



Camp Whitsett

2025 Youth Packet

I.	MEDICAL FORM (ABC)	PG. 2-5
II.	FIREARMS PERMISSION FORM	PG. 6-8
III.	CALIFORNIA RIFLE & SHOTGUN PERMISSION FORM	PG. 9
IV.	MERIT BADGE PREREQUISITE	PG. 10-11

BSA Medical Form Information

A current BSA Annual Health and Medical Record is required for all participants at camp. **All participants must have completed part A, B, and C.** A form qualifies as valid through the end of the 12th month from the date it was administered by your medical provider. For example: a physical administered March 3, 2024, would be valid until March 31, 2025.

Please Note: Mountain Mesa Hospital requests to see a camper's medical insurance card (front and back) before providing medical attention. We strongly suggest that you attach a photocopy of each person's medical card to his or her camp medical records.

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Informed Consent, Release Agreement, and Authorization

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

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

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

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

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

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

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

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



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

List participant restrictions, if any:

☐ None

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

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:

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

Name: _____

Name: _____

Phone: _____

Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____

Name: _____

Phone: _____

Phone: _____



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Part B1: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

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

Address: _____

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

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

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

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



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

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

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

Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (anginal)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma/reactive airway disease	Last attack date: _____
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion/TBI	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Neurological/behavioral disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures or epilepsy	Last seizure date: _____
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Skin issues	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date: _____
		List any other medical conditions not covered above	



Part B2: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

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?

Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication	
<input type="checkbox"/>	<input type="checkbox"/>	Food	

Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/stings	

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

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

Medication	Dose	Frequency	Reason

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

Administration of the above medications is approved for youth by:

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



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

Immunization

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

Yes	No	Had Disease	Immunization	Date(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polio	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influenza	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., Hib)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exemption to immunizations (form required)	

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX.

Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: ☐ Yes ☐ No

Reason: _____

Approved by: _____

Date: _____



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:

	Yes	No	Explain
Medical restrictions to participate			

Yes	No	Allergies or Reactions	Explain
		Medication	
		Food	

Yes	No	Allergies or Reactions	Explain
		Plants	
		Insect bites/stings	

Height (inches)	Weight (lbs.)	BMI	Blood Pressure	Pulse
			/	

	Normal	Abnormal	Explain Abnormalities
Eyes			
Ears/nose/throat			
Lungs			
Heart			
Abdomen			
Genitalia/hernia			
Musculoskeletal			
Neurological			
Skin issues			
Other			

Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions):

True	False	Explain
		Meets height/weight requirements.
		Has no uncontrolled heart disease, lung disease, or hypertension.
		Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
		Has no uncontrolled psychiatric disorders.
		Has had no seizures in the last year.
		Does not have poorly controlled diabetes.
		If planning to scuba dive, does not have diabetes, asthma, or seizures.

Examiner's signature: _____ Date: _____

Examiner's printed name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Office phone: _____

Height/Weight Restrictions

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

Maximum weight for height:

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



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Western Los Angeles County Council

Parental Firearms Permission and Release and Consent to Full Program

MINOR'S NAME (Please print): _____

Section A. Parental Firearms Permission and Release

California State Law prohibits any person from furnishing, loaning or otherwise providing a minor with any firearm or live ammunition without the express permission of their parent or guardian. Your child will not be allowed on the shooting range without the following signed release. If you DO NOT wish your child to participate in shooting activities, please write "NO PERMISSION" *at the bottom of this Section A (immediately above the line "Consent to Full Program") and then continue to Sections B and C. If you DO wish your child to participate in such activities, please complete the rest of this Section A, sign, and date it and continue to Sections B and C.

I (Please print) _____ the Parent ☐ Legal Guardian ☐ of the above-named minor do hereby give permission as required by California Penal Code Sections 12552, 12070, 12072 and 12078, et. seq. to Scouting America, Western Los Angeles County Council (the "Council"), and to instructors certified by the Council meeting the requirements for instructors established by Scouting America (National), to furnish a firearm (including without limitation a BB gun, air rifle, pellet gun, or CO₂ gun), and related ammunition, to said minor for the purpose of instructing your child in the safe handling and loading of firearms, the safe discharge of firearms and marksmanship.

Signed: _____ The Parent ☐ Legal Guardian ☐

Print full name: _____ Date: _____

Section B. Consent to Full Program

The Council's camp programs may include some, or all, of the following activities: horseback riding, archery, camping, swimming, snorkeling, boating, sailing, hiking, mountain biking, crafts, use of sharp instruments, including a knife and ax, rock climbing, rappelling, team sports, and other similar activities. Your signature below will grant consent for the above-named minor to participate in all the above activities at camp without limitation if you check the box marked "Consent to full program." Alternatively, if you wish to limit or exclude your child's participation in any of the aforementioned activities, please check the other box below and explain the activity or activities in which your child's participation is restricted or excluded and the manner in which it is to be restricted:

☐ Consent to full program. ☐ Consent to program with the following limitations/exclusions:

Signed: _____ The Parent ☐ Legal Guardian ☐

Print full name: _____ Date: _____

Section C. Prohibited Activities

Each camp (the "Camp") has rules and policies that all scouts and other participants (collectively, "Participants") are required to abide by in compliance with Scouting America. Upon arrival at a Camp, staff members will review all rules and policies with the participants. These rules and policies include, but are not limited to:

- 1) A Participant must not throw rocks.
- 2) A Participant must follow the buddy system such that he must have a buddy for all activities at the Camp and may be asked to return to the Camp if found without a buddy.
- 3) The Camp has undeveloped and potentially unsafe areas. Use of these areas by a Participant is considered to be "at their own risk" and any minors venturing into these areas must be accompanied by an adult.
- 4) A Participant may not swim or otherwise enter the water when the waterfront is closed.
- 5) Participant may not enter areas designated as "off limits" or having a similar designation. Off limits areas include, but are not limited to:
 - a) Staff areas such as staff housing, laundry area, maintenance area and the staff lounge, except in case of emergency.
 - b) Program areas when closed. This includes but is not limited to the field sports ranges, and, in the case of Camp Whitsett Scoutcraft area, Nature area, the Trading Post, and the Camp water tank and helipad.
- 6) A Participant may not smoke.
- 7) A Participant may not feed, handle or in any way interact with animals. This includes, but is not limited to insects, squirrels, snakes, bears, and other animals.
- 8) A Participant may not use prohibited items which include:
 - a) Alcohol and narcotics (including medicinal marijuana)
 - b) Ammunition, firearms, compressed air guns, pellet guns, martial arts weapons, fish spears or spear guns, and bows and arrows (unless participating in an authorized and supervised activity designed for such purpose).
 - c) Bikes
 - d) Fireworks, fuel or propane
 - e) Any other illegal substance or items

By signing below, I agree, on behalf of the above minor, to have my child abide by the above rules and policies as well as any additional ones he is informed of by the Camp staff. Additionally, I certify that I have discussed the foregoing rules and policies with my child and that he will follow and abide by these rules and policies as well as any other they are informed of by the Camp staff.

Signed: _____ The Parent ☐ Legal Guardian ☐

Print full name: _____ Date: _____

Section D. Exculpation and Indemnity

With regard to those activities listed in Sections A and B as to which you have given your consent to have your child participate (the “Participatory Activities”), and with respect to the any activities engaged in by your child that violate the rules and policies of a Camp, as summarized in Section C above (the “Prohibited Activities”), by signing below, you (for yourself and on behalf of your child and his/her parents, if applicable), agree that (i) the Council, Scouting America and each of their respective directors, officers, members, activity coordinators, instructors or participants, employees or volunteers (collectively and individually, the Indemnified Parties”), shall not be liable or responsible for any injury or damage your child may suffer or incur as a result of participating in the Participatory Activities or the Prohibited Activities unless solely attributable to the gross negligence or intentional misconduct of the Indemnified Party, and (ii) your child and you, to the full extent of your liability under applicable law for your child’s actions or omissions, jointly agree to defend, hold harmless and indemnify the Indemnified Parties from and against all losses, claims, damages, costs or expenses (including reasonable legal fees and court or similar costs) in connection with any action or claim brought or made (or threatened to be brought or made) for, or on account of, any injuries or damages received or sustained by any person or persons (including your child) arising or in any way related to any action or omission of your child during the course of engaging in said Participatory Activities or Prohibited Activities, unless solely attributable to the gross negligence or intentional misconduct of the Indemnified Party.

Signed: _____ The Parent ☐ Legal Guardian ☐

Print full name: _____ Date: _____

Scouting America
Western Los Angeles County Council

CALIFORNIA RIFLE AND SHOTGUN PARENTAL/LEGAL GUARDIAN PERMISSION FORM

Unit #: _____ Last Name: _____ First Name: _____

I, _____, parent or legal guardian of _____
(Print Name of Parent or Legal Guardian) (Print Name of Child)

hereby give my child express permission and consent to be loaned and possess firearms (handguns and long guns) and ammunition to engage in lawful, recreational sport, including target practice, and/or a course of instruction in the safe and lawful use of a handgun. (Cal. Penal Code §§ 27945, 29610, 29615, 29650, 29655; 18 U.S.C § 922(x)). As used in this form, "firearms" include any handguns, long guns, or shotguns that may lawfully loaned to and possessed by a minor under state and federal law.

I also give my child express permission and consent to possess, and for a person to loan to my child, a "BB device" as defined in Cal. Penal Code * 16250. (Cal. Penal Code § 19915).

This consent is valid, absent my express revocation thereof, for the calendar year of _____.
(Calendar Year)

A photocopy or facsimile of this written consent will serve as an original.

I represent that I am (1) the parent or legal guardian of the minor named above and (2) not prohibited by Federal, state, or local law from possessing a firearm. I agree to indemnify and hold harmless Scouting America, and any local Council and all officers, members, employees, and volunteers thereof, from all losses, damages, causes of action, cost and expenses, arising from any false statements or representations made by me herein.

Please bring at least four (4) copies of this form to camp with your child. One (1) copy must remain in your child's possession at all times while he or she possesses any firearms or ammunition, and one (1) copy should be provided to the owner of the firearm.

Signature of Parent or Legal Guardian: _____ Date: _____

Camp Whitsett

MERIT BADGE PREREQUISITE

All Scouts must have a separate form for each merit badge.

FULL NAME: _____ WEEK OF CAMP: _____

TROOP NUMBER: _____ COUNCIL: _____

MERIT BADGE APPLYING FOR: _____

The Scout named above acknowledges that certain designated merit badges cannot be completed at Camp Whitsett unless prerequisite requirements are met prior to arriving at camp. He/she also realizes that this form must be completed correctly, signed, and given to the camp merit badge instructor. Some merit badges will require more proof of completing the requirements to verify that they have been met. The Merit Badge Prerequisite Proof page will give you details of which requirements require more proof and what that proof is. The camp can then grant the merit badge upon successful completion in the camp course in the above-mentioned merit badge.

I certify that the above-named Scout has met the following requirements:

CHECK **ONLY ONE** MERIT BADGE **PER FORM.**

- | | | |
|----|--|---|
| 1. | <input type="checkbox"/> Camping | Requirement 5E, 7B, 8D, 9A & B |
| 2. | <input type="checkbox"/> Citizenship. in the Nation | Requirement 5, & 7 |
| 3. | <input type="checkbox"/> First Aid | Requirement 5, First Class or above |
| 4. | <input type="checkbox"/> Geocaching | Requirement 8 |
| 5. | <input type="checkbox"/> Reptile and Amphibian Study | Requirement 8 |
| 6. | <input type="checkbox"/> Whitewater Rafting | Requirement 3 |
| 7. | <input type="checkbox"/> Wilderness Survival | Requirement 6 *Only if under Fire Restrictions. |

Scoutmaster (or rep) Signature

Date


Scouting America
Western Los Angeles County Council

Camp Whitsett



MERIT BADGE PREREQUISITE PROOF

Below is an outline for merit badges that require proof of completion beyond the simple merit badge prerequisite form. Most of these require writing an essay that will be turned into their merit badge instructor at camp.


Camping Requirement 5E, 7B, 8D, 9A & B

-  Only the Merit badge prerequisite form is required.


Citizenship in the Nation Requirement 5, & 7

-  Requirement 5- Watch the national evening news for five days in a row or read the main stories in a national media organization (e.g., a newspaper or news website) for five days in a row. Discuss the national issues that you learned about with your counselor. Choose one issue and explain how it affects you, your family, and community.
-  Requirement 7- Do TWO of the following:
 - (a) Visit a place that is listed as a National Historic Landmark or that is on the National Register of Historic Places. Tell your counselor what you learned about the landmark or site and what you found interesting about it.
 - (b) Tour your state capitol building or the U.S. Capitol. Tell your counselor what you learned about the capitol, its function and history.
 - (c) Tour a federal facility. Explain to your counselor what you saw there and what you learned about its function in the local community and how it serves this nation.
 - (d) Choose a national monument that interests you. Using books, brochures, the Internet (with your parent or guardian's permission), and other resources, find out more about the monument. Tell your counselor what you learned and explain why the monument is important to this country's citizens.


First Aid Requirement 5, First Class or above

-  Requirement 5: For this requirement, list all items in the first-aid kit you have prepared for your home and describe why each item is in the first-aid kit. With an adult leader, inspect your troop's first-aid kit. Evaluate it for completeness. Report your findings to your counselor and Scout leader.


Geocaching Requirement 8

-  For this requirement choose one of the four options. Write an essay of the requirement you selected explaining what you did and what you learned from it. If you chose a requirement that has you place something and track online through www.geocaching.com then print the online log and attach to the essay. This essay is to be turned into your merit badge instructor at camp.


Reptile and Amphibian Study Requirement 8

-  For this requirement write an essay at least one page long explaining which option you chose, what you had to do, what you learned from the process, what you saw, and what environmental factors can cause problems. This essay is to be turned into your merit badge instructor at camp.

Whitewater Rafting Requirement 3

-  Only the merit badge prerequisite form is required.

Wilderness Survival Requirement 6

-  Some summers we are placed under fire restrictions and are unable to complete req. 6 of Wilderness Survival. If you can verify that your Scout has completed this requirement outside of camp, please complete the pre req form.