifesaving
- Rowing
- Sailing
- Scuba
- Snorkeling
- Swimming
- Waterskiing
- Windsurfing

Other special skills _____

Activities certification or qualification (first aid, water safety, scuba, etc.) _____

Musical instrument(s) played _____

Availability

Please indicate dates you can be available to work in camp. **Camps begin between the last week of May and the last week of June and will last from six to 11 weeks. We are not able to place anyone who is not able to arrive by July 1.**

Available dates from _____ to _____ Maximum time available to work in camp _____ weeks
(month and day) (month and day)

Education

Highest level of school completed _____ Date _____

Fields of study _____

Currently full-time student at _____

Employment (You must specify whether you are a student or are working. If employed, name your specific job.)

Present employer: Name _____

Address _____

Employed as _____
Job

Health

Are you now in sound health, without physical or mental defects? Yes No

If no, explain _____

Required BSA Annual Health and Medical Record should be completed and enclosed with this application.

Youth Leader Experience

Describe experiences in which you have supervised children (camp/Scout leader, teacher, church leader, day care provider, etc.).

Additional Information

How many times have you participated in the BSA's International Camp Staff Program? _____

Do you use illegal drugs? _____

Have you ever been convicted of a criminal offense? _____ (If yes, explain on a separate piece of paper.)

Have you ever been charged with child neglect or child abuse? _____

Other than the situations mentioned above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? _____ (If yes, explain on a separate piece of paper.)

BSA Policy

The Boy Scouts of America is deeply concerned about the welfare of youth placed in its care. Child abuse and substance abuse are absolutely prohibited. If there is any evidence that a staff member is involved in either practice, the appropriate authorities will be notified immediately.

Statement

On a separate piece of paper, submit a personally written statement, in English, giving your reasons for wanting to become a part of the International Camp Staff program and listing the experience and skills you feel you can contribute to the program. Include a description from your own experience in which you resolved a problem involving a child or a group of children.

Agreement

I understand that this application includes my request for personal health and accident insurance to be provided on my behalf by the BSA. If I am selected, the Boy Scouts of America can expect my loyalty and full cooperation at all times while I am on assignment in the United States. I understand that every effort will be made to find a camp assignment if this application is accepted, but that the BSA cannot guarantee placement. I certify I have read the **Statement of Understanding** and agree to abide by the conditions in the **Code of Conduct** as a counselor in the International Camp Staff program of the Boy Scouts of America.

Signature of applicant _____ Date _____

References

References from two people who know you well are required. Please use the pages marked A and B, which are a part of this application, for these references.

Reference From a Local Scouting Leader

Please rate the applicant on these aspects:

EXCEPTIONAL

GOOD

FAIR

Physical health _____

Mental alertness, imagination, judgment _____

Follows the Scout Oath and Scout Law _____

As a leader, shows respect for youth and adults _____

Enthusiastic and skilled in Scoutcraft _____

Adaptable to a new culture and a BSA camp _____

How long have you known the applicant? _____

How did you come to know the applicant?

How would you describe the applicant's personal character?

How does the applicant relate to children?

Are there any problems or conditions that would interfere with the applicant's ability to care for children or that would in any way endanger the children under the applicant's care? These problems could include a criminal record, substance abuse, mental or emotional illness, or history of child abuse.

Signed _____ Scouter's position _____ Date _____

Please print name _____

Address

Telephone no. _____

Reference From Place of Worship, Community, or School

B

How long have you known the applicant? _____

How did you come to know the applicant? _____

How would you describe the applicant's personal character?

How does the applicant relate to children?

Are there any problems or conditions that would interfere with the applicant's ability to care for children or that would in any way endanger the children under the applicant's care? These problems could include a criminal record, substance abuse, mental or emotional illness, or history of child abuse.

Signed _____ Position _____ Date _____

Please print name _____

Address

Telephone no. _____

National Scout Organization/Association Approval

Signed _____ Print Name _____

Position _____ Date _____

Remarks



International Camp Staff Program

STAFF STATEMENT OF UNDERSTANDING AND CODE OF CONDUCT

Statement of Understanding: All adult staff participants are selected to represent their Scout association based on their qualifications in character, camping skills, physical and personal fitness, and leadership qualities. Therefore, all adult staff members are asked to sign the Statement of Understanding and Code of Conduct as a condition of participation, with the further understanding that serious misconduct or infraction of established rules and regulations may result in expulsion, at the participant's expense, from the camp. Ultimately we want each staff member to be responsible for their own behavior, and only when necessary will the procedure be invoked to send a staff member home from the camp staff employment.

All adult staff members are expected to abide by the Code of Conduct as follows:

1. I will set a good example by keeping myself neatly dressed and presentable. (Wear the official Scout uniform unless your job requires variance.)
2. I will attend all scheduled programs and participate as required in cooperation with other staff members and staff leadership.
3. In consideration of other camp staff members, I agree to follow the schedules of the camp or as directed for my job.
4. I will be responsible for keeping my quarters and personal gear labeled, clean, and neat. I will adhere to all camp recycling policies and regulations. I will do my share to prevent littering of the campgrounds.
5. I understand that the purchase, possession, and consumption of alcoholic beverages or illegal drugs by any youth or adult members are prohibited. This standard shall apply to all camp staff and adult staff members.
6. Serious and/or repetitive violations by staff, including the use of tobacco, alcohol, and drugs, and cheating, stealing, dishonesty, swearing, fighting, and cursing may result in expulsion from camp staff or serious disciplinary action and loss of privileges.
7. I understand that gambling in any form is prohibited.
8. I understand that possession and detonation of fireworks are prohibited.
9. I will demonstrate respect for camp property and be personally responsible for any loss, breakage, or vandalism of property as a result of my actions.
10. The camp director, BSA local council, and International Department will not be responsible for loss, breakage, or theft of my personal items. I will label all my personal items, check items of value at the direction of staff leaders, and convert cash to reloadable prepaid cards or traveler's checks. Theft will be grounds for termination.
11. While working in my camp staff job and other activities, I will obey the safety and camp rules and instructions of all supervisors and camp staff leaders.
12. Camp staff members are prohibited from unauthorized fundraising.
13. Camp staff members will be guided by the Scout Oath and Scout Law, and will obey all federal, state, and local laws.
14. All camp staff members must complete Youth Protection training prior to employment through precamp training and must follow the guidelines therein.
15. Hazing has no place in Scouting; nor does running the gauntlet, belt lines, or similar physical punishment. Leaders and older youth must prevent all youth from being "initiated" into the group with a hazing activity.
16. Adult staff members should have the good judgment to avoid trading souvenirs or patches with a child or youth member in Scouting. Youth members may trade with other youth members. Adult staff members may trade only with other adults 18 years of age or older.
17. Camp staff members must avoid confrontation with groups, demonstrators, visitors, or hecklers, and must assume a passive reaction to name-calling from individuals or groups.

I certify I have read the **Statement of Understanding** and agree to abide by the conditions in the Code of Conduct as a counselor in the International Camp Staff program of the Boy Scouts of America.

Signature of counselor _____ Date _____

International commissioner interview

Initials

Date

Interview approved (Check one)

Yes

No

Review/interview comments:



BOY SCOUTS OF AMERICA
INTERNATIONAL

INTERNATIONAL DEPARTMENT, S340
BOY SCOUTS OF AMERICA
1325 West Walnut Hill Lane • P.O. Box 152079 • Irving, Texas 75015-2079
Phone: 972-580-2405 • Fax: 972-580-2413
Website: www.scouting.org/international
Email: international@scouting.org

INTERNATIONAL CAMP STAFF PROGRAM GENERAL INFORMATION

Each counselor will receive the following support and subsidies:

1. Room and board at camp.
2. Health and accident insurance while the counselor is in camp will be purchased for the counselor. Travel will only be covered by insurance if a counselor, upon entrance to the U.S.A., goes immediately to the camp and immediately home at the close of camp. **The applicant is not insured while they are touring.**
3. A salary will be paid to each counselor equal to the salary of American counselors who have similar skills, experience, and job responsibility. The BSA council that accepts the counselor on its camp staff will pay this salary. The counselor will be notified the amount of this salary when he or she is notified of a placement. The camp will make payment, semimonthly over the period of the total camp program. Also, as an employee in the United States, the counselor's salary is subject to Federal income tax and, therefore, will be withheld from their salary.

As previously stated, in order to help you recruit prospective camp staff members, we have enclosed a basic supply of material for the International Camp Staff program:

1. International Camp Staff Application
2. Medical Form
3. General information & checklist for counselors

Should you need additional copies of this material, you have our permission to reproduce it locally, or download it from the International website: www.scouting.org/international/applications. You can also request additional copies from the International Department, Boy Scouts of America, 1325 West Walnut Hill Lane, P.O. Box 152079, Irving, TX 75015-2079, U.S.A. Please send completed applications to this same address or to international@scouting.org.

We need for you or other officials of your National Scout Organization (NSO) to screen candidates and verify that they meet requirements of age, Scouting skills, ability to speak English, that they are a member of your NSO, and exhibit good character and leadership. **THIS SCREENING MUST INCLUDE A PERSONAL INTERVIEW OF THE APPLICANT BY A DESIGNATED PERSON IN YOUR NATIONAL SCOUT ORGANIZATION.** Please remember that candidates for the program must agree to live by the morality, culture, and laws of the U.S.A.

If for any reason the counselor cannot take part in the program, please notify us immediately in order that we can find someone to replace them.

CHECKLIST FOR INTERNATIONAL CAMP STAFF PROGRAM COUNSELORS

This checklist is to be used to help International Camp Staff members complete their applications in order to be properly processed by the International Department of the Boy Scouts of America.

- NAME:** Name as it appears on your passport (be sure to include a copy of your passport) and CLEARLY LEGIBLE (typewritten if possible). This is recorded as such on the DS-2019 visa form. Nicknames are not acceptable.
- PHOTO:** Should flatter the applicant and be a good print. It does not need to be expensive, but has to be in proper taste. Camp directors are not impressed when hair and beards or mustaches are depicted as being unkempt. Facial expressions also make a difference. In uniform is always best.
- AGE:** Requirements are exact. Most requests are for males between the ages of 18 to 30. No one beyond the age of 30 will be accepted for this program.
- OCCUPATION:** Title, company, government or private industry, college, or whatever the situation has to be noted for identification with the U.S. State Department. Be specific as to student or employed.
- SCOUT SKILLS:** Check all that apply. Be specific about these. It is easier for an individual to be accepted if he has several skills. It is harder to place someone that only has one or two skills.
- ENGLISH:** You must be able to provide results of an English language test or signed document from an academic institution or English language school. ENGLISH MUST BE **GOOD OR EXCELLENT** in order to communicate well and to understand what is said so he/she can effectively assume the responsibilities assigned.
- MEDICAL:** The medical form should be filled out completely. Tetanus is a **REQUIRED** immunization. If applicant arrives without the Tetanus immunization, the applicant will be required to pay for the immunization out of their own money.
- DEADLINES:** All applications must be received in the BSA office by February 15. Deadlines are important and must be respected.
- PLACEMENT:** THIS IS NEVER GUARANTEED. The camp makes the selection based on the applicants' qualifications.
- TRAVEL & TOURING:** Following the completion of their program, the period defined on the Form DS-2019, the United States Citizenship and Immigration Services (USCIS) allows participants a 30-day travel period commonly referred to as the "Grace Period." During this 30-day grace period, participants are no longer in J-visa status, and are under the jurisdiction of the USCIS. The USCIS grants this period to allow participants to settle their affairs and to prepare to return to their home countries. Program participants may no longer continue and/or complete exchange activities, nor may they work. Although participants may travel in the United States, it is recommended that they do not travel beyond the borders of the United States as they may not be permitted reentry.
- VISA:** The applicant will receive two copies of their DS-2019 form to obtain a J-1 Visa. One copy will be brought to the Consulate for processing and the other copy **MUST** be kept with the applicant while traveling and at camp. The applicant will be responsible for the SEVIS Camp Counselor fee as well as any additional fees associated with obtaining the J-1 Visa.

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____
DOB: _____

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.



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, Philmont Training Center, Northern Tier, Florida 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)

Second parent/guardian signature for youth: _____ Date: _____

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

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

Name: _____ Name: _____

Telephone: _____ Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____ Name: _____

Telephone: _____ Telephone: _____



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Part B: General Information/Health History

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Unit leader: _____ Mobile phone: _____

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



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Part B: General Information/Health History

Full name: _____
 DOB: _____

High-adventure base participants:
 Expedition/crew No.: _____
 or staff position: _____

Allergies/Medications

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
		Medication				Plants	
		Food				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 INDICATE 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 by the BSA. 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)	Please list any additional information about your medical history:
			Tetanus		
			Pertussis		
			Diphtheria		
			Measles/mumps/rubella		
			Polio		
			Chicken Pox		
			Hepatitis A		
			Hepatitis B		
			Meningitis		
			Influenza		
			Other (i.e., HIB)		
			Exemption to immunizations (form required)		

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: _____

DOB: _____

High-adventure base participants:
 Expedition/crew No.: _____
 or staff position: _____

! You are being asked to certify that this individual has no contraindication for participation inside 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. **!**

Examiner: Please fill in the following information:

		Yes	No	Explain							
Medical restrictions to participate											
Yes	No	Allergies or Reactions		Explain		Yes	No	Allergies or Reactions		Explain	
		Medication						Plants			
		Food						Insect bites/stings			

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

	Normal	Abnormal	Explain Abnormalities
Eyes			
Ears/nose/throat			
Lungs			
Heart			
Abdomen			
Genitalia/hernia			
Musculoskeletal			
Neurological			
Other			

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
		Meets height/weight requirements.
		Does not have uncontrolled heart disease, asthma, or hypertension.
		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.
		Has no uncontrolled psychiatric disorders.
		Has had no seizures in the last year.
		Does not have poorly controlled diabetes.
		If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures.
For high-adventure participants, I have reviewed with them the important supplemental risk advisory provided.		

Examiner's Signature: _____ **Date:** _____

Provider 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