



Pre-Camp leaders meeting
2019

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Important Updates for 2019

- Please be aware if your Scouts are taking classes with pre-reqs they must turn them in on the first day of class or turn in a note from the scoutmaster taking responsibility for the pre-reqs. If they do not they will be dropped from the class. Scout may NOT take classes without turning in the pre-reqs prior to starting. NO EXCEPTIONS!! NO PARTIALS WILL BE ISSUED.
- T-Shirts are only available by pre-order Online. You must place your order BEFORE 6/1.
- A new Prescription Medication form is required for all prescription medications to be taken in camp by youth.

Several new requirements have come out from BSA National and the Health Department. Here are some reminders to make your check in process at camp a smooth one.

- Adults in camp are now required to use the buddy system to conform to new BSA Youth Protection policies.
- BSA national now requires all adults staying in camp more than 72 hours to have the NEW Youth Protection training **and be a registered leader**. If they are staying less than 72 hours, they still need the new Youth Protection training. Proof must be turned in at check in or the adult will not be able to stay.
- The NY state health department now requires a signed permission slip for any scouts to use sun screen or bug spray while at camp. Please turn that form in with the health forms at check in. In addition, as in the past we must do a sex offender registry check on all adults. That requires we have their birth dates at check in.

Allegheny Highlands Council, Inc.

VISION STATEMENT

Our council is a premier youth-serving organization in Chautauqua, Cattaraugus, and Allegheny counties in New York, and McKean and Potter counties in Pennsylvania. Through scouting experiences, we strive for the very best for all the young people in all our communities. We provide the tools necessary for all our leaders to be effective, from thorough training opportunities, great council programming, and outstanding camps. We are committed to service, quality, and growth. We exist to deliver on the promise of fun, excitement, and fundamental learning experiences that will expand our children's horizons for life.

MISSION STATEMENT

The mission of the Boy Scouts of America is to prepare young people through character development, citizenship training, and personal fitness. By instilling in them the values of the scout oath and law, they will be prepared to be responsible, contributing members over their lifetime.

STATEMENT OF EXPECTED BEHAVIORAL OUTCOMES

While scouts are at camp they are expected to follow the Scout Oath, Scout Law, Scout Motto, and Scout Slogan. It is important that scouts are respectful to the program that is offered and follow the rules and regulations for each activity that are set forth during each SPL/ASPL meeting daily following lunch. It is our goal that while scouts are at camp they use the program provided to help support the Patrol method within their own Troop, it is the goal of this camp to provide a program that will maximize this outcome.

SCOUT OATH

On my honor I will do my best to do my duty to God and my country, to obey the Scout Law, to help other people at all times, to keep myself physically strong, mentally awake, and morally straight.

SCOUT LAW

A scout is: Trustworthy, Loyal, Helpful, Friendly, Courteous, Kind, Obedient, Cheerful, Thrifty, Brave, Clean, and Reverent.

SCOUT MOTTO

Be Prepared

SCOUT SLOGAN

Do a Good Turn Daily

2019 Camp Merz Merit Badge Schedule

Field Activities					
9:00AM-9:45AM	10:00AM-10:45AM	11:00AM-11:45AM	2:00PM-2:45PM	3:00PM-3:45PM	4:00PM-4:45PM
<i>Older Scout Program [Max 10]</i>					
Handicraft					
9:00AM-9:45AM	10:00AM-10:45AM	11:00AM-11:45AM	2:00PM-2:45PM	3:00PM-3:45PM	4:00PM-4:45PM
Wood Carving [Max 10] (2 Counselors)	Theater [Max 15]	Open Area	Graphic Arts [Max 15]	Wood Carving [Max 10] (2 Counselors)	Activity Period
Pottery [Max 8]	Leatherwork [Max 12]		Textile [Max 10]	Pulp and Paper [Max 15]	
			Indian Lore [Max 10]		
Nature					
9:00AM-9:45AM	10:00AM-10:45AM	11:00AM-11:45AM	2:00PM-2:45PM	3:00PM-3:45PM	4:00PM-4:45PM
Fish & Wildlife Management [Max 15]	Space Exploration [Max 10]	Open Area	Environmental Science [Max 15]	Woods Walk with Jim [Max 10]	Activity Period
Geology [Max 15]	Forestry [Max 15]		Soil & Water [Max 15]	Energy [Max 15]	
Environmental Science [Max 15]	Astronomy [Max 15]		Plant Science [Max 15]	Space Exploration [Max 10]	
Polaris					
9:00AM-9:45AM	10:00AM-10:45AM	11:00AM-11:45AM	2:00PM-2:45PM	3:00PM-3:45PM	4:00PM-4:45PM
<i>First-Year Program [Max: 25]</i>		<i>Paul Bunyan Award</i>	<i>First-Year Program [Max: 25]</i>		Activity Period
Scoutcraft					
9:00AM-9:45AM	10:00AM-10:45AM	11:00AM-11:45AM	2:00PM-2:45PM	3:00PM-3:45PM	4:00PM-4:45PM
Camping [Max 15]	Pioneering [Max 15]	Open Area	Orienteering [Max 15]	Knots with Noah [Max 10]	Activity Period
Backpacking [Max 15]	Wilderness Survival [Max 15]		Emergency Preparedness [Max 15]	Geocaching [Max 10]	
Emergency Preparedness [Max 15]	First Aid [Max 15]		Camp Cooking* [until 11:45PM] [Max 15] NOT Cooking Merit Badge		
Shooting Sports					
9:00AM-9:45AM	10:00AM-10:45AM	11:00AM-11:45AM	2:00PM-2:45PM	3:00PM-3:45PM	4:00PM-4:45PM
Rifle Shooting [Max 12]	Rifle Shooting [Max 12]	Open Shooting	NRA Marksmanship [Max 16]	Rifle Shooting [Max 12]	Open Shooting
Shotgun Shooting [Max 8]	Shotgun Shooting [Max 8]		Shotgun Shooting [Max 8]	Shotgun Shooting [Max 8]	
Archery [Max 12]	Archery [Max 12]		Archery [Max 12]	Archery [Max 12]	
Technology					
9:00AM-9:45AM	10:00AM-10:45AM	11:00AM-11:45AM	2:00PM-2:45PM	3:00PM-3:45PM	4:00PM-4:45PM
Game Design [Max: 10]	Chess [Max 10]	Open Lab	Electricity [Max 12]	Game Design [Max 10]	Open Lab
Chemistry [Max 10]	Drafting [Max 12]	Electronics [Max 12]	Electronics [Max 12]	Music [Max 10]	
Trail to Eagle					
9:00AM-9:45AM	10:00AM-10:45AM	11:00AM-11:45AM	2:00PM-2:45PM	3:00PM-3:45PM	4:00PM-4:45PM
Personal Management [Max 20] (Star)	Citizenship in the Community [Max 20] (1st Class)	Activity Period	Citizenship in the World [Max 20] (Star)	Communications [Max 20] (1st Class)	Activity Period
Entrepreneurship [Max 15] (Star)	Scouting Heritage [Max 10]		Fingerprinting/Crime Prevention [Max 15]	Citizenship in the Nation [Max 20] (1st Class)	
Waterfront					
9:00AM-9:45AM	10:00AM-10:45AM	11:00AM-11:45AM	2:00PM-2:45PM	3:00PM-3:45PM	4:00PM-4:45PM
<i>Paddlecraft Safety [Max 8]</i>		Canoeing [Max 8]	Small Boat Sailing [Max 8]		Mile Swim
Swimming [Max 10]	Kayaking [Max 8]	Swimming [Max 10]	Troop Swim		Open Boating until 4:30PM
Water Sports [Max 5]		Motorboating [Max 5]	Motorboating [Max 5]	Snorkleling [Max 10]	
Rowing [Max 8]	Lifesaving [Max 10]		Open Fishing	Open Boating	Open Fishing
Fishing [Max 10]	Fishing [Max 10]	SUP Award [Max 8]		Beginner Swim Instruction [Max 10]	
<i>*BSA Lifeguard, as well as additional sessions of Swimming and Water Rescue and Paddlecraft Safety are available by appointment.</i>					
Regular - Standard Merit Badge		Bold - Eagle Required		<i>Italics - BSA Award or Camp Program</i>	
Highlighted Items are NEW for 2019					
For complete Requirements and Pre-Requisites please visit www.campmerz.org					
Rev. 4/16/19					

Merit Badge	Requirement	Age	Rank/Program restriction	Pre-Req
Archery	2016	none	none	must do workbook 1, 2 a-c, 3a-b & 4, (meritbadge.org) bring to camp
Astronomy	2013	none	MANDATORY OUTPOST	6b
Backpacking	2015	none	MANDATORY OUTPOST Bring	10 & 11 (as pre-req or to finish)
Beginning Swimming Instruction		none	none	none
BSA Lifeguard Cert	2013	15 or older	MUST BE SWIMMER	6 (evidence of Red Cross 1st Aid /CPR BEFORE taking the class) BY APPOINTMENT ONLY
Camping (eagle)	2016	none	MANDATORY OUTPOST	4, 5e (must bring all items to camp for outpost),8c-d, 9a-b
Canoeing	2015	14 or older	MANDATORY OUTPOST	2 MUST PASS SWIMMER'S TEST TO TAKE BADGE
Chemistry	2018	none		none
Chess	2013	none	none	none
Citizen in the Community (eagle)	2016	none	must be 1st Class Rank or higher	3a, 4a-b, 7a-c
Citizen in the Nation (eagle)	2005	none	must be 1st Class Rank or higher	2,8
Citizen in the World (eagle)	2016	none	must be Star Rank or higher	none
Crime Prevention	2006	none	none	2,4,7
Communications (eagle)	2014	none	must be 1st Class Rank or higher	5,8
Drafting	2015	none	none	6,7
Electricity	2014	none	none	9a (bring evidence of energy cost to camp)
Electronics	2004	none	none	none
Emergency Preparedness (eagle)	2016	none	none	MUST HAVE # 1 (1st Aid MB) BEFORE CAMP, 2b-c (meritbadge.org) 8
Energy	2018	none		1a, 4 (bring journal to camp)
Entrepreneurship	2014	none	must be Star Rank or higher	3
Environmental Science	2016	none	none	none
Fingerprinting	2009	none	none	none
First Aid (eagle)	2016	none	none	1, 5 (bring a picture of kit & explain contents)
Fish & Wildlife Management	2017	none		5 (do one project- bring written records and photo evidence to camp)
Fishing	2015	none	16 or older must have show NYS Fishing License	7 (bring to camp)
Forestry	2006	none	none	1 (bring to camp)
Game Design	2013	none	none	none
Geocaching	2010	none	none	none
Geology	2010	none	none	none
Graphic Arts	2012	none	none	none
Indian Lore	2017	none	none	none
Kayaking	2012	14	MUST BE SWIMMER	2 MUST PASS SWIMMER'S TEST TO TAKE BADGE
Knots with Noah		none	Leaders and Scouts	none
Leatherwork	2014	none	none	none
Lifesaving (eagle)	2016	none	MUST BE SWIMMER	1a MUST PASS SWIMMER'S TEST TO TAKE BADGE
Motorboating	2012	15 or older	MUST BE SWIMMER, \$20 (buy ticket at the Trading Post, bring to first class), (\$35 for both Water Sports & Motorboating)	2a MUST PASS SWIMMER'S TEST TO TAKE BADGE
Music	2012	none	none	none
NRA Marksmanship		12 or older	none	MUST HAVE Rifle Shooting MB
Older Scout Program		15 or older	none	must be physically fit
Orienteering	2013	none	none	7 (coursing can be part of a scouting event or camping trip)
Paddle Craft Safety		15 or older	Scouts and Leaders	MUST HAVE Canoeing or Kayaking
Paul Bunyan Award		none	none	1 (must have Totin' Chip before camp)
Personal Management	2016		must be Star Rank or higher	2,8
Pioneering	2014	none	none	2b (be ready to demonstrate knots at camp)
Plant Science	2014	none	none	5 (bring evidence to camp -pictures of scout doing work is acceptable)
Pottery	2009	none	none	7c
Pulp and Paper	2017	none	none	none
Rifle Shooting	2002	12 or older	none	workbook 1, 2a-i (meritbadge.org) bring to camp
Rowing	2014	none	MUST BE SWIMMER	2 MUST PASS SWIMMER'S TEST TO TAKE BADGE
Scouting Heritage	2018	none	none	5, 6 (meritbadge.org)
Shotgun Shooting	2014	14 or older	\$15 (buy ticket at the Trading	workbook 1, 2a-h (meritbadge.org) bring to camp
Small Boat Sailing	2005	none	MUST BE SWIMMER	2 MUST PASS SWIMMER'S TEST TO TAKE BADGE
Snorkeling BSA Award		none	MUST BE SWIMMER	1 MUST PASS SWIMMER'S TEST TO TAKE BADGE
Soil & Water Conservation	2005			none
Space Exploration	2014	none	Buy Rocket Kit at Trading Post	none
SUP Award		15 or older	MUST BE SWIMMER	2 MUST BE SWIMMER
Swimming (eagle)	2015	none	MUST BE SWIMMER	2 MUST PASS SWIMMER'S TEST TO TAKE BADGE
Theater	2018	none	none	1 (bring written reviews to camp)
Water Sports	2015	13 or older	MUST BE SWIMMER, (buy ticket at the Trading Post, bring to first class)	3 MUST PASS SWIMMER'S TEST TO TAKE BADGE
Wilderness Survival	2013	none	MANDATORY OUTPOST	5 (must bring to camp, should fit in your pocket)
Wood Carving	2015	none	should bring knife (suggested standard BSA pocket knife)	2a (MUST EARN TOTIN' CHIP BEFORE CAMP)
Woods Walk with Jim		none	Scouts and Leaders	none



SUMMER CAMP MENU



Breakfast (8:00am)

Lunch (12:15)

Dinner (6:00)

Sunday			Chicken Parm Penne pasta Salad Dessert	SPL: Cookies & Milk
Monday	French Toast Bacon	Pizza Salad Fruit	Ribs Rice Broccoli Corn Bread	
Tuesday	Cheese Omelet Sausage Links Hash Brown	Southwestern Grilled chicken salad Dessert	In Site Dinner: Beef Tips Carrots / Potatoes Onions Gravy on request Dessert	
Wednesday	Biscuits and Gravy Sausage Links Home fries	Sloppy Joe's Potatoes wedges Peas Dessert	Stuffed pork loin Baby bakers Green beans Dessert	Outpost: Tacos Wild Rice Dessert
Thursday	Stuffed Pancakes Sausage patty	Cheese burger Tater tots Pickle Dessert	Chicken and Biscuits Mashed potatoes Corn Dessert	
Friday	Breakfast burrito Hash Brown Bacon	Hot dogs Mac & Cheese Fruit Cups	Roast Beef Sandwiches potato salad Fruit salad	

Fresh fruit is available at all times. Cereal is available at Breakfast. Salad is available at Lunch and Dinner
 Lineup at 7:50, 12:10, and 5:50

Waiters: 7:45, Noon, and 5:45

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: _____



Part B: General Information/Health History

Full name: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

DOB: _____

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	



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



Summer Camp Special Needs Application

A separate form needs to be submitted for Individual.

This form is to be used to notify the Allegheny Highlands Council of any special dietary, health, mobility or disability needs your unit will have at summer camp. The Allegheny Highlands Council will make every reasonable effort to accommodate your special needs. It is the responsibility of parents and/or adults attending to make sure the person has everything the person needs for the time of the activity. This form will be submitted to the camp or activity personnel. Please be specific in explaining the needs and attach additional sheets if necessary. The contact person you list below may be contacted if camp staff has any questions. Please use a separate sheet for each individual requiring accommodation. **Please submit this form by July 1.**

Camp Name _____ Week Attending _____

Leader Name _____ Unit # _____ Council _____
Last First

Address _____
Street City State/Zip

Day Phone: _____ Evening Phone: _____ Email: _____

Name of person requiring accommodation: _____ Youth / Adult
Full Name Circle one above

Parent / Guardian Name _____ Date: _____

Day Phone: _____ Evening Phone: _____ Email: _____

Please check those that apply.

CPAP Machine Mobility Dietary Allergies Asthma Other

Camp menus will be published at www.alleghenyhighlands.org in May. **If our menu doesn't meet this person's dietary needs then accommodations must be met from home.** See the reverse side for common special needs and assistance.

List any additional information:

Parent / Guardian Signature: _____ Date: _____

Physician Signature: _____ Date: _____

Common Requests and Solutions for Special Consideration

This form MUST be signed by a physician.

Allegheny Highlands Council camps make every reasonable effort to meet the needs of campers, and have developed standard solutions for common requests:

Sugar-free menu (diabetic)

Camp menus are posted online (www.alleghenyhighlands.org) a few months before camp. Although menus are subject to change, they give a good idea of the menu items planned. Camps can substitute sugar-free alternatives such as pancake syrup and jelly to allow campers to enjoy the same menu as other campers. If major departures from the menu are required, it is suggested that campers bring substitute ingredients and speak with the camp cook on arrival day. Campers are not permitted in the kitchen per state health department regulations, but the cook may be able to assist with minor menu substitutions. Please submit a Special Needs Form to enable the camp to anticipate the need.

Vegetarian menu

The camp menu is posted online (www.alleghenyhighlands.org) a few months before camp. Although it is subject to change, it gives a good idea of the menu items planned. Camps can substitute some items such as vegetarian hamburger patties to allow campers to enjoy the same menu as other campers. If major departures from the menu are required, it is suggested that campers bring substitute ingredients and speak with the camp cook on arrival day. Campers are not permitted in the kitchen per state health department regulations, but the cook may be able to assist with minor menu substitutions. Please submit a Special Needs Form prior to July 1 to enable the camp to anticipate the need.

Food Allergies

The camp menu is posted online (www.alleghenyhighlands.org) a few months before camp. Although it is subject to change, it gives a good idea of the menu items planned. If major departures from the menu are required, it is suggested that campers bring substitute ingredients and speak with the camp cook on arrival day. Campers are not permitted in the kitchen per state health department regulations, but the cook may be able to assist with minor menu substitutions. Please submit a Special Needs Form prior to July 1 to enable the camp to anticipate the need.

Wheelchair access

Each camp has at least one campsite which provides easier wheelchair access to tents, outhouses, and other campsite features. Submit a Special Needs Form to enable the camp to place the troop in an appropriate campsite. Be sure to submit the form several weeks prior to camp.

Limited-mobility access

Submit a Special Needs Form to enable the camp to place the troop in an appropriate campsite. Camp managers will make every effort to place those with mobility challenges in campsites close to the center of camp. Submit a Special Needs Form to enable the camp to place the troop in an appropriate campsite. Be sure to submit the form several weeks prior to camp.

Vehicles in Camp

Private vehicles are NOT PERMITTED in camp. The ONLY exception made is for persons with severe mobility limitations. A state-issued disabled parking permit is required, and approval from the camp director MUST be granted in the form of a vehicle pass displayed at all times on the vehicle dashboard. As vehicles present a safety hazard for pedestrians on camp roads, this rule is strictly enforced; only extreme circumstances warrant a vehicle pass.

CPAP machine (night-time breathing machine)

For campers with CPAP machines, please plan for unit campsites that do not have electricity. Sleeping areas are not available in buildings at camp. To prepare for camp, two options are suggested:

- Avid campers may consider purchasing a battery-operated CPAP machine. A good source for battery-powered CPAP machines is www.cpap.com. If charging a battery-operated CPAP is required during daytime hours, the camp will provide an outlet.
- Those who use a machine that requires 120v AC power (household current) can bring an inverter and an automobile battery. Camps will provide an outlet where automobile batteries can be recharged during daytime hours. Vehicles cannot be parked in or near campsites for the purpose of powering CPAP machines.

Injections

Camp personnel are not authorized to administer injections. Campers who require injections need to administer their own injections or be accompanied by an adult trained and authorized (by parent/guardian in case of a minor) to administer injections for that camper.

Mail or fax this form to:

Allegheny Highlands Council
50 Hough Hill Rd.
Falconer, NY 14733

Phone: 716-665-2697
Fax: 716-665-5212

INDIVIDUALIZED STANDING ORDERS

Name: _____ Date of Birth: ____ / ____ / ____ Camp Session: _____

A: TO BE COMPLETED BY THE LICENSED HEALTH CARE PROVIDER:

Standard Over-the-Counter/PRN Medications – The following medications are available in the Camp Health Office and will be administered at the discretion of an EMT, if approval is indicated by the camper’s health care provider.

Dosage and schedule will be per label by age/weight.

Drug Name	Route	Doctor’s Order Check one		Comment
		YES	NO	
Tylenol (Acetaminophen)	PO – tablet	<input type="checkbox"/>	<input type="checkbox"/>	Fever > _____°F
Advil/Motrin (Ibuprofen)	PO – tablet	<input type="checkbox"/>	<input type="checkbox"/>	Fever > _____°F
Benadryl (Diphenhydramine Hydrochloride)	PO	<input type="checkbox"/>	<input type="checkbox"/>	
Bacitracin or Neosporin Ointment	Topical ointment	<input type="checkbox"/>	<input type="checkbox"/>	
Calamine or Campho-phenique	Lotion	<input type="checkbox"/>	<input type="checkbox"/>	
Solarcaine or Nupercaine burn spray	Liquid spray	<input type="checkbox"/>	<input type="checkbox"/>	
Dimetapp	PO - elixir	<input type="checkbox"/>	<input type="checkbox"/>	
Pepto Bismol	PO	<input type="checkbox"/>	<input type="checkbox"/>	
Sucrets or Chloraseptic Lozenges	PO – lozenge	<input type="checkbox"/>	<input type="checkbox"/>	
Tylenol Cold	PO – tablet	<input type="checkbox"/>	<input type="checkbox"/>	
Milk of Magnesia	PO	<input type="checkbox"/>	<input type="checkbox"/>	
Robitussin DM Cough Syrup	PO – syrup	<input type="checkbox"/>	<input type="checkbox"/>	
Dacriose	Rinse – eye	<input type="checkbox"/>	<input type="checkbox"/>	
Tums	Tablets	<input type="checkbox"/>	<input type="checkbox"/>	
Murin or Visine eye drops	Eye drop	<input type="checkbox"/>	<input type="checkbox"/>	
Rhuli Gel or Hydrocortisone Ointment	Topical ointment	<input type="checkbox"/>	<input type="checkbox"/>	
Kaopectate	PO	<input type="checkbox"/>	<input type="checkbox"/>	

Prescription Medications – Please complete the patient’s current regimen for both scheduled and PRN medications.

Drug	Route	Dosage	Schedule and Indications	Comments

Health Care Provider’s Name: _____ Phone: (____) _____ - _____

Address: _____ License #: _____

Health Care Provider’s Signature: _____ Date: ____ / ____ / ____

B: TO BE COMPLETED BY PARENT OR GUARDIAN:

I request that my child _____ receive the medication as prescribed by our licensed health care provider. Prescription medications and any over-the-counter medications not made available by the camp are to be furnished by me in the properly labeled container from the pharmacy. I understand that the camp medical officer will supervise the administration of the medication.

Parent’s Signature: _____ Date: ____ / ____ / ____

Camp Merz Prescription Medication Form

Scout: _____

Troop: _____ Site: _____

Camp Use Only

Medication: _____
 Dosage Instructions: _____
 Route: _____
 Schedule: _____
 Prescribing Physician: _____

Time	Mon	Tue	Wed	Thu	Fri

Medication: _____
 Dosage Instructions: _____
 Route: _____
 Schedule: _____
 Prescribing Physician: _____

Time	Mon	Tue	Wed	Thu	Fri

Medication: _____
 Dosage Instructions: _____
 Route: _____
 Schedule: _____
 Prescribing Physician: _____

Time	Mon	Tue	Wed	Thu	Fri

Physician Signature _____ Date _____ Page __ of __

Parent Signature _____ Date _____

Insect Repellent and Sun Screen Permission Form

Due to the New York Health Department's stringent guidelines, all campers MUST have the following permission slip signed and dated by a parent or guardian for each week of camp they will be attending.

My child _____ Troop _____
please print name

has permission to apply insect repellent and/or sunscreen as needed while Camp Merz Summer Camp. I have provided my child with the insect repellent and/or sunscreen to be used.

Signed: _____

Dated: _____

You MUST turn this in with your child's health form during camp check in