Owned and operated by the Housatonic Council, Boy Scouts of America and located in the foothills of Litchfield County, Strang Scout Reservation’s 186 acres of forest, fields and streams provide the back drop to an exciting scouting experience.

Visit HousatonicBSA.org

STRANG SCOUT RESERVATION  
Housatonic Council, Boy Scouts of America  
278 Westside Road Goshen CT 06756  
860.491.2770  
StrangScoutReservation@gmail.com

COUNCIL SERVICE CENTER  
Housatonic Council, Boy Scouts of America  
111 New Haven Avenue Derby CT 06418  
203.734.3329
IMPORTANT DATES TO REMEMBER

APRIL 15, 2023 AND JUNE 1, 2023

IN ORDER TO SECURE A DISCOUNTED FEE TOWARDS SUMMER CAMP, A DEPOSIT OF $25 IS REQUIRED FOR EACH WEEK ATTENDING CAMP ON OR BEFORE APRIL 15, 2023

FULL PAYMENT OF THE DISCOUNTED PRICE MUST BE RECEIVED ON OR BEFORE JUNE 1, 2023 OTHERWISE THE DIFFERENCE WILL BE APPLIED BASED ON WHICH WEEK YOUR CHILD(REN) WILL BE ATTENDING.

ATTENTION UNITS- DEPOSITS DO NOT HAVE TO BE FOR A SPECIFIC YOUTH MEMBER (I.E. RESERVE 10 SPOTS = $250 DEPOSIT)
Let's Get Started! We are excited that you are interested in attending Strang Scout Reservation this summer! Our team looks forward to meeting you! Since 1961, our scout reservation has created a historic legacy of scouting for youth in the lower Naugatuck Valley, throughout Connecticut, and throughout the Northeast Region.

First named Housatonic Scout Reservation, the property was renamed in 1990, Edmund D. Strang Scout Reservation in honor of Ed's commitment as a lifelong scouter, volunteer in Housatonic Council, and holding distinction of being the longest serving Cub Master in B.S.A. history.

Strang Scout Reservation is the primary residential summer camp experience for Housatonic Council. Our program seeks to provide advancement, outdoor education, and leadership opportunities that support the development of the 3 Aims of Scouting-- character, citizenship, and fitness.

Strang Scout Reservation offers a residential summer camp experience for Scouts BSA Scouts, Cub Scouts, and Venturing Scouts. Our seven campsites offer canvas tent and Lean to camping. Scouts and adult leaders have the opportunity to participate in activities and advancement across our nine program areas. Our camp size and experienced staff can offer an individualized camp experience for each scout and unit. Our staff is willing to work with you to build the program opportunities you are looking for!
SAFETY IS OUR TOP PRIORITY

Our Camp Health Office is staffed 24 Hours a Day by a qualified Health Officer. Strang Scout Reservation meets or exceeds National BSA Camp Standards and Complies with Connecticut State Laws for Youth Camps.

Use of tobacco products, alcohol, or illegal drugs on camp property is strictly prohibited.

All residential summer camp participants (scouts and leaders) are required to submit a complete Boy Scouts of America Medical Form A, B, and C. Please see forms attached at the end of this brochure.

Insurance: Housatonic council provides secondary health and accident insurance for participants, which covers costs not paid by the primary carrier. Non-Housatonic Council participants need to provide proof of council/unit insurance.

CAMP STAFF

Our reservation is fortunate to have a talented and seasoned summer camp staff. All Camp Administrators are trained by the National Camping School Program and have a combined 100+ years of scouting experience!

CAMP TRADING POST

The Camp Strang Trading Post offers everything a camper may need during the week. Items include shirts, hats, craft supplies, Merit Badge supplies, soft drinks, ice cream, candy, etc.

MAIL SERVICE

Mail can be sent to the following address:

Camper's Name
Troop/ Pack Number & Campsite
C/o Strang Scout Reservation
278 Westside Rd.
Goshen, Connecticut 06075
Look's Like We Have a Mystery on Our Hands!

Our 2023 Summer Camp Season's Theme is Mystery! Our staff need help solving riddles and puzzles throughout the week in order to solve this case! Can we count on you, detective? Fingerprinting Merit Badge offered By Appointment!

4 x 6 Schedule Model

Strang will operate on a 4 Day x 6 Session Advancement Schedule model. Monday-Thursday Scouts will select a Merit Badge class to attend each session. On Fridays, Strang will offer a Exploration Day! Scouts may use this time to visit any Program Area for Open Programming. The Program Director will also run special events on Fridays! Scouts who have not yet finished Merit Badge requirements may also meet with their instructor on this final day.

Spirit Days!

Monday-- Crazy Socks Day!
Tuesday-- Sports Day!
Wednesday-- OA Day!
Thursday-- Tie Day Day!
Friday-- Red, White, and Blue Day!

New Programs!

New Merit Badges
New Troop & Camp wide Programs
Camp wide Competitions
Redesigned First Year Camper Program
Exploration Day! & Special Events

Facilities Improvements

Facilities Improvements continue to take place year-round at Strang Scout Reservation that support the camper experience and beautification of camp property.
PACKING LIST

- Daily Change of Clothes
- Activity Uniform
- **Field Uniform (Scout Shirt, Scout Shorts, Scout Pants)**
- Watch
- Toiletry Items
- Sleeping bag or sheets and a blanket
- Pillow
- **Rain Gear**
- Flashlight with extra batteries
- Trunk with a combination lock
- Scout Handbook
- Pen/ Pencil and Paper, Notebook
- Swim Suit and Towel
- **Bug Netting and Bunk Poles**
- Hiking Shoes
- Laundry Bags
- **Water Bottle**
- Sweatshirt or Jacket
- Bug Repellent (non-aerosol)
- Sun Screen
- Spending money for Trading Post
- Bicycle and helmet (if want)
- **Medical Forms (A, B, and C)**

**WHAT NOT TO BRING**

- Electronics
- Food/ Snacks that are kept in site or tent
- Fireworks
- Tobacco Products, Alcohol, Illegal Drugs
- Scented Toiletries

*Strang Scout Reservation is not responsible for the loss or damage of personal items brought to camp.*
2023 SUMMER PROGRAM SCHEDULE

CUB WEEK  
7/5 - 7/8

WEEK 1  
7/9 - 7/15

WEEK 2  
7/16 - 7/22

WEEK 3  
7/23-7/29

WEEK 4  
7/30-8/5

CUB SCOUT RESIDENT CAMP
SCOUTS BSA RESIDENT CAMP
SCOUTS BSA RESIDENT CAMP
SCOUTS BSA RESIDENT CAMP
TREK CAMP

ABOUT SUMMER CAMP PROGRAMS

Scouts BSA Summer Camp at Strang Scout Reservation offers scouts an incredible week long opportunity to try new activities, work on advancement, and develop scouting skills in the outdoors! Scouts will have the opportunity to engage in various program options- including Merit Badges, Early Morning Programs, Older Youth activities, Troop Programs, and Camp Wide Programs.

Scouts who attend each week of summer camp (including Scouts BSA and Cub Scout Programs) will have the opportunity to visit all of our awesome program areas- including Aquatics, Shooting Sports, Climbing, S.T.E.M., Outdoor Skills, Ecology and Conservation, and Handicrafts.
Program Activities at Camp Strang

Archery
Arts & Crafts
Astronomy/Star Party!
Baden Powell Award
Boating
Black Powder Rifle
Blob
By Appointment Badges
Campsite Cooking
Canoe Tug of War
Climbing Tower
Conservation Projects
Cornhole
Crate Stacking
Cyber Chip
Dining Hall Theater
Ecology & Conservation
Exploration Day!
Firem'n Chit Award
First Year Camper
Flu Flu Archery
Frisbee Golf
Ga Ga Ball
Geocaching
Greased Watermelon
Kayak Soccer
Karoke Night
Lawn Games
Leather Slide Making
Merit Badges
Mile Swim
Morning Climb
Nature Hike
Night Climb
Night Ga Ga
Night Shoot
Opening Floating Campfire
Order of the Arrow Day
Paul Bunyan Award
Plaque Making
Polar Bear Swim
Raft Building
Rank Advancement
Rifle Shooting
Rocketry
Scout Leader Award
Scout Skills Instruction
Shotgun Shooting
Slip-n-Slide
Snack Craft
Sunrise Sports
Soccer
Stand Up Paddle Board
Staff Hunt
S.T.E.M. Competitions
S.T.E.M. NOVA Awards
Tomahawk Throwing
Totin' Chip Award
Trivia Night
Troop Competitions
Ultimate Frisbee
Water Polo
Water Trampoline
Wilderness Rescue
Wiffle Ball
Merit Badge Offerings
Strang Scout Reservation offers dozens of Merit Badge options! Please see the attached Merit Badge schedule. Merit Badge classes are taught by trained staff and supervised by Area Directors who are trained by the National Camping School Program. Merit Badge classes run based upon enrollment. Most Merit Badges can be earned during one week of summer camp, but others may receive a partial. Some badges may require pre-requisites prior to arrival at camp.

Open & Exploratory Programs
All Program Areas offer the opportunity for scouts to engage in open or exploratory programs, which are non-advancement programs that allow scouts the opportunity to try new activities or earn specialty awards. Examples of open or exploratory programs may include Open Waterfront, Open Archery, Open Rifle Shooting, Mile Swim, Totin' Chip, By Appointment Merit Badges, etc.

First Year Camper Program
The Stang Scout Reservation First Year Camper Program is designed to support scouts who are in their first few years of scouting. The FYC Program follows the patrol model, supervised by camp staff, which provides scouts the opportunity to work on Scout, Tenderfoot, Second Class, and First Class Rank Requirements. The First Year Camper Program runs in the morning during Period 1 - Period 3. Scouts in the FYC Program may choose their own badges to earn during Periods 4, 5, and 6.

Early Bird & Night Owl Programs
Strang Scout Reservation offers various "early morning" and "late night" programs that take place at 6:30am and 9:00pm. Scouts who attend these programs have the opportunity to earn special awards. Examples of Early Bird/ Night Owl Programs include Polar Bear Swim, Sunrise Sports, Morning Climb, Night Shoot, Night Climb, Night GaGa, Snack Craft, and more!

Camp Wide Programs
Camp Wide Programs are run each day which allow for scouts to interact with other scouts from each troop. Examples of Camp Wide Programs have historically included Camper v. Staff Ultimate Frisbee, Trivia Night, Campfires, and more!
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<td>Emergency Skills</td>
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<td>Composite Materials</td>
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Merit Badge / Program:
- 4:00pm - 4:15pm: Session 6 / Open Area
- 5:00pm - 5:15pm: Session 7
- 6:00pm - 6:15pm: Session 3
- 7:00pm - 7:15pm: Session 2
- 8:00pm - 8:15pm: Session 1
- 9:00pm - 9:15pm: Session 1
- 10:00pm - 10:15pm: Session 1
About the Merit Badge Schedule:

- Brownsea Island/ First Year Camper Program will run Periods 1-3. Scouts in the FYC Program can choose Merit Badges for Periods 4, 5, and 6.
- Fire Safety, Mammal Study, Art, Photography, Nature, Forestry, and Signs Signals and Codes are recommended for First Year Scouts.
- Shotgun Shooting, Lifesaving, and Emergency Preparedness are recommended for Scouts 13+
- First Aid is recommended for Scouts 13+ and who have already achieved the rank of First Class.
- Camp Administration reserves the right to adjust the Merit Badge schedule due to class enrollment.
- Scouts wishing to change their Merit Badge selections may do so by visiting the Camp Office upon arrival to Camp on Sunday.
- Basketry requires the purchase of supplies from Camp Trading Post (est. cost $15-20)
- An additional fee is required for participants in Welding Merit Badge ($15). Charged to Unit Fee Bill.

Merit Badges Available By Appointment:

See the Program Director or Area Director for information!

- American Business
- Art
- Automotive Maintenance
- Basketry
- Fingerprinting
- Fish and Wildlife
- Game Design
- Indian Lore
- Moviemaking
- Photography
- Pulp and Paper
- Reptile and Amphibian
- Woodcarving
PREREQUISITES:

Some merit badges require the completion of prerequisites prior to camp in order to complete the badge at camp. The following is a list of the offered badges which have recommended prerequisites.

- **Camping** - requirement 9a (a letter from your Scoutmaster) is required in order to complete the badge
- **Canoeing** - Scouts must pass the swim check as a swimmer in order to take this badge
- **Communications** - Requirements 4 and 5.
- **Cooking** - requirements 4, 5, & 6 should be done prior to camp in order to complete the badge
- **Digital Technology** - cyber chip must be earned prior to camp
- **Emergency Preparedness** - completing of First Aid Merit badge is required in order to earn this badge.
- **First Aid** - requirement 2d needs to be completed at home and brought to camp
- **Forestry** - requirements 1, 2b, & 2c need to be completed prior to camp
- **Environmental Science** - requirements 2, 3e, 4b, & 6 need to be completed prior to camp
- **Kayaking** - Scouts must pass the swim check as a swimmer in order to take this badge
- **Lifesaving** - Swimming merit badge must be earned prior to taking this badge
- **Nature** - requirement 4 should be completed prior to camp
- **Orienteering** - the 1st class orienteering requirement needs to be completed prior to camp. Bring a good compass with you.
- **Programming** - cyber chip must be earned prior to camp
- **Rowing** - Scouts must pass the swim check as a swimmer in order to take this badge. Bring shoes that can get wet.
- **Shotgun Shooting** - is recommended to Scouts 13 and older.
- **Small Boat Sailing** - Scouts must pass the swim check as a swimmer in order to take this badge
- **Swimming** - Scouts must pass the swim check as a swimmer in order to take this badge
Strang Scout Reservation TREK Program
Trek is an opportunity for older scouts to engage their scouting skills outside of the traditional summer camp experience. Scouts will be brought on a week long excursion where they will be tasked with leadership, navigation, cooking, first aid scenarios, and other applications of their scouting skills. Past treks have involved canoeing the Adirondacks and hiking the Connecticut section of the Appalachian trail.

*TREK Program runs Week 4 July 30 - August 5 for $490. The 2023 TREK Plan to be determined shortly!*

Adventure to Eagle Program (A2E)
The Adventure to Eagle Program (A2E) is designed for older scouts who have achieved the Rank of Star. Under the supervision of the A2E Director, scouts enrolled in the program will have the opportunity to work on Eagle Required Merit Badges, attend workshops structured to assist scouts in the preliminary planning of their Eagle Project, and various leadership seminars.

*The A2E Program runs Week 3 July 23 - July 29 for $490.*

Residential Cub Scout Week
Cub Scouts and parents/guardians are encouraged to join us for an incredible adventure! Sleep in canvas tents, eat in the dining hall, try many new activities, and learn what a week of residential summer camp is all about! Cubs may have the opportunity to work on some requirements towards Rank Adventures. Program events include: Swimming and Boating, BB Shooting, Archery, Climbing, S.T.E.M., Scout Skills, team building games, Slip n' Slide, nature activities, handicrafts, and more!

*The Residential Cub Scout Week runs July 5 - July 8 for $350. Check-In Begins 9:00am on July 5 and concludes 10:00 on July 8 after Breakfast and a Closing Ceremony.*
ADVENTURE TO EAGLE

OUR MISSION
Adventure to Eagle (A2E) is a one-week, structured, and specifically timed program, held at Housatonic Council’s Edmund D. Strang Scout Reservation, in Goshen, CT. It provides an environment for the older Scout to grow, to set personal goals, to learn to understand values, to experience motivation, and to learn leadership from experienced mentors in the Boy Scouts.

PROGRAM HIGHLIGHTS

A2E will also teach youth how to apply for their Eagle Scout rank, and how to confirm their personal and troop records with the National records. Other workshops will include the benefits of earning the Eagle Scout rank, including college scholarship opportunities, Eagle Courts of Honor and dinners/receptions.

BUT IT WON’T BE ALL WORK...
As members of a Strang provisional troop, the A2E campers will take part in camp-wide events as selected and, at least once during the week, A2E Scouts will participate in a “for-them-only” special activity.

MERIT BADGES
The A2E candidates will select 3 or 4 Eagle-required merit badges to work on during the week. These may be among those offered at camp on a regular basis or others offered only during A2E Week. Each A2E Candidate receives his own individual MB class schedule.

Depending on the badge, all requirements may not be completed at camp. Pre-requisites, outlined during the pre-Camp Troop meeting in April, will be expected of many of the badges.
ADVENTURE TO EAGLE MERIT BADGE REGISTRATION
This form must be turned in at time of registration to Adventure to Eagle

First Name: ___________________________ Last Name: ___________________________

Current Rank: □ Star    □ Life    DOB: ___________________________

Unit #: ___________________________ Unit’s Town: ___________________________

Scoutmaster/Crew Advisor Recommendation Initials (Required): ___________________________

Parent’s Signature: ___________________________ Date Signed: __________

PLACE THE DATE of the required Merit Badges you have earned on the line. Place a number in the ranked order of the required Eagle Merit Badges you wish to take at A2E:

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<thead>
<tr>
<th></th>
<th>Environmental Science</th>
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<tr>
<td>Camping</td>
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<td>Citizenship in the Community</td>
<td>Family Life</td>
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<tr>
<td>Citizenship in the Nation</td>
<td>First Aid</td>
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<tr>
<td>Citizenship in the World</td>
<td>Lifesaving</td>
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<tr>
<td>Cooking</td>
<td>Personal Fitness</td>
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<tr>
<td>Communications</td>
<td>Personal Management</td>
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<tr>
<td>Emergency Preparedness</td>
<td>Swimming</td>
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</tbody>
</table>

Attending A2E does not mean the Scout will complete the Merit Badge at camp. Merit Badges that are not completed at camp will have a "partial" issued to the Scout. It is the scout’s responsibility to complete the requirements with an authorized merit badge counselor.

Please note that some of the Merit Badges have pre-requisites and require a three month commitment. Pre-requisites are listed within this brochure for Camping, Cooking, Emergency Preparedness, Environmental Science, First Aid, Lifesaving, Physical Fitness, and Swimming.

Citizenship in the Community - Requirements 2, 7, and 8 must be completed prior to attending camp.

Citizenship in the Nation - Requirements 2 and 8 must be completed prior to attending camp.

Communications - Requirements 3, 5 and 6 can be done in advance of camp; written confirmation from Scoutmaster, teacher or similar must be presented.) All class members will plan and present a campfire at camp to complete the badge.

Family Life - Requirements 3, 4, 5, and 6 must be worked on prior to camp. Completing this badge requires a 3-month commitment.

Personal Management - Requirement 2 requires a 3-month commitment and must be completed prior to attending camp.
**SCOUTS BSA WEEKLY SCHEDULE**

**Sunday (Check In Procedures)**

Plan to Arrive between **2:00PM and 4:30PM** for check-in.

Scoutmasters and Camp Staff will be located at the registration area to check-in your Pack or Troop. Scouts will receive their buddy tag for the Waterfront. All personal gear can be taken to campsite.

If a buddy tag is not in the scoutmaster packet, the scout must report to the Medical Check-In station in front of the Health Lodge before reporting to the Waterfront for Swim Tests.

**A Swim Check** will be conducted at the Waterfront immediately following check-in. A Swim Check is a requirement before participation in any Waterfront activities.

Around **5:00PM** the **Family Picnic will Begin**. All parents/visitors are invited to stay for our opening picnic. The fee is **$10.00** for adults and **$5.00** for children. Children under age 6 are free. Field Games will be organized during this picnic.

**Formal Retreat and Opening Ceremonies** will be held at **6:30PM**. A **Camp Tour** will be offered directly following Retreat. Each Program Area will be visited and will provide important safety information, as well as an overview of programs offered.

**Opening Night** will conclude with the traditional **Opening Campfire!**

**Merit Badge Sign-Ups**

Scoutmasters should submit their unit’s Merit Badge requests online prior to the pre-camp meeting. This allows camp staff time to plan accordingly. Camp Administration will do their best to accommodate all schedule requests. The Camp Director reserves the right to adjust the Merit Badge schedule to best accommodate the majority of scouts.

Many badges are available to be taught "By Appointment" by contacting a Merit Badge Counselor and the Program Area Director. By Appointment badges can be taught at a time agreed upon by the camper, their scoutmaster, and the badge instructor.
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<tr>
<th>Time</th>
<th>Activity</th>
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<td>10:00 AM</td>
<td>Check-In</td>
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<td>11:00 AM</td>
<td>Kids Competition</td>
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<td>12:00 PM</td>
<td>Lunch</td>
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<td>Campfire</td>
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<td>8:00 PM</td>
<td>Family Night</td>
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<td>9:00 PM</td>
<td>Family Night</td>
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**Monday**
- Morning Program: 6:00 AM - 9:00 AM
- Lunch: 12:00 PM
- Dinner: 6:00 PM
- Free Time: 7:00 PM
- Family Night: 9:00 PM

**Tuesday**
- Morning Program: 6:00 AM - 9:00 AM
- Lunch: 12:00 PM
- Dinner: 6:00 PM
- Free Time: 7:00 PM
- Family Night: 9:00 PM

**Wednesday**
- Morning Program: 6:00 AM - 9:00 AM
- Lunch: 12:00 PM
- Dinner: 6:00 PM
- Free Time: 7:00 PM
- Family Night: 9:00 PM

**Thursday**
- Morning Program: 6:00 AM - 9:00 AM
- Lunch: 12:00 PM
- Dinner: 6:00 PM
- Free Time: 7:00 PM
- Family Night: 9:00 PM

**Friday**
- Morning Program: 6:00 AM - 9:00 AM
- Lunch: 12:00 PM
- Dinner: 6:00 PM
- Free Time: 7:00 PM
- Family Night: 9:00 PM

**Saturday**
- Morning Program: 6:00 AM - 9:00 AM
- Lunch: 12:00 PM
- Dinner: 6:00 PM
- Free Time: 7:00 PM
- Family Night: 9:00 PM

**Sunday**
- Morning Program: 6:00 AM - 9:00 AM
- Lunch: 12:00 PM
- Dinner: 6:00 PM
- Free Time: 7:00 PM
- Family Night: 9:00 PM
Saturday (Closing Ceremonies)

Saturday Program will include breakfast served in the campsite, and a Court of Honor.

Reveille will occur at 7:00am.

Unit Breakfast will occur at 8:00am. Breakfast can be collected from the Dining Hall at 7:30am to eat at troop sites. Please be sure to bring all trash back to the Dining Hall. We ask that all unnecessary gear and/or equipment be packed and placed in a central location in the unit site. Camp Staff can assist with moving out gear starting at 8:30am.

The Court of Honor will occur at 9:30am. This Court of Honor will recognize all scouts for their hard work during the week. Troops have the option of being able to purchase merit badges that can be attached to all certificates handed out at the court of honor in the office. It is the responsibility of the troop to pay for these badges in a reasonable amount of time.
### Camp Fees

<table>
<thead>
<tr>
<th>1 Week Scouts BSA Resident Camp</th>
<th>Early Bird Rate April 15</th>
<th>2nd Week or Second Youth Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>$490</td>
<td>$465</td>
<td>$400</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TREK Camp &amp; A2E</th>
<th>Residential Cub Scout Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>$490</td>
<td>$350</td>
</tr>
</tbody>
</table>

#### Early Bird Registration
Scouts who register and pay in full before April 15 will receive a $25 discount from the original price of one full week of Scouts BSA Camp.

#### Adult Leadership
Strang Scout Reservation does not charge adult leaders for attendance. Thank you for volunteering!

#### Camperships
Housatonic Council has campership funds available to help reduce the cost of attending camp for many scouts and their families. Campership applications can be picked up at the Housatonic Council Service Center at the Camp Strang Office.
CAMP STRANG REGISTRATION FORM - SCOUT CAMP

Name: ___________________________ Age: _______ Birth date: _____ / _____ / _______
Address: ___________________________ State: _______ Zip: ___________
Town: ___________________________ Unit #: _______ Unit's Town: ___________
Phone: ___________________________ Unit #: _______ Unit's Town: ___________

Parents Signature (Required): ____________________________________________
Parents Email: __________________________________________________________

CHECK THE APPROPRIATE WEEK(S) YOU WILL ATTEND AND CIRCLE THE FEE AMOUNT(S) PER YOUR PAYMENT DATE. Camp fee includes a $25.00 non-refundable deposit.

SCOUT RESIDENT CAMP SESSIONS AT CAMP STRANG

Total All Above $_______ AMOUNT PAID $________

<table>
<thead>
<tr>
<th>Summer Camp Dates</th>
<th>Regular Fee After April 1</th>
<th>Early Bird Fee Prior to April 1</th>
<th>Additional Week/Sibling Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Cub Scout Week</td>
<td>$350</td>
<td>$325</td>
<td>$260</td>
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<tr>
<td>July 5 - July 8</td>
<td></td>
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<tr>
<td>Week 1 Scouts BSA Resident Camp</td>
<td>$490</td>
<td>$465</td>
<td>$400</td>
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<tr>
<td>July 9 - July 15</td>
<td></td>
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<tr>
<td>Week 2 Scouts BSA Resident Camp</td>
<td>$490</td>
<td>$465</td>
<td>$400</td>
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<tr>
<td>July 16- July 22</td>
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<tr>
<td>Week 3 Scouts BSA Resident Camp</td>
<td>$490</td>
<td>$465</td>
<td>$400</td>
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<tr>
<td>July 23 - July 29</td>
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<tr>
<td>TREK Week</td>
<td>$490</td>
<td>$465</td>
<td>$400</td>
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<tr>
<td>July 30 - August 5</td>
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</tbody>
</table>

PAYMENT INFORMATION
Payment by (check all that apply) Cash_____ or Check _____ or Credit Card Payment_____
Credit Card Type: MC _______ VISA _____ Date: ___________ Check #: ______
Print Name of Card Holder: ___________________________ Signature _________________________
Credit Card #: ______________________ Security # on Back _______ Expiration Date: _________

Remit to: Housatonic Council, BSA, 111 New Haven Ave, Derby, CT 06418 See refund request form for refund policy.
ALL REFUND REQUEST MUST BE MADE IN WRITING TO THE COUNCIL SERVICE CENTER BY AUGUST 31
**Required Form**

PERMISSION TO LEAVE CAMP

Scout Name: ________________________  Unit #:________

Dates attending camp: ______________________

Departure date and time: ______________________  Return date and time: ______________________

Signature of parent or legal guardian: ______________________

Will your child need to leave camp during the week? (sports, medical, family event, etc.)

We cannot release any Scout to anyone other than a parent, legal guardian, or other authorized person specified on this form. We require advance notice if a Scout will be leaving camp for any reason (other than emergencies) and with whom. In case of emergency, a Scout will be released to the parent or guardian whose signature is on the official Housatonic Council, BSA medical form.

Circle one: My child WILL / WILL NOT be leaving camp during the week.

Reason for leaving: ______________________

Authorized pick-up person (provide name and relationship to the scout named above.)

---

Camp Strang Trip Permission Form

Some merit badge classes and camp program require scouts to leave the camp property. At all time while off site, proper adult/staff supervision will be provided. (a minimum of 2 adults over the age of 18) Transportation will be by foot, chartered bus, or private car with a driver over the age of 21, most likely from your child’s troop. All BSA Youth Protection guidelines will be followed.

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety of my child’s activity, I hereby agree to my child’s participation and waiver all claims against the leader of this trip and officers, agents, and representatives of the Boy Scouts of America.

Circle one: I DO / DO NOT give my child permission to participate in the following off property trip(s) on the following dates.

Camp Mohawk Dance on ______________________ (date, time)

5 mile hike on ______________________ rain date scheduled for ________

(date, time)

Other: ______________________ on ______________________ (date, time)

Signature of parent or legal guardian ______________________  date ________
REQUEST FOR REFUND
Housatonic Council, BSA
Refund Policy

All requests must be received by August 31st and must have the Unit Leader’s approval (signature) to be considered for refund. If a Scout will be missing days during a Camp period, that Scout needs to notify the Camp Director at check in time. No refund will include the non-refundable $25.00 deposit.

The only circumstances under which refunds will be granted are as follows:

1. Illness of Scout prevents child’s attendance at summer camp
2. Illness or death in the camper’s immediate family prevents attendance at camp
3. Family relocation making attending camp impractical
4. Mandatory attendance at summer school that is verifiable
5. A Scout leaves camp for medical reasons (home sickness is not considered a refundable medical reason) must be certified by the Camp Health Officer or Camp Director. In such cases, the Scout will receive a pro-rated refund for the unused portion of the camp fee. If the unused portion constitutes three or more days and the medical excuse is not due to horseplay or negligence of said Scout.

Absolutely no refunds will be granted for “No Shows” or Days Missed.

Scout’s name: ___________________________ Troop/Pack: ___________________________
Address: ___________________________ City/State/Zip: ___________________________
Parent’s Name: ___________________________ Phone: ___________________________
Camp Attending and Date(s): ___________________________
Reason for Refund: ___________________________
Amount Paid for Camp: $ ____________ Amount Requesting: ___________________________
Unit Leader’s Signature (required): ___________________________

Mail to: Housatonic Council, BSA, 111 New Haven Avenue, Derby, CT 06418
SCOUT CAMP SCHOLARSHIP FUND APPLICATION

To apply a $25 non-refundable deposit is needed to process this campership application along with Unit Leader's Signature.

Name: ________________________ Age (as of 7/1/2021) ______________
Address: ______________________ City __________ State ______ Zip ______
Telephone: ____________________ Unit: Troop / Crew # ______________
Parent – Briefly explain your need for campership assistance:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

This youth is planning on attending ___________ week(s) of camp.
Applying for:

Summer Camp Dates

Residential Cub Scout Week
July 5 - July 8

Week 1 Scouts BSA Resident Camp
July 9 - July 15

Week 2 Scouts BSA Resident Camp
July 16 - July 22

Week 3 Scouts BSA Resident Camp
July 23 - July 29

TREK Week
July 30 - August 5

I can afford to pay the following $ _______________ towards my child's week(s) of camp.
The unit will be contributing $ _______________ towards my child's week(s) of camp.
Number of persons in household ________ Gross Income $ _______________

I understand that this is an application, and in no way guarantees a camp scholarship. I further understand that Housatonic Council awards partial camp scholarship and that scouts are encouraged to earn part of their camp fee.
This campership program is limited to use at Housatonic Council Camp facilities.

Parents Name (please print) ________________________________
Address: ______________________ City __________ State _____ Zip ______
Parents Signature: ________________________________
Mail to: Camperships Committee, Housatonic Council BSA, 111 New Haven Avenue, Derby, Connecticut, 06418
Unit Leader's Signature: ________________________ Date: ___________
REQUIRED MEDICAL FORMS

All troops/packs send in medical forms with their Scoutmaster a week prior, during the Pre-Camp Meeting. All scouts and scouters must have a completed medical form to spend the week in camp. A scout’s health history must be filled out and signed by the parent/guardian within the past year and the medication signature must be within 90 days. The camp health officer will check and collect all forms not previously turned in, as well as medications during check-in.

PLEASE SUBMIT A PHOTOCOPIED HEALTH FORM

Scouts and scouters not meeting the medical examination requirements will not be permitted to remain in camp. This pertains to all participating scouts and leaders, no matter how long their stay in camp may be, including temporary leadership.

EACH MEDICATION TO BE ADMINISTERED BY THE HEALTH OFFICER WILL NEED:

- “Authorization for Administration of Medication by School, Child Care, and Youth Camp Personnel” - page 24
- The doctor needs to fill out a form for each medication to be administered, including any over the counter, vitamins, inhalers, and EpiPens.
- If the “Authorization for Administration of Medication by School, Child Care, and Youth Camp Personnel” is not complete - the medication CANNOT be administered at Camp.

No medical examinations can be given at camp!

MEDICATIONS

All medications for scouts and scouters must be turned into the health officer during check-in. The Health officer will be located at the Medical check-in station at the Health Lodge. All medications must have a photo of the camper attached. Each form of medication must have a date as well as a doctor’s name on the container.

Medications must be in the original container with an attached photo!
*Please bring only the amount of medication necessary for the week.*

Medical Forms Checklist for each Camper:

- Authorization of Medication by School, Child Care, and Youth Camp Personnel (If over 18, not required)
- Boy Scouts of America Annual Medical Form
- Medical Addendum
- Non-prescription medication must also be left at the Health Lodge. This is a state law.
THIS PAGE IS LEFT INTENTIONALLY BLANK
MEDICAL ADDENDUM
REQUIRED FORM to
attend camp!

(must be completed by parent/guardian for scouts under 18 years old)

Scout_________________________ Troop_____ Week(s) _______

This addendum to the Annual BSA Health and Medical Record is for scouts under 18 years of age and is required to meet Connecticut Department of Health requirements.

I give my permission for the camp Health Officer/Nurse to administer over-the-counter medications as directed by the Camp Physician in the Camp Standing Orders. The Housatonic Council’s policies on medications at scout camp are written to comply with the National Standards of the Boy Scouts of America and the State of Connecticut Health Department.

If you do not wish to have any of the following over-the-counter medications administered, please cross out and initial.

Over-the-Counter Medications may include:

(Generics may be substituted)

- Tylenol by mouth, per weight/age dosing as needed every 4-6 hours
- Advil by mouth, per weight/age dosing as needed every 6-8 hours
- Bacitracin/Neosporin/Hydrogen Peroxide topically as needed
- Hydrocortisone Cream topically every 6 hours as needed
- Benadryl by mouth, per weight/age dosing as needed, per package directions
- Claritin by mouth, per package directions
- Sudafed by mouth, per package directions
- Zantac by mouth, per package directions
- Sunscreen topically, as needed
- Bug repellent topically, as needed every 2-4 hours
- Solarcaine/Aloe Vera topically as needed every 2-4 hours

Signature_________________________ Date____________

**REMINDER - Prescription medications must be in the original pharmacy container with label, this includes EPI-Pens. Please bring only amount needed for camp. Failure to comply will result in the inability for the medications to be administered at camp. Any medication not picked up within 1 week after scout leaves camp will be destroyed.**
THIS PAGE IS LEFT INTENTIONALLY BLANK
Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel

In Connecticut schools, Childcare Centers and Group Care Homes, licensed Family Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):

Name of Child/Student: __________________________________________ Date of Birth _____/____/_____ Today's Date _____/____/_____

Address of Child/Student: ______________________________________ Town __________________________

Medication Name_Generic Name of Drug, __________________________________________________________ Controlled Drug? □ YES □ NO

Condition for which drug is being administered: ____________________________________________________

Specific Instructions for Medication Administration __________________________________________________

Dosage __________________________________________________________ Method / Route, __________________________

Time of Administration ___________________________________________ If PRN, frequency __________________________

Medication shall be administered: Start Date: _____/____/____ End Date: _____/____/____

Relevant Side Effects of Medication ____________________________________________________________ □ None Expected

Explain any allergies, reaction to/negative interaction with food or drugs, ______________________________________

Plan of Management for Side Effects _____________________________________________________________

Prescriber's Name / Title ______________________________________ Phone Number (_____) __________

Prescriber's Address __________________________________________ Town __________________________

Prescriber's Signature __________________________________________ Date _____/____/____

School Nurse Signature (if applicable) _____________________________

Parent/Guardian Authorization:

□ I request that medication be administered to my child/student as described and directed above

□ I hereby request that the above ordered medication be administered by school, child care and youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse, child care nurse or camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the school with no more than a three (3) month supply of medication (school only).

□ I have administered at least one dose of the medication with the exception of emergency medications to my child/student without adverse effects. (For child care only)

Parent/Guardian Signature________________________________________ Relationship________________________Date _____/____/____

Parent /Guardian's Address ______________________________________ Town __________________________ State _________

Home Phone # (____) _____ - __________ Work Phone # (____) _____ - __________ Cell Phone # (____) _____ - __________

SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse (if applicable) in accordance with board policy. In a school, inhalers for asthma and cartridge injectors for medically-diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.

Prescriber's authorization for self-administration: □ YES □ NO __________________________ Date ______

Parent/Guardian authorization for self-administration: □ YES □ NO __________________________ Date ______

School nurse, if applicable, approval for self-administration: □ YES □ NO __________________________ Date ______

Today's Date __________________________ Printed Name of Individual Receiving Written Authorization and Medication __________________________

Title/Position __________________________ Signature (in ink or electronic) __________________________

Note: This form is in compliance with Section 10-212a, Section 19a-79-9a, 19a-87b-17 and 19-13-827a(v.)
Part A: Informed Consent, Release Agreement, and Authorization

Full name: ____________________________
Date of birth: __________________________

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to physical, mental, and emotional challenges in the activities offered. Information about these activities may be obtained from the venue, activity coordinator, 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. In the event of death, arrangements will be made for the participant’s remains to be transported to a local mortuary. I have been informed that the participant will be removed from the program activities.

In the event that I have to leave the program activities, I will inform the adult leader in charge of the decision. 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/telephone numbers/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 coordinator, and all employees, volunteers, related parties, or other organizations associated with 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/telephone numbers/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 possesses 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.

☐ 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 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 at 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: ____________________________
Phone: ____________________________

Name: ____________________________
Phone: ____________________________

Adults NOT Authorized to Take Youth to and From Events:

Name: ____________________________
Phone: ____________________________

Name: ____________________________
Phone: ____________________________

Prepared. For Life.*
Part B1: General Information/Health History

Full name: ______________________________
Date of birth: __________________________

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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Condition</th>
<th>Last HbA1c percentage and date:</th>
<th>Explain</th>
<th>Insulin pump: Yes □ No □</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Diabetes</td>
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<td>Hyper tension (high blood pressure)</td>
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<td>Adult or congenital heart disease/heart attack/cheat pain (angina)/heat murmurs/Coronary artery disease. Any heart surgery or procedure. Explain all &quot;yes&quot; answers.</td>
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<td>Family history of heart disease or any sudden heart-related death of a family member before age 50</td>
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<td></td>
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<td>Stroke/TIA</td>
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<td>Asthma/reactive airway disease</td>
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<td>Lung/respiratory disease</td>
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<td>COPD</td>
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<td>Ear/eyes/nose/sinus problems</td>
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<td>Muscular/skeletal condition/muscle or bone issues</td>
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<td>Head injury/concussion/TBI</td>
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<td>Altitude sickness</td>
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<td>Psychiatric/psychological or emotional difficulties</td>
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<td>Neurological/behavioral disorders</td>
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<td>Blood disorder/hemolytic disease</td>
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<td>Fainting spells and dizziness</td>
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<td>Kidney disease</td>
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<td>Seizures or epilepsy</td>
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<td>Abdominal/stomach/digestive problems</td>
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<td>Thyroid disease</td>
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<td>Skin issues</td>
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<td>Obstructive sleep apnea/sleep disorders</td>
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<td>List all surgeries and hospitalizations</td>
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<td>List any other medical conditions not covered above</td>
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</table>

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**Part B2: General Information/Health History**

Full name: 

Date of birth: 

**Allergies/Medications**

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

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

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Allergies or Reactions</th>
<th>Explain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Medication</td>
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<td>Food</td>
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<td></td>
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<td>Plants</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Insect bites/bites</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Frequency</th>
<th>Reason</th>
</tr>
</thead>
</table>

☐ 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)

**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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Had Disease</th>
<th>Immunization</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Tetanus</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pertussis</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Diphtheria</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mumps/measles/rubella</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Polio</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Chicken Pox</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Hepatitis A</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Hepatitis B</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Meningitis</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Influenza</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other (i.e., HIB)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Exemption to immunizations (form required)

**Please list any additional information about your medical history:**

**DO NOT WRITE IN THIS BOX.**

Reviewer for camp or activity:

Reviewed by: 

Date: 

Further approval required ☐ Yes ☐ No

Reason: 

Approved by: 

Date: 

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Part C: Pre-Participation Physical

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:

<table>
<thead>
<tr>
<th>Medical restrictions to participate</th>
<th>Yes</th>
<th>No</th>
<th>Explain</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Allergies or Reactions</th>
<th>Yes</th>
<th>No</th>
<th>Explain</th>
<th>Yes</th>
<th>No</th>
<th>Allergies or Reactions</th>
<th>Explain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Plants</td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Insect bites/stings</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Height (inches)</th>
<th>Weight (lbs.)</th>
<th>BMI</th>
<th>Blood Pressure</th>
<th>Pulse</th>
</tr>
</thead>
</table>

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):

<table>
<thead>
<tr>
<th>True</th>
<th>False</th>
<th>Explain</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
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</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Height (inches)</th>
<th>Max. Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>166</td>
</tr>
<tr>
<td>61</td>
<td>172</td>
</tr>
<tr>
<td>62</td>
<td>178</td>
</tr>
<tr>
<td>63</td>
<td>183</td>
</tr>
<tr>
<td>64</td>
<td>189</td>
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<td>65</td>
<td>195</td>
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<td>66</td>
<td>201</td>
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<td>67</td>
<td>207</td>
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<tr>
<td>68</td>
<td>214</td>
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<td>69</td>
<td>220</td>
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<td>70</td>
<td>236</td>
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<td>233</td>
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<td>72</td>
<td>239</td>
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<tr>
<td>73</td>
<td>246</td>
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<td>74</td>
<td>252</td>
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<tr>
<td>75</td>
<td>260</td>
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<tr>
<td>76</td>
<td>267</td>
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<tr>
<td>77</td>
<td>274</td>
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<tr>
<td>78</td>
<td>281</td>
</tr>
<tr>
<td>79 and over</td>
<td>295</td>
</tr>
</tbody>
</table>

---

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JOIN OUR STAFF!

Strang Scout Reservation is looking for Summer Camp Staff! No previous scouting experience is necessary! Now hiring for all Program Areas:

- Program Staff
- Aquatics/ Lifeguards
- Shooting Sports
- Archery Instructors
- Outdoor Skills Instructors
- Ecology & Nature Instructors
- First Year Camper Staff
- S.T.E.M. Instructors
- Business and Trading Post Staff
- Kitchen Crew
- Counselors in Training

Interested in applying for the best summer job around? Please reach out to
StrangScoutReservation@gmail.com or the Council Service Center for an application.

Have You Heard About Our Counselor in Training Program?

Scouts who are 14 or 15 Years Old can sign-up to be a CIT! CITs work with a CIT Director, can choose which Program Areas they wish to work in, and may work on several Merit Badges each week!

Contact Camp Admin at StrangScoutReservation@gmail.com for an application!
CONTACT INFORMATION

Ben Wheeler
Scout Executive
203.734.3329
Benjamin.Wheeler@scouting.org

Kurt J. Daigle
Camp Director
203.734.3329
Daigle.Strang@gmail.com

Housatonic Council
Boy Scouts of America
111 New Haven Ave.
Derby, Connecticut 06148
203.734.3329

All Summer Camp Forms and Staff Applications are Available at:
www.HousatonicBSA.org