



# SCOUTING

# FORMS

## Scouting Forms

Forms for your son's permanent file:

1. Troop 19 Rules of Conduct Acknowledgement
2. Receipt of Troop 19 Handbook
3. Permanent Permission Slip
4. Individual Scout Record and Personal Data Sheet
5. Personal Information Form
6. Awards and Recognition Sheet
7. Troop Information Sheet
8. Parent Resources Form
9. Scout Insurance Information Sheet
10. BSA Annual Health and Medical Record

Please complete all the requested information and return to the Scoutmaster at the Orientation Meeting with required fees.

## **TROOP 19 RULES OF CONDUCT ACKNOWLEDGEMENT**

I, the undersigned and my son, \_\_\_\_\_, have read and thoroughly understand the Troop 19 Rules of Conduct. By our signatures, we accept and agree to these rules as stated and understand that if this signed document is not on file with the Scoutmaster, the Scout will not be permitted to participate in Troop activities.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Scout)

\_\_\_\_\_  
(Date)

# RECEIPT OF TROOP 19 HANDBOOK

## BOY SCOUT TROOP 19 HUNTERSVILLE, NC

I, the undersigned and my son, \_\_\_\_\_, have read and thoroughly understand the rules, guidelines and consequences in the Handbook. If this signed document is not on file with the Scoutmaster, the Scout will not be permitted to participate in Troop activities.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Scout)

\_\_\_\_\_  
(Date)

# PERMANENT PERMISSION SLIP

BOY SCOUT TROOP 19  
HUNTERSVILLE, NC

To whom it may concern:

I, the undersigned, give my son, \_\_\_\_\_, permission to attend Boy Scout Troop 19 activities/campouts with the understanding that hazards possibly happen and also that accidents do possibly happen. I hereby relieve the Scoutmaster and/or any of his staff from legal liability of personal injury or accidental death for my son mentioned above. This will include all times from the time I leave my son with the Scoutmaster until the time I pick him up. I also relieve all drivers of liability on the trip to or from a campout/activity. Furthermore, in case of emergency, I grant permission for rendering of all emergency medical attention by qualified medical personnel.

My son has a unique medical problem of \_\_\_\_\_ (state none, if none) and I will ensure that he has all proper medication with him the duration of Scouting functions.

If this signed document is not on file with the Scoutmaster, the Scout will not be permitted to participate in any Troop activities.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

Name \_\_\_\_\_ Troop/Crew No \_\_\_\_\_

Date Joined \_\_\_\_\_ Date of Birth \_\_\_\_\_

**SCOUT**



SM Conference

**TENDERFOOT**



SM Conference

**SECOND CLASS**



SM Conference   
Board of Review

**FIRST CLASS**



SM Conference   
Board of Review

**STAR**



\_\_\_\_\_ merit badge\*   
 \_\_\_\_\_ merit badge\*   
 \_\_\_\_\_ merit badge\*   
 \_\_\_\_\_ merit badge\*   
 \_\_\_\_\_ merit badge   
 \_\_\_\_\_ merit badge   
 SM Conference   
 Board of Review   
 Awarded

**LIFE**



\_\_\_\_\_ merit badge\*   
 \_\_\_\_\_ merit badge\*   
 \_\_\_\_\_ merit badge\*   
 \_\_\_\_\_ merit badge   
 \_\_\_\_\_ merit badge   
 SM Conference   
 Board of Review   
 Awarded

**EAGLE**



\_\_\_\_\_ merit badge\*   
 \_\_\_\_\_ merit badge\*   
 \_\_\_\_\_ merit badge\*   
 \_\_\_\_\_ merit badge\*   
 \_\_\_\_\_ merit badge\*   
 \_\_\_\_\_ merit badge\*   
 \_\_\_\_\_ merit badge   
 \_\_\_\_\_ merit badge   
 \_\_\_\_\_ merit badge   
 \_\_\_\_\_ merit badge   
 SM Conference   
 Board of Review   
 Awarded

**\* Required Eagle Merit Badge**

**BRONZE PALM**

\_\_\_\_\_ merit badge   
 \_\_\_\_\_ merit badge   
 \_\_\_\_\_ merit badge   
 \_\_\_\_\_ merit badge   
 \_\_\_\_\_ merit badge   
 SM Conference   
 Awarded

**GOLD PALM**

\_\_\_\_\_ merit badge   
 \_\_\_\_\_ merit badge   
 \_\_\_\_\_ merit badge   
 \_\_\_\_\_ merit badge   
 \_\_\_\_\_ merit badge   
 SM Conference   
 Awarded

**SILVER PALM**

\_\_\_\_\_ merit badge   
 \_\_\_\_\_ merit badge   
 \_\_\_\_\_ merit badge   
 \_\_\_\_\_ merit badge   
 \_\_\_\_\_ merit badge   
 SM Conference   
 Awarded

**\* REQUIRED EAGLE MERIT BADGES**

- Camping
- Citizenship in the Community
- Citizenship in the Nation
- Citizenship in the World
- Communication
- Cooking
- Sysling or Hiking or Swimming

- Emergency Preparedness or Lifesaving
- Environmental Science or Sustainability
- Family Life
- First Aid
- Personal Fitness
- Personal Management

A Scout must have a total of 13 of the required merit badges. When given a choice of badges, the Scout may choose only one of the offered badges to be applied as a required badge. If the Scout earns another of the optional badges it will be counted as an elective badge toward Eagle or towards Eagle Palms

## Personal Information Form

Scout \_\_\_\_\_

*Please Note: This information is held private confidential and is only viewed by the Scoutmaster and Patrol Assistant Scoutmaster in charge of your Scouts Patrol in order to understand any Special Needs for your Scout.*

Does Your Scout have a Learning Disability? \_\_\_\_\_

Please Explain \_\_\_\_\_

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Does Your Scout have Memory Difficulties or Issues with Retention of Information? \_\_\_\_\_

Please Explain \_\_\_\_\_

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Does Your Scout have a Sleeping Disorder? \_\_\_\_\_

Please Explain \_\_\_\_\_

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Does Your Scout have a medical condition that may affect his participation in Scouting? *(for example ADD,ADHD,BED,Asthma,Insect Allergies, etc)*

Please Explain \_\_\_\_\_

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Does Your Scout have Special Needs that need to be considered when participating in Troop Activities?

Please Explain

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# TROOP INFORMATION SHEET

Mother

Father

Name

Address

Phone

Place of Employment

Work Address

Work Phone Number

Vehicle Make/Model

Tag Number

Drivers License Number

Cell Phone Number

Parent's Email

Scout's Email

Please list medications your son takes regularly

Does your son have any allergies?

Does your son have Behavioral issues the Troop should be aware of?



# TROOP RESOURCE SURVEY

Boy Scouting is for adults as well as boys. We invite you to share your skills and interests so the best possible program can be developed for the Boy Scouts in this troop. In making this survey, the committee wishes to find ways you can enjoy using your talents to help our Scouts. Your cooperation is greatly appreciated.

Welcome to the Scout family of Troop No. \_\_\_\_\_ in the \_\_\_\_\_ Council.

Please return this survey to \_\_\_\_\_

Are you currently registered with the Boy Scouts of America? Yes  No

(Please print.)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

Business phone \_\_\_\_\_ Email address \_\_\_\_\_

1. What is your favorite hobby? \_\_\_\_\_ Occupation \_\_\_\_\_

2. In what sports do you take an active part? \_\_\_\_\_

3. Would you be willing to assist the troop leaders and committee members occasionally? \_\_\_\_\_

4. Please check the areas in which you would be willing to help:

### General Activities

- Campouts
- Hikes
- Outdoor activities
- Troop meetings
- Swimming supervision
- Accounting
- Web management/design
- Drawing/art
- Transportation of Scouts
- Transportation of equipment
- Other \_\_\_\_\_ (please print)

### Special Program Assistance

- I can participate in boards of review.
- I have a minivan or \_\_\_\_\_ truck.
- I have a workshop.
- I have family camping gear.
- I have access to camping property.
- I can make contacts for special trips and activities.
- I can help with troop equipment.

5. Please check any Scouting skills you would be willing to teach:

- Ropework (knots and lashings)
- Outdoor cooking
- First aid
- Star study
- Map, compass, and GPS use
- Conservation
- Aquatics
- Knife and ax handling
- Citizenship
- Camping

Check the merit badges on the other side of this sheet that you are willing to help Boy Scouts earn.

## MERIT BADGES

Check the merit badges that you can help Boy Scouts earn.

- American Business
- American Cultures
- American Heritage
- American Labor
- Animal Science
- Archaeology
- Archery
- Architecture
- Art
- Astronomy
- Athletics
- Automotive Maintenance
- Aviation
- Backpacking
- Basketry
- Bird Study
- Camping
- Canoeing
- Chemistry
- Chess
- Citizenship in the Community
- Citizenship in the Nation
- Citizenship in the World
- Climbing
- Coin Collecting
- Collections
- Communication
- Composite Materials
- Computers
- Cooking
- Crime Prevention
- Cycling
- Dentistry
- Digital Technology
- Disabilities Awareness
- Dog Care
- Drafting
- Electricity
- Electronics
- Emergency Preparedness
- Energy
- Engineering
- Entrepreneurship
- Environmental Science
- Family Life
- Farm Mechanics
- Fingerprinting
- Fire Safety
- First Aid
- Fish and Wildlife Management
- Fishing
- Fly-Fishing
- Forestry
- Game Design
- Gardening
- Genealogy
- Geocaching
- Geology
- Golf
- Graphic Arts
- Hiking
- Home Repairs
- Horsemanship
- Indian Lore
- Insect Study
- Inventing
- Journalism
- Kayaking
- Landscape Architecture
- Law
- Leatherwork
- Liasising
- Mammal Study
- Medicine
- Metalwork
- Mining in Society
- Model Design and Building
- Motorboating
- Movablemaking
- Music
- Nature
- Nuclear Science
- Oceanography
- Orienteering
- Painting
- Personal Fitness
- Personal Management
- Pets
- Photography
- Pottery
- Pressing
- Plant Science
- Plumbing
- Pottery
- Programming
- Public Health
- Public Speaking
- Pulp and Paper
- Radio
- Reaftreading
- Reading
- Reptile and Amphibian Study
- Rifle Shooting
- Robotics
- Rowing
- Safety
- Seamanship
- Scholarship
- Scouting Heritage
- Scouts Diving
- Sculpture
- Search and Rescue
- Shotgun Shooting
- Skating
- Small-Boat Sailing
- Snow Sports
- Soil and Water Conservation
- Space Exploration
- Sports
- Stamp Collecting
- Surveying
- Sustainability
- Swimming
- Textile
- Theater
- Traffic Safety
- Truck Transportation
- Veterinary Medicine
- Water Sports
- Weather
- Welding
- Whitewater
- Wilderness Survival
- Wood Carving
- Woodwork
- Rappelling
- Sailing
- Scuba diving
- Shooting sports
- Slow-pitch softball
- Snow camping
- Soccer
- Spawning
- Freestyle biking
- Golf
- Hockey
- Kayaking
- Mechanics
- Mountain man
- Orienteering
- Rafting

### Other skills and activities I could assist in for the older-Scout program:

- Survival
- Swimming
- Tennis
- Video/photography
- Volleyball
- Whitewater canoeing
- Windsurfing



# Scout Insurance Information Form

In spite of our best efforts to maintain safety standard's in Troop 19 Scouting activities, accidents may occur. In such emergencies, you'll want to see that you son receives prompt medical attention without having to be concerned about how the cost of such care is paid.

That is why Mecklenburg Council is sponsoring the Council Accident and Sickness Insurance Plan, offered by United of Omaha Life Insurance, describe in the folder included with this troop handbook. This plan provides financial protection against accidental injury and illness for all registered youth, leaders, volunteer leaders and seasonal staff.

Please read the contents of the folder carefully to learn all about the benefits, exceptions and limitations of this coverage, as well as steps in filing a claim.

Please keep in mind that it is not the purpose of this coverage to diminish or replace the need for family health insurance. Rather, its purpose is to provide assurance that financial help is available to meet emergency medical expenses should an injury or illness occur during a Scouting activity.

Should you have any questions about this insurance service, please contact Mecklenburg Council or write directly to:

United of Omaha Life Insurance Company  
ATTN: Special Risk Services  
P O Box 31716  
Omaha, Nebraska 68131-9976  
(800) 524 – 2324

## Eligibility

All registered youths and leaders (including den aides/chiefs and volunteer leaders) and seasonal staff of each Boy Scout Council and Learning for Life (Explorer and non Explorer) programs are eligible for coverage. New youth members added during the year are automatically covered until the renewal date without additional premium. NOTE: If your council does not insure members of the Learning for Life programs, they will not be insured unless purchased separately.

Non-scouts, non-scouters and guests who are being encouraged to become registered leaders or scouts are automatically covered at no extra cost while in attendance at the scheduled activity. Other guests are not covered.

## Coverage

The plan provides year-round coverage for injuries occurring anywhere in the world while:

- a) participating in an approved and supervised Scouting or Learning for Life activity. Seasonal Camp Staff are also covered during their off-duty hours subject to the workers' compensation exclusion.
- b) Traveling to and from such activities (traveling is not limited to "as a group")

Coverage is provided for sickness first manifesting itself while the insured member is:

- a) in attendance at a Council scheduled session of an overnight or other covered event operated and supervised by your council. Seasonal camp staff is also covered during their off-duty hours, subject to the workers' compensation exclusion.
- b) Traveling to and from such an overnight or other covered event

***Specific benefits and important questions and answers are detailed in the enclosed folder.***

Part A: Informed Consent, Release Agreement, and Authorization

A

Full name: High-adventure base participants: Expedition/Crew No.: or staff position: DOB:

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...

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...

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...

NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continuously monitor compliance of program participants or any limitations imposed upon them by parents or medical providers...

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...

Participant's signature: Date:

Parent/guardian signature for youth: Date: (if participant is under the age of 18)

Second parent/guardian signature for youth: Date: (if required, for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

You must designate at least one adult. Please include a telephone number. Name: Telephone:

Adults NOT Authorized to Take Youth To and From Events:

Name: Telephone:



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Part B: General Information/Health History

B

Full name: High-adventure base participants: Expedition/Crew No.: or staff position: DOB:

Age: Gender: Height (inches): Weight (lbs.): Address: City: State: ZIP code: Telephone: LHE leader: Mobile phone: LHE No.: Health/Account 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's name: Alternate's phone:

Health History

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

Table with columns: Yes, No, Condition, Explain. Rows include Diabetes, Hypertension, Heart disease, Asthma, etc.



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Part B: General Information/Health History

B

Full name: High-adventure base participants: Expedition/Crew No.: or staff position: DOB:

Allergies/Medications

Table for Allergies/Reactions with columns: Yes, No, Allergies or Reactions, Explain.

List all medications currently used, including any over-the-counter medications. CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN.

Table for Medications with columns: Medication, Dose, Frequency, Reason.

Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens.

Immunization

The following immunizations are recommended by the ADA. Tetanus Immunization is required and must have been received within the last 10 years.

Table for Immunization with columns: Yes, No, Had Disease, Immunization, Date/Status.



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Part C: Pre-Participation Physical

C

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: High-adventure base participants: Expedition/Crew No.: or staff position: DOB:

You are being asked to certify that this individual has no contraindication for participation inside a Scouting experience. For individuals who will be attending a high-adventure program...

Examiner: Please fill in the following information:

Table for Medical restrictions to participate with columns: Yes, No, Explain.

Table for Examiner's Certification with columns: True, False, Explain.

Examiner's Certification text: I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience.

Dambers Signature: Date: Provider 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 retroscapable landing, you may not be allowed to participate.

Table for Height/Weight Restrictions with columns: Height (inches), Max. Weight, etc.



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You can fill out online, save it, then print a copy for the Troop records

http://www.scouting.org/filestore/HealthSafety/pdf/680-001\_ABC.pdf