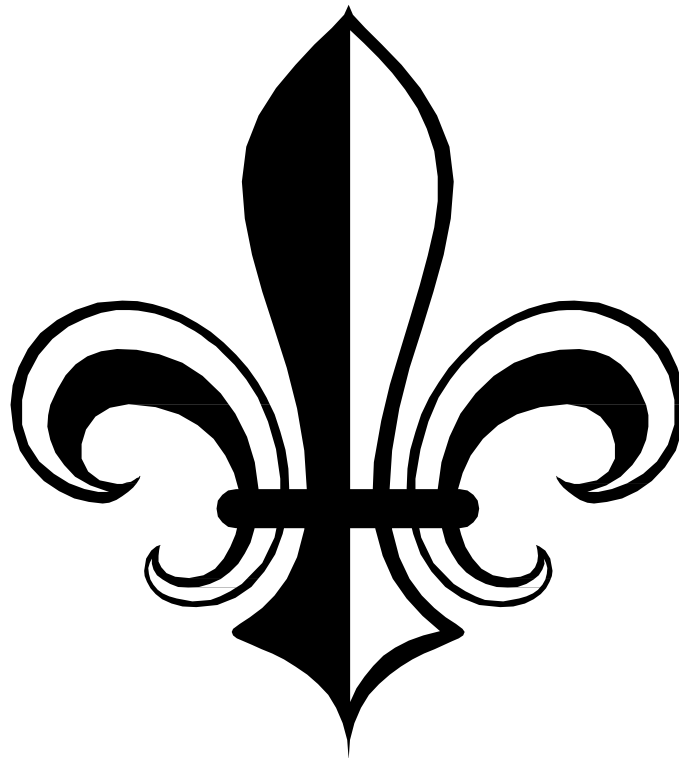


POLICY GUIDE
BSA TROOP 90
SHREWSBURY, PA



April 16, 2012

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1.0 TROOP LEADERSHIP GUIDANCE

1.1 Scoutmaster/Assistant Scoutmasters

Prior to becoming the Scoutmaster and/or Assistant Scoutmasters, candidates will typically be a Troop Committee member for at least one year.

The Scoutmaster shall post the current Troop 90 Organizational Chart in the Scout House.

1.2 Patrol Advisors

Patrol Advisors will be from the adult leadership (either Assistant Scoutmasters or Troop Committee members) and support the patrols in attaining designated goals.

2.0 SCOUT GUIDANCE

2.1 Uniforms

Definitions:

Formal Class A – Troop-supplied hat; troop-supplied neckerchief; Scout shirt; green pants/shorts (Scout-type preferred); green socks; dark, closed footwear; merit badge sash; medals; and awards.

Traveling Class A – Scout shirt; any clean pants; troop-supplied

neckerchief. Class B – Scout-related T-shirt or polo shirt.

Patches necessary to complete the uniform are: Council strip, American flag, and Troop numerals. Patches of rank and office held in Troop are provided by the Troop. All patches are to be sewn on the uniform. The use of pins or tape to attach patches is not acceptable.

Requirements:

- New Scouts are not required to have a Scout uniform upon joining but should acquire one within a reasonable length of time, usually within thirty (30) days after induction.
- Complete Scout uniforms shall be worn to all troop meetings and troop activities unless otherwise specified by the Scoutmaster. Scouts attending district or council functions must wear the Formal Class A Uniform dictated by those agencies. No Scout shall be transported by the troop for troop activities unless in Formal or Traveling Class A Uniform.
- A limited uniform bank is available from the Troop. If a Scout is in need of a uniform, the parents may attempt to obtain a uniform (or parts of uniform) for Scout from the uniform bank.
- Time periods for uniforms at Troop meetings:
Troop meetings after Labor Day – Traveling Class A
Troop meetings after Memorial Day – Class B
- Unless specified for uniform inspection, Advancement Board of Review, or other requirement, Traveling Class A Uniform is required for troop meetings. The Scoutmaster on a case-by-case basis will designate uniform modifications.

2.2 Lost and/or Damaged Equipment

Misuse, disregard for, and/or careless acts resulting in damage of property belonging to Troop 90 or others shall not be tolerated.

Each Scout is held totally responsible for the troop equipment that the Scout uses. Full replacement value to Troop 90 for equipment lost or damaged by a negligent Scout shall be made within thirty (30) days. Should the Scout not pay for the damaged item (not paid

for in 30 days), the Troop may use the funds in the Scout's account to purchase the replacement equipment.

It should be made quite clear that parents are completely liable and totally responsible for any damage done by their Scout to buildings, grounds, personal property of others, furniture and/or equipment while participating in Scouting Activities.

Failure to make proper restitution within the allotted time may result in termination of Troop membership. Requests for reinstatement shall be submitted to Troop Committee for approval/rejection by the Committee and Scoutmaster.

2.3 Meeting Procedures/Schedules

Weekly meetings will be held from 7:00 p.m. to 8:00 p.m. on Monday during the year as scheduled.

The Patrol Leader Council shall meet at their discretion at least monthly. All Patrol Leaders and Assistant Patrol Leaders should attend the Patrol Leader Council meeting. It is the responsibility of the Patrol leader to assure that the patrol has one (1) representative at each Patrol Leader Council meeting.

Cancellations:

- **If school is cancelled or dismissed early because of bad weather, there will be no Scout meeting or Patrol Leader Council meeting, unless notified otherwise.**
- **There will not be a Scout meeting or Patrol Leader Council meeting on Monday holidays (New Year's Day, Memorial Day, Fourth of July, Labor Day, and Christmas).**

2.4 Scout Attendance and Participation

Each Scout is expected to:

- Attend weekly troop meetings.
- Attend Patrol meetings.
- Attend day or weekend troop activities.
- Attend Courts of Honor.
- Attend Eagle Award Ceremonies.
- Participate in service projects.
- Participate in all Troop Fund Raisers.

If a Scout has registered to participate in a Scouting Activity and is unable to attend, the Scout or a parent is expected to inform his Patrol Leader or Scoutmaster as soon as possible.

Attendance will be taken into consideration for leadership positions and shows a Scout's commitment to his Patrol and Troop.

2.5 Activity Procedures

Each Scout shall submit the Scout Activity Permission Form (see example in Appendix A) and payment for each activity for which Scout registers. Money shall be paid to the Adult Activity Coordinator one (1) week in advance of the activity so that supplies may be purchased without causing a financial burden to the purchaser. If not paid, it shall be considered a 1st Violation offense. (See Scout Conduct and Discipline)

TROOP 90 ELECTRONICS POLICIES

It is the policy of Troop 90 that **NO PORTABLE ELECTRONIC DEVICES ARE ALLOWED TO BE USED DURING ANY TROOP 90 EVENT, unless approved by the event organizer.** This includes, but is not limited to cell phones, I-Pods, Mp3 players, Walkmans, Game boys, and any radios. Portable electronic devices are contrary to the scouting philosophy of learning to live with and in the outdoors. A scout that is using an electronic device instead of doing scouting related tasks loses out on the scouting experience. Scouts texting, being called or calling people, or using electronic devices during classes, activities, and meetings, cause the scoutmasters or instructor to stop dealing with the troop as a whole and expend time to deal with a scout that is busy using something that is totally unnecessary on an outing and diminishing the experience for others. These distractions to the scoutmasters or instructors can also result in a lack of attention to the surroundings, resulting in injury to a scout. This is the reason for the no electronic policy. Infractions of this policy will be handled as follows, upon the discovery of an electronic device the scoutmaster/leader will confiscate the item and return it at the end of the event. Continued disregard for this policy will result in incremental disciplinary actions which may include exclusion from participating in future events.

Adults/Leaders:

Adults and leaders at events or campouts will use their cellular phones with discretion, away from and out of sight of the Scouts. Cell phone usage shall be kept to a minimum. Cell phones shall be set to silent or vibrate alert at all times.

Travel Policy

Electronic devices including Cellular Phones, Personal Audio Players, Portable DVD Players, Gaming Systems and the like may be used **DURING TRAVEL ONLY** and only with the driver's permission. Scout appropriate content is expected for any audio or visual content used during such travel. Scouts are to leave such devices in the vehicle during the campout or event. Troop 90 is not/will not be responsible for items left in cars or elsewhere to satisfy this policy. It is therefore recommended that these devices be left at home.

Patrols may camp independently of the Troop with approval of the Scoutmaster and must be accompanied by two (2) adults (21 years of age or older).

Planning Requirements include:

- BSA Tour Permit (see Typical Tour Permit, Appendix B)
PLEASE NOTE: If the tour permit is not received and permitted at the Scout Council, then the Scout Activity will be cancelled or re-scheduled.
- Duty Roster (Scout Handbook)
- Menu (Scout Handbook)
- Schedule of Events (Scout Handbook)
- Youth Coordinator Checklist (Troop)
- Activity Attendance and Expense Form (Troop; see Appendix C)

2.6 Scout Conduct and Discipline

Each Scout entering Troop 90 pledges on his honor to uphold the principles of the Scout Oath and to obey the Scout Law. Violation of the Scout Oath or Law shall affect the following Warning Code:

Warnings may be given by: Patrol Leader; Senior Patrol Leader;
Scoutmaster; Assistant Scoutmaster; Junior
Assistant Scoutmaster; Adult Activity
Coordinator

Violations/Disciplinary Action

1st Violation—Scoutmaster/Adult Leader warning—may request Scout leave the meeting or activity

2nd Violation—Two (2) week suspension. Notification of parents by Scoutmaster/Assistant Scoutmaster and loss of all troop privileges and activities even if paid for. Parent must contact Scoutmaster before Scout is allowed to return.

NOTE: A 2nd Violation offense shall include, but is not limited to, swearing, smoking at troop activities, stealing, lewd behavior, willful destruction of personal property, and/or the warning code issued twice in one quarter.

3rd Violation—One (1) month suspension. Notification of parents by Scoutmaster/Assistant Scoutmaster and loss of all troop privileges and activities even if paid for. Parent and Scout must meet with Scoutmaster and Committee Member to request reinstatement. NOTE: Fighting, bullying, and/or hazing, including introduction of a foreign substance into food or drink, will not be tolerated and are considered a 3rd violation offenses. Scout's Troop membership could be terminated.

4th Violation—Scout's Troop membership terminated...No possible reinstatement.
 NOTE:SUSPENSION OR TERMINATION WILL RESULT IN FORFEITURE OF ALL MONEY PAID FOR VARIOUS ACTIVITIES including the balance of the Scout's individual account.

BSA Policy: Use of drugs or alcohol is considered a serious violation and shall result in automatic troop membership termination with no possible reinstatement.

Disciplinary cases will be reviewed by the Scoutmaster and a Committee Member on a monthly basis and report findings to the Troop Committee.

Discipline is a tool and just as important in conducting troop activities as it is in maintaining order in your home. Parent cooperation in this matter is expected.

2.7 Elections for Troop Office

Elections for Troop offices shall be held once a year in September. The term of office shall be from 01 October through 30 September. Newly elected officers shall participate with Patrol Leader Council during the September Patrol Leader Council meeting in order to obtain guidance, plan the coming year, and be prepared to assume the responsibilities of the offices on 01 October.

The Adult Leadership shall review the requirements for office versus the qualifications, performance, and attendance of the candidates.

Scouts desiring Senior Patrol office shall announce to the Troop and be seconded. Voting shall occur in September.

All Scouts nominated to the Senior Patrol shall have previously held the troop office of

Patrol Leader or Assistant Senior Patrol Leader.

A Scout must be present in order to be elected or vote in an election.

If a Scout is removed from office for failure to perform his duties, then another Scout may be assigned to take his place for the unexpired term.

QUALIFICATIONS

Senior Patrol Leader:

1. Should be Star rank or above.
2. Should be at least 14 years of age and not 18 at time of election.
3. Must have previously held the position of Assistant Senior Patrol Leader or Patrol Leader.
4. Must have attended Patrol Leader Training and/or Troop Leader Development.

5. Should not have missed more than three (3) scheduled activities (not including weekly meetings) during the six months preceding election.
6. May be Scouts or Venture crew (with troop responsibilities).

Patrol Leader:

1. Should be First Class or above in rank.
2. The Senior Patrol Leader shall nominate the Patrol Leaders with approval by the Scoutmaster.
3. Is expected to have attended Patrol Leader Training or Troop Leader Development or to attend as soon as possible following his election.
4. May be Scouts or Venture crew (not 18 years of age at time of designation; with troop responsibilities).

Senior Patrol Staff:

1. The Senior Patrol Leader shall nominate the Senior Patrol staff with approval by the Scoutmaster.
2. Should be Star rank or above.
3. Must have previously held the position of Senior Patrol Leader, Assistant Senior Patrol Leader, Patrol Leader or a leadership position within the Venture Crew.

3.0 PARENT GUIDANCE

3.1 Registration

Cub Scouts graduating from Cub Pack 90 pay the current transfer fee. New Scouts pay the current registration fee.

Transferring Scouts pay the current transfer fee and must present current membership card along with a copy of Advancement Records.

Scouts not registering for the year shall be considered inactive and dropped from the charter.

NOTE: IT SHALL NOT BE THE DUTY OF THE SCOUTMASTER OR COMMITTEE TO NOTIFY THE SCOUT OR HIS PARENTS THAT THIS ACTION IS BEING TAKEN. If a Scout wishes to return to the troop, the Scout must re-register as a new Scout and pay the registration fees for the year.

3.2 Scouting Insurance

Insurance is provided for all Scouts joining, transferring in, or re-registering in the Troop. Traveling Scouts must be in Formal or Traveling Class A uniform and are covered by the Tour Permit.

Insurance covers official, troop-sponsored scouting activities only and includes coverage during the travel to and from the activity.

3.3 Membership Dues

Dues for Troop 90 will be determined annually by the Troop Committee. Dues may be paid in advance if desired. Scouts will not receive rank advancement, or merit badges, if dues are delinquent.

3.4 Personal Equipment

Definition:

- **Knife (Note: Folding-type; maximum four (4) inch blade - Approved by the Scoutmaster or Adult Activity Coordinator.)**
- Boots
- Foul weather gear
- Sleeping bag
- Compass
- Whistle

It is strongly recommended that parents discuss with the Scoutmaster the personal equipment their Scout will require for scouting prior to its purchase. In the field, a higher quality of equipment is often worth the extra investment. Lack of and/or improper equipment may result in a Scout not being able to participate

and/or attend a troop activity if the Scoutmaster feels it may impair health and safety.

3.5 Lost or Damaged Equipment

Misuse, disregard for, and/or careless acts resulting in damage of property belonging to Troop 90 or others shall not be tolerated.

Each Scout is held totally responsible for the troop equipment that the Scout uses. Full replacement value to Troop 90 for equipment lost or damaged by a negligent Scout shall be made within thirty (30) days.

It should be made quite clear that parents are completely liable and totally responsible for any damage done by their Scout to buildings, grounds, personal property of others, furniture and/or equipment while participating in Scouting Activities.

Failure to make proper restitution within the allotted time may result in termination of Troop membership. Requests for reinstatement shall be submitted to Troop Committee for approval/rejection by the Committee and Scoutmaster.

3.6 Scout Advancement

Advancement in Rank should be monitored by parents. Prolonged periods without advancement show a lack of interest and may result in parents being contacted.

Recognition of advancement is enjoyed by all Scouts. No Scout can do it alone. The Scout needs his parents' encouragement, support, and help.

Requirements:

- Sign-off authority in a Scout's Handbook shall be by the Scoutmaster, Assistant Scoutmaster, an adult recognized by the Scoutmaster, Junior Assistant Scoutmaster, or Troop Committee member.

3.7 Parent Participation

Parents are expected to:

- Review and sign the Scout Activity Permission Form.
- Occasionally share the transportation of Scouts and equipment.
- This is the responsibility of all. All families must do their part.
- Attend Courts of Honor and other activities at which your presence is required.
- Participate in Troop Fund Raisers. Since the benefits are for all, 100% participation is expected.

- Attend special parent meetings, serve on committees, serve as merit badge counselors (see Appendix D), and assist the Troop in any way possible.

4.0 FINANCIAL RESPONSIBILITIES

4.1 Troop Scouting Accounts

Individual Scout accounts are established and maintained for each Scout for the purpose of saving money from various Scout Fund-Raising Activities throughout the year. Monies earned from specified fund raisers will be automatically credited to each account according to the formula determined by the Troop Committee for a particular activity. Account balances may be obtained from the Committee Treasurer upon request.

Monies may be withdrawn for Scout-like activities or Scouting equipment (see Section

3.4 Personal Equipment) purchases. A Scout Account Withdrawal Slip (see Appendix D)

will be submitted to the Scoutmaster and must be signed by a parent.

Exceptions:

- **If an Active Scout leaves Troop 90, then the Scout may submit a Withdrawal Slip to retrieve their funds.
(Note: Active Scout - attends at least one (1) meeting per month and two (2) activities per year (01 October to 30 September).)**
- **If an Inactive Scout leaves Troop 90, then the Scout's Account monies are forfeited to the Troop Treasury.
(Note: Inactive Scout - does not attend any meetings or activities in a six (6) month period.)**

4.2 Scout Activity Finances

Money required for Scouting Activities and parent-signed registration forms are due on dates specified or the Scout will not be permitted to participate. All monies are non-refundable after the activity due date.

Payments to Troop 90 shall be made by check. Use an envelope to enclose the check. Scout's name, amount enclosed, and purpose of the payment (i.e. dues, Summer Camp, Gettysburg campout, etc.) on the memo line of the check and on the envelope. This will reduce errors and aid in record keeping. (Checks should be made out to Troop 90—not BSA.)

5.0 MEDICAL RESPONSIBILITIES

5.1 Medical Forms

NOTE: Please read the detailed requirements as specified on each Class 1, Class 2, and Class 3 Medical Form (see Appendices F and G).

Summary of requirements:

All Scouts registering or transferring into Troop 90 are required to submit an annual BSA Class 1 Medical Form (see Appendix F) to the Scoutmaster for activities less than 72 hours.

All Scouts attending activities greater than 72 hours (i.e. summer camp) are required by the BSA to have a Class 2 Medical Form (36-month requirement; see Appendix F) submitted to the Scoutmaster.

All Scouts and registered adult members participating in high adventure activities shall submit an annual BSA Class 3 Medical Form (see Appendix G) to the Scoutmaster.

In case of emergencies, Adult Leaders will then have general medical information available. Parents are responsible for notifying the Troop of any changes in medical history.

6.0 VENTURE CREW PARTICIPATION

Venture Crew 90 (co-located with Troop 90, Shrewsbury, PA) may participate in Troop

90 roles and activities as follows:

- Be under the direction of Troop 90 leadership while engaged in troop meetings, activities, etc.
- For Troop 90 leadership roles or Venture Patrol, not be 18 years of age or older.
- As Senior Patrol Leader; Assistant Senior Patrol Leader (including additional roles as Scribe, Quartermaster, etc.); Patrol Leader; Venture Patrol (including Troop Guide role as approved by the Scoutmaster).

BOY SCOUT TROOP 90
Shrewsbury, Pennsylvania
York-Adams Area Council / Boy Scouts of America
PARENTAL PERMISSION SLIP for SPECIAL ACTIVITIES

To Parent /Guardian and the Leader:

Written permission of parents or guardians may be required for an activity or series of activities held at a time or place other than the regular meeting time and place.

TROOP 90 will camp in Catoctin Mountain National Park. Activities will include backpacking on trails through the national park and into Cunningham Falls State Park. We'll see the largest waterfall in MD. On Saturday, after hiking to the lake in Cunningham Falls State Park, we'll enjoy lake activities canoing, kayaking, and possibly swimming if weather permits before hiking back to set up camp. This is a backpacking trip, so scouts should come packed and prepared to carry all their gear while we hike. See back of form for more details.

LOCATION: Catoctin Mountain National Park/Cunningham Falls State Park, 15 miles north of Frederick, MD

Departure: Friday September 9 from Scout House at 6pm.

Camping will be in Catoctin Mountajn National Park

Return: Sunday September 11 at approximately 1 pm at Scout House.

TRANSPORTATION: Personal Vehicles

LEADERS: Greg Markiewicz 235-6287, Rich Humenuck

EXPENSES: \$20.00 Includes camp and food

Each scout will need to arrive in Class A Uniform. (Wear for insurance purposes!!)

Recommended Equipment: Special requirements, see back!!

* In case of emergency, the leader will notify: Laura Markiewicz (717 235 6287) who will immediately attempt to notify the parents.

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My Child - — has permission to participate in camping and backpacking activities at Catoctin Mountain, from September 9-11, 2005, with Boy Scout Troop 90. He is in good physical condition and has not had any serious illness or operation since his last health examination.

During the activity I may be reached at:

Address: Phone: _____

If I cannot be reached in an emergency, the following person is authorized to act in my behalf:

Name and Address: Phone: _____

Physician's Name and Phone Number: _____

Additional Remarks /Special Needs: _____

In addition to this form, a back history sheet must be filled out by parent within the current year may be required for special activities.

PARENT AUTHORIZATION for MEDICAL EMERGENCY TREATMENT

In case of medical emergency, I understand every effort will be made to contact the parents or guardian of the child. In the event I cannot be reached, I hereby give permission to the physician selected by authorized B.S.A. Troop 90 personnel to hospitalize, secure proper treatment for, and to order anesthesia or surgery for my child as named above.

Signature of Parent or Guardian: _____ Date: _____

Address: _____ Phone: _____

"I have been offered the opportunity to authorize emergency medical care as above set forth and decline to so authorize said emergency medical care without my approval and accept such complications as may occur should said medical care be needed and unavailable due to my being unavailable to provide same."

Signature of Parent or Guardian: _____ Address: _____

POLICY GUIDE Troop 90 Shrewsbury,

Dale:

Phone:

4/16/2012

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LOCAL TOUR PERMIT APPLICATION

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Address
I have in my possession a copy of Guide to Safe Scouting, No. 34416D, and have read it.
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Send to member of unit committee
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This permit should be in the possession of group leader at all times and displayed when requested by Scouting officials or other duly authorized persons.
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INSURANCE

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Form with fields for NAME, LICENSE, and other personal information. Includes a signature line.

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TRANS ORTANON

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OUR PLEDGE OF PERFORMANCE

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Troop 90 Activity Attendance and Expense Form

Event Dates _____ Event _____

Event Coordinator _____

Expenses

Description of Expense	Amount	Troop Check #	Person To Reimburse	Date Reimbursed
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
Total Expenses	\$			

Income

Count	Adults	Jr. Adult Youth	Penn. Slip			Driver# Seat Belts	Total	Cash Check	From Acct.
1							\$		
2							\$		
3							\$		
4							\$ -		
5							\$ -		
6							\$ -		
7							\$		
8							\$		
9							\$		
10							\$		
11							\$		
12							\$ -		
	Youth					Total Belts	0		
1							\$		
2							\$ -		
3							\$		
4							\$		
5							\$		
6							\$		
7							\$ -		
8							\$		
9							\$ -		
10							\$		
11							\$		
12							\$		
13							\$		
14							\$		
15							\$		
16							\$		
17							\$		
18							\$		
19							\$		
20							\$		
	Total Attendance						Total Income	\$	\$
	Adults						Event Net	\$	\$
	Youth								



Boy Scouts of America
MERIT BADGE COUNSELOR INFORMATION

(Please type or print)

Name _____ Age _____ Business phone (____) _____

Address _____ Home phone (____) _____

City _____ State _____ Zip code _____

To qualify as a merit badge counselor, you must

- Be at least 18 years old.
- Be proficient in the merit badge subject by Vocation, avocation, or special training.
- Be able to work with Scout-age boys.
- Be registered with the Boy Scouts of America.

As a merit badge counselor, I agree to

- Follow the requirements of the merit badge, making no deletions or additions, ensuring that the advancement records are fair and uniform for all Scouts.
- Have a Scout and his buddy present at all instruction sessions.
- Renew my registration annually if I plan to continue as a merit badge counselor.

	Vocation	Avocation	Special training
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			

CHECK ONE:

- I wish to work only with _____
- I wish to work with all units.

Signature _____ Oa _____

Note: The BSA Adult Registration Application must be attached.

Council approval by _____ Date _____

i34405



Appendix D

SCOUT ACCOUNT WITHDRAWAL SLIP

TO: SCOUTMASTER

VIA: TROOP COMMITTEE CHAIRMAN: _____
(Scout Account Status) Initial

FROM: SCOUT _____

DATE: _____

AMOUNT: \$ _____

____: For Scout-like activities or Scouting equipment.

____: Scout departure from Troop 90.

PARENT/GUARDIAN: _____
Signature

Print

TO BE USED BY THE TREASURER

NAME: _____

CHECK #: _____ DATE: _____

\$ _____ withdrawn from account for _____



PERSONAL HEALTH AND MEDICAL RECORD CLASS 1 AND CLASS 2

Class 1 (update annually for all participants). Activity: Day camp. 01 efr it hke. << dhec' prog arms rot ing 72 hours, wllh lvtl c' actMty ilmklr to lht of homi or hod. Medlool oort It riadly ff\fillable. Currntn pt'80MI hialth and mdiCill tumnwy l,HtiOry) It fiil ftttd by Pfil @nllobe MCII =*= - 11-it letm It Ailed out by ell pe ll Idpent end It on me b'euy tlerenot.

Class 2 (required once every 36 months for fill participants under 40 years of age). Achhry:Residant camp or any other advly twh a bilokpad-Ing, 101r earYJ. or rCf'ffidnill sport Involving tvnt llatng longrithfn 72 oon&toulvt houf1, wllh1 of eclMty similar to lh9t at ne <<sd'OO. Medcillca.re It readily EY&lable.

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THIS FORM IS NOT TO BE USED BY ADULTS OVER 40, BY I I GH-ADVENTURE PARTICIPANTS (USE FORM NO34412AOR FOR NATIONAL SCOUT JAMBOREE (USE FORM NSJ-34412-01

CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY (To be ll edou annually ty all partt: ll) flnt)

To be fi edoutty parent, guardian, or adul participant. P o a& e print in ink.

IDENTIFICATION

Name _____ Date c/ bir... _____ b>Q> _____ g... _____

NI' llt ol partnt or Q. l' fird'n _____ Tt lft* l((lt _____

Home ad: te\$ \$ _____ City _____ State _____ Zp _____

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NI' llt _____ Rt l tdc., tHp _____ Ttl " _____

Name _____ Rel a oosHp _____ Tel e _____

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Pel \$00a health kccident insu. ae carrier _____ Policy No. _____

I give perrrisscn lor lulpar.. lpa oo In BSA progmrns, subject to limilalioos noted herein,

I nea o- n-rgency, ll. fl'lder6la00 etYery effol1 Yoll be made 10 contact me (If par1idpan l is an adul NV6f) OUS& or nex1of kin), In lht tvnt l ot Dno l be l NChed, l hereby give my ptrmMiw to tht l lcented h fl lth< rt pi& C Udwt r M l ected ty the adu tleader In charge b secure proper treatment. h d l udng l' ot opilaliza cn. anesthesia, surgery, or Injec oos c/ meda cn

furmy chid (or forme, lf pardcipant i9 an adult).

Dille _____ Sg' lllt ut ol Pfl fl t l gual d lll nor adult _____

Date updata " " _____ S igned by c/ parent/g. ardan or adut _____

041 tt updt tlt _____ Sgnrtvrt: d' pl t Dif Q. Uird lll n Or fl d vlt _____

TROOP CAMP SITE

Some hospitals require the parent/guardian signature to be notarized. Check with your BSA local council.

Check all items that apply. **Put or print**, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, medication, insects, plants Yes No Explain: _____

GENERAL INFORMATION:	Yes	No	Yes	No	Yes	No		
ADHD (Attention-Deficit Hyperactivity Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>

Explain: _____

Please list ALL medications taken in the 30 days **prior** to arrival at BSA Scouting activity where this form is to be used: _____

List any medications to be taken at camp: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

Immunization: (Give date of last inoculation.)

Tetanus toxoid _____	Measles _____	Polio _____
Diphtheria _____	Mumps _____	_____
Pertussis _____	Rubella _____	_____

CLASS 2 MEDICAL EVALUATION

(Read additional requirements outlined on front of form.)

Name _____ Age _____

NOTE TO LICENSED HEALTH-CARE PRACTITIONERS: The person being evaluated will be attending one or more weeks of camp that may include sleeping on the ground and participating in strenuous activities such as hiking, boating, and vigorous group games. Please review the health history with the participant for any interim changes. **Explain any "abnormal" evaluations.**

PHYSICAL EXAMINATION (To be filled out by a licensed health-care practitioner)

Height _____ Weight _____ BP _____ Pulse _____

VISION: Normal _____ Glasses _____ Contacts _____

HEARING: Normal _____ Abnormal _____ Explain _____

Check box:	N	Abn	N	Abn	N	Abn		
Growth development	<input type="checkbox"/>	<input type="checkbox"/>	Teeth	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>	Cardiopulmonary system	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>
HEENT	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Neurobehavioral	<input type="checkbox"/>	<input type="checkbox"/>

Explain: _____

Limitations

Activity restrictions _____

Diet restrictions _____

Signature _____ Date _____

Address _____ Phone _____

City, State, Zip _____

Examinations conducted by licensed health-care practitioners, other than physicians, will be recognized for BSA purposes in those states where such practitioners may perform physical examinations within their legally prescribed scope of practice.

INTERVAL RECORD	SCREENING EXAMINATION	
Date, time, Place, Etc.	(Findings, diagnoses, treatment, instructions, disposition, etc.)	By
#34414B		

PHOTOCOPYING THIS FORM IS PERMITTED



PERSONAL HEALTH AND MEDICAL RECORD FORM - Class I

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The applicant will be participating in a strenuous activity that will include one or more of the following conditions: athletic competition, adventure challenge or wilderness expedition (alpine or alps) that may include high altitude, extreme weather conditions, cold water, exposure, fatigue, and/or remote conditions where readily available medical care cannot be assured.

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REVIEW FOR CAMP OR SPECIAL ACTIVITY						
DATE	AGENCY AND ACTIVITY	BY	"OK"	PHYSICIAN RECHECK NEEDED	RESULTS OF RECHECK	INITIAL

INTERVAL RECORD (CAMP, CAMPOREE, TOURNAMENT, TRAVEL, ETC)

DATE, TIME, PLACE, ETC.	FINDINGS, DIAGNOSES, TREATMENT, INSTRUCTIONS, DISPOSITION, ETC.	BY

