WHITE STAG MONTEREY YOUTH LEADER INFORMATION

JOIN THE 2026-2027 LEADERSHIP TEAM

Community Service, Volunteer Hours & Experience for College Applications

"To enhance the quality and character of individuals and empower them to influence their communities and environment in a positive manner."
Vision Statement, White Stag Leadership Development Academy, Inc.

White Stag Leadership Development Academy, Inc. is an all-volunteer, nonprofit 501(c)(3) public charity and the charter organization for **Scouting America Venture Crew 122**. White Stag Monterey Summer Camp is the Crew's Super Activity. Youth Leaders will be asked to join Scouting America (at an additional cost) to become members of the Crew. Current Scouting America members will be dual registered at no additional cost.

Ready for the next step in your White Stag Leadership Adventure?
Apply to become a member of the Youth Leadership Team!

Phase 1 Leader – Graduate of Phase 2, Phase 3, or NYLT; minimum age 13 by September 30.
Phase 2 Leader – Graduate of Phase 2, Phase 3, or NYLT; minimum age 14 by September 30.
Phase 3 Leader – Graduate of Phase 3; minimum age 16 by September 30 and under 18 unless still in high school.

Earn Valuable Service Hours

Youth Leaders may earn 300–600 Community Service/Service Learning/Volunteer hours that can be applied toward high school graduation, college applications, and job applications

A Year of Leadership Growth

The Youth Leader program is a year-long, advanced leadership experience where participants continue building leadership and outdoor skills through hands-on practice and real responsibility. Youth receive training throughout the year, including planning and leading two summer camp sessions.

Serving as a Youth Leader is both a privilege and a significant commitment. In return, participants gain confidence, develop lifelong skills, leadership skills, personal management skills, make a meaningful impact on others, and build friendships that often last a lifetime. Most families find partnering with the White Stag program to be a rewarding experience.

Commitment Matters

Youth Leaders train, plan, and ultimately lead the following summer's two camp sessions under the guidance of experienced adult Leaders. Every team member plays an important role, and each person's commitment affects the success of the entire team. Youth Leaders are expected to attend **both weeks of summer camp**, so please keep this commitment in mind when planning your family schedule and calendar.

Meetings and Attendance

Leadership Development meetings are held monthly at either the **Presidio of Monterey Scout Lodge** or **Piney Creek Camp**. In addition, **mandatory fundraiser weekends** are held in **November and April**, creating a second required meeting during those months. Please review your schedule carefully before applying.

White Stag Youth Leader Expectations

Youth & Parent/Guardian: Please read these expectations carefully. If you can fully agree to the expectations, sign, date and upload the signed **page 5** using the upload link in your application confirmation email.

Joining the Youth Leader Team is a significant youth and family commitment. Every Youth Leader plays an important role in their team. Before applying, please make sure your schedule allows you to fully participate. Youth are expected to give their best, and parents/guardians are expected to actively support them. Advisors will continually evaluate each Youth Leader's participation and readiness to participate in camp throughout the year. At any time, if it is deemed that a youth is not ready to lead at camp, they may be given the opportunity to participate in Phase 3 as a Candidate.

Attendance, Recruiting & Fundraising

1. **Youth Leaders agree to attend:**
    - All Leadership Development weekends
    - Both fundraiser weekends
    - Both summer camp sessions
2. Agrees to communicate any attendance issues with your Adult Advisor as soon as possible to determine wether the absence can be excused. Missing Leadership Development weekends affects both you and your phase and may result in dismissal. Home projects are **not** a substitute for attending in person.
3. Agrees to arrive and depart at all scheduled times.
4. Phases may schedule optional additional meetings.
    - Agrees to attend whenever possible.
    - Understands that missing these meetings will **not** count against attendance.
    - Agrees to include an Advisor at all meetings. Youth-only meetings are not permitted.
5. Fundraisers help keep Leader fees low. Missing a fundraiser results in a **$100 fee** to help offset lost program revenue.
    - This is **not** a buyout.
    - Every volunteer is needed. Agrees to send another Family member to attend in your place **with** Director pre-approval or pay the $100 fee.
6. Each Youth Leader agrees to:
    - Recruit **4 new Candidates** for summer camp.
    - Participate in local recruiting presentations ("pitches").
    - Share information about the White Stag program whenever possible with others.
    - Help identify and organize recruiting opportunities.
    - Understands that if the overall recruiting goal is not met, an additional **$100 fee** may be charged to help cover camp food costs durning camp.
7. Agrees to attend camp work parties whenever possible to help prepare campsites, phase areas, and trails. Dates will be announced.

Conduct

1. Argees to demonstrate positive behavior at all times. Negative speech, foul language, disruptive behavior, or failure to follow program expectations are not acceptable.
2. Agrees to our **Hands-Off Policy:** No public displays of affection (PDA). Brief, occasional hugs are acceptable; anything beyond that is not.
3. Agrees to refrain from discussions involving race, politics, religion, ancestry, citizenship, primary language, immigration status, sex, gender, sexual orientation, or suicide are not appropriate program topics. If you have concerns about another youth's health or safety, notify an adult or speak with your parents.
4. Agrees to keep romantic relationships separate from all White Stag activities.
5. Agrees to never enter or share another person's tent. Tents are personal space.
6. Agrees to not participate in bullying, teasing, peer pressure, or harassment of any kind and to immediately report such activities or help stop it if seen or heard.
7. Understands that developing leadership skills and planning two week-long summer camps requires classroom-style learning, discussions, and teamwork. Agrees to pay attention and actively participate.
8. Agrees to control and avoid disruptive behavior. Understands that repeated adult intervention may result in disciplinary action, up to and including dismissal from the Leadership Team for the year.
9. Agrees to not consume energy drinks and products, which are not intended for persons under the age of 18 years, while at White Stag.
10. Agrees to abide by the **Zero tolerance** policy for illegal or age-restricted substances. Any use or possession of illegal drugs, alcohol, marijuana, cigarettes, vape, any nicotine products at White Stag may result in immediate dismissal, parent notification, and possible law enforcement involvement.
11. Agrees to abide by our **electronics-free** policy. White Stag activities are free of cell phone and other electronics use. Limited exceptions may be approved for program-related apps such as Google Drive during Leadership Development weekends. Complete school work before weekends, as meeting locations do not have internet access.
12. Agrees to fully support the White Stag program at all times, including it's leaders and staff. Understands that this includes derogoratory comments, made in-person or electronically. Furthermore, agrees to report such things heard or seen to an adult so the situation can be addressed.

13. Agrees to the White Stag readiness policy, where Youth Leaders who are unable to demonstrate the maturity, behavior, or leadership expected of the program, or whose actions may be detrimental to themselves or others, may be reassigned to attend summer camp as a Candidate or be dismissed from the Youth Leader program for the current year.

Communication

1. Agrees to be responsible for keeping parents informed about program activities and personal needs and agrees that any unscheduled online meetings (Google Meet, Zoom, etc.) require Advisor approval and Advisor attendance.
2. Parents agree to ask their youth first about program information, then if questions remain, agrees to email register@whitestagcamp.org or contact the Program Directors directly.
3. Agrees to only use approved communication methods, apps, and platforms. Agrees to include Phase Advisors in all White Stag communications. Agrees to refrain from inappropriate or negative online communication.
4. Agrees to include a second person when sending a text, email, DM, or phone call to comply with Safe Guarding Youth rules.
5. Agrees to seek help, coaching, and mentoring from Phase Advisors when needed. Our Advisors volunteer their time to help every youth succeed.

Be Prepared

1. Agrees to arrive at every meeting prepared, with needed materials, ready to learn, participate, and practice the 11 leadership competencies.
2. Agrees to apply what you learn, complete assignments between Leader Developments, and honor commitments to be ready for meetings and summer training.
3. Agrees to be prepared for summer training by knowing and teaching quality sessions, outdoor skills, songs, yells, ceremonies and Legend lines.

Uniform & Dress Code

1. Agrees to follow the uniform policy, by wearing the uniform green shirt, program jacket, and khaki/tan pants and other parts of the uniform. While at camp hiking boots with ankle support and water-ready tennis shoes are required.
    1. The Leader fee includes two shirts and other uniform items.
    2. The program jacket must be purchased and worn over all other jackets, including phase jackets.
    3. Full uniform is required at Leader Development meetings.
    4. No uniform shirt modifications are allowed.
    5. Shorts must be as long as your fingertips with hands at your sides.
2. Agrees to dress appropriately and maintain modest, White Stag–appropriate clothing at all times.
3. Agrees to wear modest swimwear; one-piece/tankini or jammers/trunks.

Family Partnership Requirement *New this year!*

Rather than raising the Youth Leadership Team fees, as an all-volunteer program, we have set up an new partnership program for parents & guardians. This will help us save the money we pay for outside labor.

- Each family will be required to provide 16 hours volunteering during the Staff Development year leading up to each camp session.
- This is above and beyond the normal volunteering in the kitchen during pre-camp, camp, or post-camp.
- If you are unable to fulfil your full 16 hours, we will charge you $25 per hour for each hour not worked. This is the minimum rate we would need to pay outside laborers. You will be invoiced during the 2 camp sessions. You may request a invoice at any time if you prefer to pay rather than volunteer.
- Leadership Team Adults fullfil this requirement by being a part of the team!

Parents as Adult Leaders

White Stag needs volunteers for our Adult Leadership Team. Our program is dependent on adults participants. If you are driving your child to White Stag, why not stay and join our team? With enough adults involved, there can be attendance flexibility. You will learn along side the youth by observing what they are doing while being coached by other adults. There are no knowledge or experience requirements to join us as an adult leader. You do need to join Scouting America, be Livescan fingerprinted, take a 2 hour online mandated reporter course, and take a firstaid/CPR class before camp starts, which can also be done online. Contact Connie & Steve at register@whitestagcamp.org. We will call you to chat.

Additional Costs

- Program jacket: $50-$60
- Extra shirts: $15–$20
- Weekend food: approximately $15–$20*
- Session Pad: $25
- Walkie Talkie (Purchase a two-pack – split the cost with a friend)
- Scouting America membership: $109 (may be waived for current members of another Scouting unit) The membership form is attached and must be submitted with the other application paperwork.

*Youth Leaders will rotate responsibility for planning and purchasing weekend food for their phase. With Advisor support, youth will arrange reimbursement to parents from the group.

Medical Forms

Youth Leaders are required to have completed medical forms on file for camp. Medical forms are good for one year from the date signed. If you have one on file with White Stag, you will need to get a new one completed when the previous one expires. Parent/guardians complete Part A, B1 & B2. A medical provider must complete Part C. Forms are attached.

White Stag Youth Leader Refund Policy

I understand that the Youth Leaders Registration fee is **non-refundable**, unless you are not choosen to be on the Youth Leadership Team. In this case, we will refund your fee. All fees support year-round program operations, including facilities, supplies, and materials purchased in advance. In some cases a credit to be used the following summer as a Candidate may be given. White Stag Leadership Development Academy, Inc. is an all-volunteer nonprofit 501(c)(3) organization. If you cannot participate and forfeit your registration fee, it may qualify as a charitable donation for tax purposes. To request a donation letter, email the participant's name and request to register@whitestagcamp.org.

Non-Discrimination Policy

The White Stag Leadership Development Academy, Inc., BSA Crew and Troop 122/9122 makes decisions in regards to administration of its educational policies, admissions policies, scholarships, and other administered programs without regard to race, religious creed, color, ethnicity, national origin, ancestry, citizenship, primary language, immigration status, sex, gender, sexual sexual orientation, gender identity (defined as each person' s internal understanding of their gender or perception of a person' s gender identity, which may include male, female, neither male nor female, a gender different from the person' s sex assigned at birth, or transgender), gender expression (defined as a person' s gender-related appearance or behavior, or the perception of such appearance of behavior, whether or not stereotypically associated with the person' s sex assigned at birth), physical or mental disability, medical condition, genetic information, marital status, or any other basis protected by local, state, or federal laws, and ensures equal access to all the rights, privileges, programs, and activities generally accorded or made available to other youth in the program.

White Stag Youth Leader Agreement

2026 – 2027 Leadership Development Calendar REVISED		Arrival		Departure	
Dates	Activity	Day	Time	Day	Time
Sept 19 – 20, 2026	INDABA and 2026 Leader Interviews and overnighter. Presidio Scout Lodge, Monterey, CA	Saturday	10:00 AM	Sunday	3:00 PM
Sept 20, 2026	Parent/Youth Meeting **(Mandatory for both)**	Sunday	2:00 PM	Sunday	3:00 PM
Oct 2 – 4, 2026	Leadership Development – Piney Creek Camp	Friday	7:00 PM	Sunday	3:00 PM
Nov 6 – 8, 2026	Leadership Development – Piney Creek Camp	Friday	7:00 PM	Sunday	3:00 PM
Nov 20 – 22, 2026	Marathon- **Mandatory** – Scout Lodge	Friday	7:00 PM	Sunday	2:00-3:00 PM
Dec 4 – 6, 2026	Leadership Development – Scout Lodge	Friday	7:00 PM	Sunday	3:00 PM
Jan 8 – 10, 2026	Leadership Development – Scout Lodge	Friday	7:00 PM	Sunday	3:00 PM
Feb 5 – 7, 2026	Leadership Development – Scout Lodge	Friday	7:00 PM	Sunday	3:00 PM
Mar 5 – 7, 2026	Leadership Development – TBA	Friday	7:00 PM	Sunday	3:00 PM
April 2 – 4, 2026	Leadership Development – TBA	Friday	7:00 PM	Sunday	3:00 PM
April 23 – 25, 2026	Marathon- **Mandatory** – Scout Lodge	Friday	7:00 PM	Sunday	2:00-3:00 PM
May 21–23, 2026	Leader Development – C Day - Scout Lodge	Friday	7:00 PM	Sunday	3:00 PM
June 4 – 6, 2026	Leadership Development – Piney Creek Camp	Friday	7:00 PM	Sunday	3:00 PM
June 17 – 27, 2026	Pre Camp / Camp Week – Piney Creek Camp	Thursday	1:00 PM	Sunday	5:00 PM
July 16 – 25, 2026	Pre Camp / Camp Week – Piney Creek Camp	Friday	9:00 AM	Sunday	5:00 PM
Sept 18, 2026	INDABA (last 2026 Leadership Commitment) Scout Lodge, Monterey	Friday	7:00 PM	Saturday	3:00 PM
Occasionally it may be necessary to make changes to dates and times. You will be notified of any changes.					

There may be FUNDRAISER opportunities that everyone will be expected to take part in and will be announced as separate dates. In addition, there may be some extra virtual meetings and marketing/promotional meetings added to this schedule.

White Stag Message Phone - 831-204-7574 register@whitestagcamp.org *www.whitestagmonterey.com*

Location of Scout Lodge — Google maps: POM Boy Scout Lodge, Monterey, CA
Corporal Ewing Rd & Pvt. Bolio Rd., Monterey, CA

Location of Piney Creek Camp — Google maps: White Stag Piney Creek, Greenfield, CA
44900 E Carmel Valley Rd, Greenfield, CA 93927

Location of Camp Pico Blanco — Google maps: White Stag Pico Blanco, Carmel, CA
41523 Palo Colorado Rd, Carmel, CA 93923

By signing below, We have read, understand, and agree to the program requirements, including attendance, all fees, and refund policy forereferenced in the White Stag Youth Leader Expectations in its entirety. We have checked our calendar commitments and agree to attending the leadership meetings listed above. We understand that not meeting expectations or requirements, may result in dismissal from the Youth Leader Team for the current year, no fee refunds given. In addition, we understand that rules and expectations may change based on program needs.

Parents/Guardians: Parents should question your youth Leader member about any activities not listed on this form to ensure proper adult supervision. You may contact the Program Director/s if you need more information.

Print Youth Leader Name _____ Youth Leader Signature _____ Date _____

Print Parent/Guardian Name _____ Parent/Guardian Signature _____ Date _____

***Upload this signed agreement to your online registration account**

SCOUTING AMERICA YOUTH MEMBER APPLICATION—Must be completed by the youth's parent or legal guardian

YOUTH INFORMATION

First name **(Full legal name)** | Middle name | Last name | Suffix | Preferred nickname

Country | Home address | City | State | Zip code

Phone - - | Date of birth (mm/dd/yyyy) / / | Grade

Ethnic background:
- Black/African American
- Caucasian/White
- Hispanic/Latino
- Native American
- Pacific Islander
- Other
- Alaska Native
- Asian

Gender: Male Female

☐ ***Scout Life* subscription**

School | Youth email address

PARENT/LEGAL GUARDIAN INFORMATION

☐ Mark here if address is same as above. ☐ Mark here if you are the Lion or Tiger adult partner.

Select relationship: ☐ Parent ☐ Legal Guardian

☐ Mark here if the Lion or Tiger adult partner is not the parent or legal guardian. Have the adult partner complete and attach an adult application and indicate their relationship below.

First name **(Full legal name)** | Middle name | Last name | Suffix | Preferred nickname

Country | Home address | City | State | Zip code

Primary phone - - | Date of birth (mm/dd/yyyy) / / | Occupation | Employer | Gender: Male Female

Alternate phone - - x | Ext. | Previous Scouting experience

I have read the attached information for parents and approve the application. I affirm that I have or will review *How to Protect Your Children From Child Abuse: A Parent's Guide.*

Signature of parent/legal guardian | Date / / | Parent/legal guardian email address

To be completed by unit

Signature of unit leader (or designee) | Date / /

Unit type: ☐ Pack ☐ Troop ☐ Crew ☐ Ship ☐ Lone Cub Scout ☐ Lone Scout ☐ Has earned Arrow of Light

Unit No.: For pack registration select one: ☐ Lion ☐ Tiger ☐ Wolf ☐ Bear ☐ Webelos

If applicant has unexpired membership certificate, registration may be accomplished at no charge by transferring the registration or multiple registering.

☐ Transfer application ☐ Multiple application

Enter membership number from unexpired certificate:

Registration fee $ | Council fee $

Council No.: | Unit type: ☐ Pack ☐ Troop ☐ Crew ☐ Ship | Unit No. or district name:

Scout Life fee $ 15.00

PAID: ☐ Cash ☐ Check No. _____ ☐ Credit card

Part A: Informed Consent, Release Agreement, and Authorization

A

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Informed Consent, Release Agreement, and Authorization

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

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

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

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

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

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

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

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

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

List participant restrictions, if any: ☐ **None**

_____

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

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:

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

Name: _____ Name: _____

Phone: _____ Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____ Name: _____

Phone: _____ Phone: _____

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Part B1: General Information/Health History

B1

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

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

Address: _____

City: _____ State: _____ ZIP code: _____ Phone: _____

Unit leader: _____ Unit leader's mobile #: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____

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

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

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

Yes	No	Condition	Explain
☐	☐	Diabetes	**Last HbA1c percentage and date:** **Insulin pump: Yes** ☐ **No** ☐
☐	☐	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/reactive airway disease	**Last attack date:**
☐	☐	Lung/respiratory disease	
☐	☐	COPD	
☐	☐	Ear/eyes/nose/sinus problems	
☐	☐	Muscular/skeletal condition/muscle or bone issues	
☐	☐	Head injury/concussion/TBI	
☐	☐	Altitude sickness	
☐	☐	Psychiatric/psychological or emotional difficulties	
☐	☐	Neurological/behavioral disorders	
☐	☐	Blood disorders/sickle cell disease	
☐	☐	Fainting spells and dizziness	
☐	☐	Kidney disease	
☐	☐	Seizures or epilepsy	**Last seizure date:**
☐	☐	Abdominal/stomach/digestive problems	
☐	☐	Thyroid disease	
☐	☐	Skin issues	
☐	☐	Obstructive sleep apnea/sleep disorders	**CPAP: Yes** ☐ **No** ☐
☐	☐	List all surgeries and hospitalizations	**Last surgery date:**
☐	☐	List any other medical conditions not covered above	

Part B2: General Information/Health History

B2

Full name: _____

Date of birth: _____

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

Allergies/Medications

DO YOU USE AN EPINEPHRINE AUTOINJECTOR? ☐ YES ☐ NO Exp. date (if yes) _____

DO YOU USE AN ASTHMA RESCUE INHALER? ☐ YES ☐ NO Exp. date (if yes) _____

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

Yes	No	Allergies or Reactions	Explain
☐	☐	Medication	
☐	☐	Food	

Yes	No	Allergies or Reactions	Explain
☐	☐	Plants	
☐	☐	Insect bites/stings	

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

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

Medication	Dose	Frequency	Reason

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

Administration of the above medications is approved for youth by:

_____ / _____

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

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

Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
☐	☐		Tetanus	
☐	☐		Pertussis	
☐	☐		Diphtheria	
☐	☐		Measles/mumps/rubella	
☐	☐		Polio	
☐	☐		Chicken Pox	
☐	☐		Hepatitis A	
☐	☐		Hepatitis B	
☐	☐		Meningitis	
☐	☐		Influenza	
☐	☐		Other (i.e., HIB)	
☐	☐		Exemption to immunizations **(form required)**	

Please list any additional information about your medical history:

_____

_____

_____

_____

DO NOT WRITE IN THIS BOX.
Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: ☐ Yes ☐ No

Reason: _____

Approved by: _____

Date: _____

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Part C: Pre-Participation Physical

C

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

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

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

Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate	☐	☐	

Yes	No	Allergies or Reactions	Explain
☐	☐	Medication	
☐	☐	Food	

Yes	No	Allergies or Reactions	Explain
☐	☐	Plants	
☐	☐	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	☐	☐	
Skin issues	☐	☐	
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.
☐	☐	Has no uncontrolled heart disease, lung disease, 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 planning to scuba dive, does not have diabetes, asthma, or seizures.

Examiner's signature: _____ **Date:** _____

Examiner's printed name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Office phone: _____

Height/Weight Restrictions

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

Maximum weight for height:

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