



## Parental Release of Campers Form Broad Creek Memorial Scout Reservation

This form is to be used only if a camper will be picked up during camp.

To ensure the safety of all campers, the Baltimore Area Council, BSA has enacted the following policy. Any camper, who leaves camp prior to normal departure time on Saturday morning with their unit, will only be permitted to leave under the auspices of an adult approved by the parents of the camper. This Parental of Campers Release Form, signed by the parents of the camper must be on file at the Camp Administration Building. This form will list all adults, who are authorized by the parents, with whom their son or daughter may leave camp. **Procedures for early departure:**

1. This form must be completed and signed by: the adult, the unit leader, and the camp representative.
2. The Adult must be listed favorably on the Parental Release of Campers Form.
3. The adult must be positively identified with a photo ID and accepted by the in-camp Unit Leader
4. Provisions must be made for retrieving outstanding advancement paperwork for the departing Scout, as the camp is unable to deliver/send.
5. The Scout can then be released to the adult.

Scout Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Unit Type: \_\_\_\_\_ Unit #: \_\_\_\_\_ District: \_\_\_\_\_ Council: \_\_\_\_\_  
 Scoutmaster at Camp: \_\_\_\_\_

**Please make certain to name, on back or additional forms, any adults who cannot be near your child.**

The follow individuals listed below DO have authorization to pick up my child during his stay at camp.

(Please be sure to include your own name if you will be picking up the Scout!)

1. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Town: \_\_\_\_\_ State: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Town: \_\_\_\_\_ State: \_\_\_\_\_

3. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Town: \_\_\_\_\_ State: \_\_\_\_\_

As parent/Guardian of the camper (listed above) authorize the adults (listed above), with whom our son or daughter may leave camp with prior to Saturday morning checkout.

Parent/Guardian Signature: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**For camp use only below this line**

Picked up by: \_\_\_\_\_ Date: \_\_\_\_\_

Scout Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SM signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Camp Director Notified: \_\_\_\_\_ In-Person: \_\_\_\_\_ By Radio: \_\_\_\_\_ By Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Time Completed: \_\_\_\_\_

**This form is required for ALL Youth and Adults attending camp.**





# DRUG ADMINISTRATION RECORD

Dates of Camp: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Camp: \_\_\_\_\_ Site: \_\_\_\_\_

Scout(er) Last Name		Scout(er) First Name		Unit #
Date of Birth	Height	Weight	ALLERGIES	
Name Emergency Contact		Emergency Phone Number(s) During Camp		1. 2.

**SECTION 1 – MEDICATIONS SUPPLIED BY CAMP:** This section, completed by parent or guardian or adult, gives consent to the Health Lodge to supply a Scout (er) with an over the counter medication (OTC). OTC's will NOT be administered without the consent of the parent, guardian, or adult.

Please check YES or NO for the OTC medications that are/are not permitted. This list represents the only OTC medication that will be stocked in the health lodge. If other medication is required it must be supplied from home. (see SECTION 2 for those instructions)

Robitussin (plain) <input type="checkbox"/> YES <input type="checkbox"/> NO	Sudafed <input type="checkbox"/> YES <input type="checkbox"/> NO	Ibuprofen (Motrin, Advil) <input type="checkbox"/> YES <input type="checkbox"/> NO
Tylenol <input type="checkbox"/> YES <input type="checkbox"/> NO	Milk of Magnesia <input type="checkbox"/> YES <input type="checkbox"/> NO	Tums Tablets <input type="checkbox"/> YES <input type="checkbox"/> NO
Benadryl <input type="checkbox"/> YES <input type="checkbox"/> NO	Hydrocortisone Cream 1% <input type="checkbox"/> YES <input type="checkbox"/> NO	Polysporin Ointment <input type="checkbox"/> YES <input type="checkbox"/> NO

I give permission for the above Scout to receive the noted over the counter medications as needed.  
Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 2 – MEDICATIONS BROUGHT FROM HOME

- Fill out this section if you bring ANY medications from home (prescription or over-the-counter) - one (1) medication per box; use additional forms as necessary.
- ALL medications brought from home must be in the original container, labeled with the Scout/Scouter's name, drug name, and dosage/directions.
- Place medications in a zipper-lock plastic bag labeled with the Scout/Scouter's name, unit number, and dates of camp stay.
- ALL medications (for Scouts & Scouters) must be turned into the Camp Health Lodge for storage except for: **EPIPENS, RESCUE INHALERS, ANGINA MEDICATIONS, and INSULIN.** Complete this section for all emergency medications as well and turn this form in to the Camp Health Lodge.

Medication Name/Strength		FOR HEALTH STAFF USE ONLY							
		Time	S	M	T	W	T	F	S
Dosage (how many & when)									
Quantity sent to camp									
Side Effects/Special Handling/Instructions									

Medication Name/Strength		FOR HEALTH STAFF USE ONLY							
		Time	S	M	T	W	T	F	S
Dosage (how many & when)									
Quantity sent to camp									
Side Effects/Special Handling/Instructions									

Medication Name/Strength		FOR HEALTH STAFF USE ONLY							
		Time	S	M	T	W	T	F	S
Dosage (how many & when)									
Quantity sent to camp									
Side Effects/Special Handling/Instructions									

In accordance with the BSA National Camp Standards, all medications brought from home must be stored in the Camp Health Lodge (except for EPIPENS, RESCUE INHALERS, ANGINA MEDICATIONS, & INSULIN). However, the Camp, its Staff, and the Baltimore Area Council assume no responsibility for administering medications from home. Any youth campers requiring injectable medications should be able to administer these medications themselves or have an adult leader/parent/guardian available that would be able to administer these medications for them.

I give permission for the above Scout/Scouter to receive from storage and to take the above noted medications brought from home, as directed and as listed above.

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Signature/Initials Health Officer: \_\_\_\_\_ Date: \_\_\_\_\_

WHITE COPY (Health Lodge/First Aid Log) • YELLOW COPY (Return to parent upon camp departure) • GREEN COPY (Unit Leader)





This form may be used for ADULT CAMPERS (AGE 18 AND OLDER).  
**MEDICATION STORAGE RELEASE RECORD**

Dates of Camp: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Camp: \_\_\_\_\_ Site: \_\_\_\_\_

Scouter Last Name		Scouter First Name	
Unit Type	Unit Number	Date of Birth	

Camp policy provides that, unless specifically authorized by the Camp Health Officer, all medications must be stored at the Health Lodge. This form may be used to authorize adult Scouters (18 years and older) to keep their personal medications (prescription and "over the counter") with them during camp provided they accept the responsibilities for storing them securely and affirm that they have been informed of the risks of storing them outside the Health Lodge. It also serves as a hold harmless agreement releasing the Council from any liability associated with a Scouter's decision to store personal medications in a location other than the Health Lodge.

*Please read and initial each line.*

**INITIAL**

\_\_\_\_\_ I certify that I am age 18 years or older.

\_\_\_\_\_ I certify that all of the medications (prescription and "over the counter") that I am bringing to camp are listed in **Part A** of my Annual Health and Medical Record.

\_\_\_\_\_ I understand that storage of my medications (both prescription and "over the counter") *outside* of the camp Health Lodge carries the following risks:

- Destruction or alteration of medication efficacy by natural elements (temperature, moisture, light)
- Loss
- Theft
- Potential for abuse, through loss or theft, of my medications by those for whom they are not intended

\_\_\_\_\_ I voluntarily choose to store my own medications outside the Health Lodge and in doing so I agree to the following:

- Except for EPIPENS, Rescue Inhalers, Angina medications, and Insulin, which may be kept with me secured and in my direct custody at all times, I will keep all other medications of mine in a locked container in my campsite at all times, except for when I have direct custody and oversight of the container while accessing and taking my medications.
- I certify that I am the only person other than the Camp Health Officer with a key or combination to the locked container.
- I will immediately inform the Health Officer and the Camp Director in the event of loss or theft of the container or any of its contents.
- I release the Boy Scouts of America, the Baltimore Area Council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with my camping experience from any and all claims or liability arising out of, or associated with, my storage of my medications in a location other than the Health Lodge.

\_\_\_\_\_ I am aware, that at any time, I may change my mind and cancel this record. To do so, I must:

- Return my copy of this form to the Health Lodge and sign the cancellation portion of it,
- Bring all of my medications to the Health Lodge, and
- Complete a Baltimore Area Council "Drug Administration Record"

I have read and understand all of the above and will abide by the practices I have affirmed above.			
Signature	Date	Signature/Health Officer	Date

**FOR CANCELLATION OF REQUEST**

• I have changed my mind and would like to cancel this request. I certify that, except for EpiPens, Rescue Inhalers, Angina medications, and Insulin, which may be kept with me secured and in my direct custody at all times, all other medications of mine (prescription and "over the counter") are now in storage at the Health Lodge, where they will remain for the rest of my time at camp.

• I acknowledge that I will now have access to my medications only in accordance with the camp's normal policies and practices.

Signature	Date	Signature/Health Officer	Date
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WHITE COPY (Health Lodge/First Aid Log) • BOTTOM COPY (Scouter)







# SCOUTS BSA SHOOTING SPORTS

## Program Participation and Hold-Harmless Agreement

Participant's Printed Name:	Council:	Troop:	Arrival Date:

The Baltimore Area Council is conducting a shooting sports program.

I, the undersigned, give my child (the "participant" name entered above), permission to participate in the programs I have initialed next to below. I understand that participation in these activities involves a certain degree of risk.

I have carefully considered the risk involved and have given consent for my child to participate in the activities initialed next to below. I understand that participation in each activity is entirely voluntary and requires participants to abide by the rules and standards of conduct. I hereby release the Boy Scouts of America, the Baltimore Area Council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with each activity (the "Released Parties") from and against all claims, actions, proceedings, damages, liabilities, and expenses of every kind, whether known or unknown and whether or not foreseeable, including, without limitation, those for or relating to bodily injury, property damage, or loss of life that in any way relates to, results from, or arises out of this participation. We agree to defend and indemnify the Released Parties from and against any and all claims, actions, proceedings, damages, liabilities, and expenses of every kind that in any way relate to, result from, or arise out of the Participant participating in the shooting sports program.

I understand that any additional cost associated with participation in these programs will not be refunded if my child is removed for behavioral problems. For safety, my child and I agree that they will do the following or they will be removed from the program:

1. Complete a range safety briefing.
2. Wear required safety gear while on the range.
3. Follow all the safety rules provided in the safety briefing.
4. Follow the instructions of the Range Safety Officer(s), NRA Rifle Instructor, NRA Shotgun Instructor, NRA Pistol Instructor, BSA Archery Rangemaster, and/or those with superseding training.
5. Do not handle the bow or firearms until instructed to do so by the qualified instructor(s) listed above.
6. Is registered as Scouts BSA, Sea Scout, or Venturer

### Archery

The BSA offers instructional and open shoot static archery programs. In these programs, Scouts will handle nocking arrows, drawing the bow, and releasing to shoot at a static target under the supervision of a BSA Archery Rangemaster.

I, the undersigned, verify that my child has my permission to participate in static archery. Initial \_\_\_\_\_

### Rifle Shooting

The BSA offers instructional and open shoot rifle programs. In these programs, Scouts will handle a .22 rifle, load the rounds, and shoot at static and/or moving targets under the supervision of an NRA Rifle Instructor.

I, the undersigned, verify that my child has my permission to participate in rifle shooting. Initial \_\_\_\_\_

### Shotgun Shooting

The BSA offers instructional and open shoot shotgun programs. In these programs, Scouts will handle a 12-gauge or 20-gauge shotgun and shoot at moving clay targets under the supervision of an NRA Shotgun Instructor.

I, the undersigned, verify that my child has my permission to participate in shotgun shooting. Initial \_\_\_\_\_

**(Please flip sheet to continue)**





**Sporting Arrows**

The BSA offers sporting arrows as an advanced archery program. In this program, Scouts will handle a bow and shoot at moving disk targets shot through the air on a range, under the supervision of a USA Archery Level I Certified Instructor.

I, the undersigned, verify that my child has my permission to participate in sporting arrows. **Initial** \_\_\_\_\_

**Cowboy Action Shooting**

The BSA offers a Cowboy Action Shooting program. In this program, Scouts will shoot a rifle, pistol, and shotgun under the supervision of an NRA Rifle Instructor, NRA Pistol Instructor, and NRA Shotgun Instructor. Participants must be 14 years of age, or 13 and completed the eighth grade, at the start of the activity and will be in full compliance with all local, state, and federal guidelines, including age restrictions and original equipment manufacturer standards.

I, the undersigned, verify that my child is 14 years of age, or 13 having completed the 8<sup>th</sup> grade, and has my permission to participate in Cowboy Action Shooting.

**Initial** \_\_\_\_\_

Participant signature _____	Date: _____
Parent/guardian signature _____	Date: _____





# Broad Creek Code Of Conduct

## Broad Creek is a special place for Scouts... ALL Scouts

Broad Creek Memorial Scout Reservation welcomes Scouts from across the world and from different ethnicities, races, religions, genders, and backgrounds.

ALL SCOUTS that live according to Broad Creek’s Code of Conduct are welcome here at Broad Creek.

Broad Creek Scouts are the BEST SCOUTS and commit themselves to be:

- Scouts with honor that do their best to live up to the Scout Oath, Law, Outdoor Code, Slogan and Motto
- Trustworthy: Respect the privacy of other Scouts and adults in bathrooms, showers, tents and cabins/Adirondacks
- Courteous: Treat others with respect. Sexual comments, sexual activity, flirting, or ogling (staring at others) are inappropriate
- Friendly: Say “Good Morning” each day with a positive attitude. No name-calling, insults, threats or bad-natured teasing
- Clean: No jokes, insults, skits, or songs based on race, religion, ethnicity, gender, or abilities. Keep language clean
- Kind: Be welcoming to new Scouts and build up fellow Scouts
- Brave: Stand up for others. Admit mistakes and apologize when in the wrong.
- Reverent: Reflect on your spirituality and how you treat others. We have a Scout’s Own service.

### Broad Creek Scouts Are “Upstanders”!

If you see someone being unkind to someone else, don’t be a bystander. Instead, Broad Creek Scouts are “UPSTANDERS”. If you see someone being treated unkindly: stop it and don’t join in. Speak up in defense of the person and report it to a trusted leader or adult such as your SPL or Scoutmaster.

Behavior that is found to be inconsistent with the Broad Creek Code of Conduct or the values of Scouting, may result in discipline up to and including expulsion from Broad Creek Scout Reservation at the Scout’s own expense and could result in revocation of Scouting membership.

SCOUT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SCOUT’S PRINTED NAME: \_\_\_\_\_ TROOP: \_\_\_\_\_

PARENT’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

