







































Blue Ridge Mountains  
Scout Reservation

# ADMINISTRATION

## BLUE RIDGE MOUNTAINS COUNCIL

### CAMP MEDICAL FORM SUPPLEMENT

Name

#### I. Personal information and Emergency Contact Information

This form must be attached to ALL BSA National Type II and Type III Medical Forms

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Unit Number (Troop, Post, Crew): \_\_\_\_\_ Council: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

If person named above is not available in the event of an emergency, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Persons NOT authorized to take youth from the event:

\_\_\_\_\_

#### II. Insurance

Personal health/accident insurance provider: \_\_\_\_\_ Policy No. \_\_\_\_\_

*\*Please attach a copy of the front and back of your insurance card to this form.*

#### III. Health History/Information

Please list any changes to your health history within last year below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### IV. Parent/Minor Signatures

- This section must be signed and updated annually, Base Camp participants may attach last year's signed physical.

To the best of my knowledge, the information on this form is correct. I hereby give permission to the person herein described to engage in all prescribed camp activities, on or off property, except as noted.

***In Case of Emergency***, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event that I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the camp administration to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult. Permission is given to transport me or my child for medical assistance. This form may be photocopied for use at camp. I understand that I am responsible for payment of all medical treatments received.

If I or my child need medical treatment, I hereby authorize any doctor or hospital treating the Scout while he is at camp to discuss and release information regarding such treatment or follow-up care to any of the following representatives of the BOY SCOUTS OF AMERICA, Blue Ridge Mountains Council: Greg Harmon, Program Director and Ken Lyons, Reservation Director. I understand that this authorization will remain in effect while I or the Scout is at summer camp and will expire no later than August 15, 2006.

Signature Parent/Guardian (or participant if over 18): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Minor: \_\_\_\_\_ Date: \_\_\_\_\_

Unit

Council



Blue Ridge Mountains  
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# ADMINISTRATION

## TRANSPORTATION ISSUES

### Intracamp Transportation

The Blue Ridge Mountains Council will provide transportation to Scouts traveling between camps during Sunday check in. Swim checks must be completed before leaving for the other camp. Plan on arriving early. Scouts traveling to other camps will need to carry their medicals with them. If you are able to provide transportation between camps, you may do so after you check in and complete your swim check.

### Early Arrivals

Units traveling long distances sometimes need to arrive on Saturday night. If we know that you are coming, we will have an adult meet with your group and show you to your campsite for the evening. Showers are available for your use. However, as few staff are in camp, the lake is off-limits and all program areas including the dining hall are closed. Camp officially opens for check-in on Sunday at 1:00 p.m. Towns with grocery stores, restaurants, and movie theaters are within a 30 minute drive of the camps. Please notify the office at your early arrival by submitting the following form with your June 1st payment.

### Chartered Buses:

Chartered buses are too large for our camp roads and bridges. Those arriving on chartered buses to either Powhatan or Ottari must contact the camp 2 weeks before arrival and send the following information to the Council Service Center with the June 1st payment. The caller should include the number of people on the bus arriving and the estimated time of arrival. With this phone call the camp management can arrange for proper transportation to the camp from its entrance. Arrangements will be made during the week for the troop's departure.

### Early Arrival and Chartered Bus Form

Unit: \_\_\_\_\_

Type of Transport (please circle all that apply): • Van • Truck • Chartered Bus • Other: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

We will arrive at (check one):  Camp Powhatan  Camp Ottari

on the following date: \_\_\_\_\_ Approximate Arrival Time: \_\_\_\_\_

Number of Participants: \_\_\_\_\_

### Chartered Bus Only

Approximate Departure Time: \_\_\_\_\_