



# 2024 Parent Guide

## From the Desk of the Camp Director

Dear Friends and Family,

As we prepare for summer, Camp Wakonda is ready to welcome you back to camp with this summer's program opportunities. With the help of wonderful supporters and parents like yourselves, working together with our incredible staff, your child is bound to have a positive camping experience. Summer isn't just about fun; it's also about setting your camper up for an abundant life of quality relationships, self-confidence, independence, and healthy decision making. We are excited to partner with you to help them work toward these goals.

This 2024 Parent Guide is for you! It is a tool to help you prepare your child for their journey this summer and to ensure that you can feel confident and ready to send your youth out to have a great and safe time at camp. Please take the extra time to thoroughly read through the guide to prepare for your summer experience.

If any questions or concerns should arise, please contact me. We can't wait to see you this summer!

Chase Denison

Staff Director – Camp Wakonda

Welcome Letter

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## Before Camp Starts

### Forms

All campers are required to bring completed medical forms with them at the start of camp. Forms can be found in the guide starting on page 13 or can be found online at: [https://filestore.scouting.org/filestore/HealthSafety/pdf/680-001\\_ABC.pdf](https://filestore.scouting.org/filestore/HealthSafety/pdf/680-001_ABC.pdf)

### Allergies & Dietary Considerations

We recognize the seriousness of allergic reactions brought on by certain foods and substances. Please provide us with any pertinent and as much information as possible as you fill out the camp forms, so that we are best able to care for your camper's needs. We can accommodate a vegetarian diet and many common food allergies that cause changes in diet, including lactose and gluten. We are not able to guarantee that cross-contamination will not occur. Contact the camp director for information about how we can best accommodate your camper's dietary needs.

### Refunds & Cancellations

Our event, activity, and camp budgets are planned to have minimal margins to keep the costs within the reach of every family. However, almost all events have upfront costs and overhead expenses (site reservation fees, patches, food, program supplies, etc.) that must be secured in advance of the event to meet participant expectations. A request for event fee refunds will be processed as follows:

- More than 30 days before the event = Full refund minus \$25 or 25% servicing fee, whichever is less
- Less than 30 days up to 7 days before the event = 50% refund
- Less than 7 days before the event to five days after the event = Refund allowed based on below conditions only
- Six or more days after the event = No refund

All requests for refunds received less than 7 days before the event to five days after the event will be reviewed based on the following conditions only:

- Serious illness or injury preventing attendance
- Death in family preventing attendance
- Special unexpected and extraordinary circumstances

No refunds are given if a camper returns home during camp due to illness, injury, homesickness, and/or any other circumstance including poor behavior. No refunds will be made for campers who arrive late, leave early, are a no-show or attend only part of a program.

### Living Space at Camp

Campers will be staying in Alsop, our bunk style resident hall, while at Camp Wakonda. Campers will be grouped in rooms by age and gender. Each room will hold up to 4 campers. Staff will stay in separate quarters down each hall and be accessible to campers should they need it.

### Lost and Found Policy

The best way to prevent the loss of property is to leave valuables at home. The council assumes no liability and is not responsible for a camper's possessions that are lost or stolen. If you believe your camper left an item at camp, email the camp office to see if the item can be located. Lost items left at camp will be retained for 6 months, then thrown away, used as camp supplies, or donated. Socks, underwear, and used toiletries are not retained for any length of time and are thrown away at the end of the camp session.

## Electronic Devices at Camp

Please leave new or expensive clothing, jewelry, or accessories at home. We encourage campers to wear older clothes that can get dirty! We urge caution with sending electronics to camp including cell phones, iPods/MP3 players, radios, laptops, tablets, hand-held game systems, smart watches, or e-readers. Outlets may not be available for charging. Bringing high-price items to camp is done at your own risk. Camp Wakonda cannot be responsible for loss or damage to personal property at camp.

## While at Camp

### Money & the Trading Post

Camp Wakonda's Trading Post is your one-stop shop for treats and last-minute supplies including ice cream, root beer floats, toothbrushes, sunglasses, and more! You can put money in a trading post account using this online link <http://weblink.donorperfect.com/CampWakonda> or leave CASH with your camper. Credit Cards will not be accepted at camp. Camp Wakonda is sensitive to the fact that there are individuals who have various allergies. The main one being individuals who are allergic to peanuts. There will be a sign posted on both main entrances to the Trading Post and one to main entrance of the Camp Office stating that there are food items that contain peanuts, peanut butter, or other various nuts and that campers and visitors should use good judgement when entering the building.



### Communication with your Camper

Camp Wakonda does not provide a phone for camper use, and we urge parents not to tell their camper that they may call home. If you are concerned, please call the camp office and rest assured that if there is a problem, we will call you immediately. Encourage your camper to talk with his/her counselors or the Camp Director if he/she has any problems. Send stationery with your camper so he/she can send letters home. Please provide pre-addressed, stamped envelopes for your camper.

### Camper Mail

Outgoing mail is picked up daily from the mailbox located at the Trading Post. Incoming mail is distributed by the Camp Director or other admin staff.

### Behavior Expectations

Please help your camper to read and understand our Camp Code of Conduct so that by the time they arrive at camp, they understand the expectation of behavior. In the event of extreme or repeated misbehavior, Camp will contact you to best determine a course of action. If your camper is found to be in violation of any aspect of the Camp Code of Conduct, you may be asked to pick up your camper.

### Camper Health & Calls Home

If your camper becomes seriously sick or injured while at camp, you will be contacted by the Camp Director or assigned health staff representative to determine the best course of action.

### Laundry

Campers should bring enough clothing for the entire session. Laundry facilities are limited and not available for campers to do regular laundry.

#### Camp Mailing Address:

HHCSR

Camper's Name

4521 Boy Scouts Road

Central City, Iowa 52214

## Severe Weather

We closely monitor the weather and suspend any activities if the weather causes a safety concern for our campers and staff. Camp Wakonda has inclement weather procedures and staff are trained in how to handle weather emergencies. We will make every effort to make up missed activity time due to weather but can make no guarantees.

## Our Staff

At Camp Wakonda, your child's safety is our number one priority. We recruit and hire experienced and enthusiastic staff. Our staff undergo an intensive 10-day training that covers subjects including homesickness, camp policies and procedures, emergency weather practices, and behavior management. Our staff are certified in First Aid and CPR. We also teach our staff games, songs, and activities so camp is not only safe but also fun.

## Hazing:

Hazing has no place at camp. Physical violence, hazing, bullying, theft, and verbal insults have no place in our program and may result in removal from camp.

## Open-Toed Shoes:

Footwear, such as sandals, flip-flops or crocs are permitted in the shower house, pool area, and tents. For your own protection, when hiking to and from these areas, or around camp, sturdy closed-toe shoes (boots or sneakers) are required.

## Pets:

Pets are not permitted in camp at any time during the camping season. This policy does not pertain to service animals.

## Vandalism and Destruction of Camp Property:

Vandalism and pranks can result in significant financial loss, injury, loss of program, and potentially closing of the camp, affected facility, or program area. There is a fine line between harmless fun and taking things too far. Any camper that takes part in vandalizing, destruction or theft of camp property will be held financially responsible for all losses incurred and may face expulsion from camp without refund of camping fees.



## Camp Health & Safety

Campers and visitors are asked to use all walking paths when hiking around camp and live by the Outdoor Code and Leave No Trace policies. Campers need to be aware that they must be respectful of the facilities of Camp Wakonda.

The policies herein are meant to cover many health and safety needs and provide general courtesies for all our campers at HHCSR. They are not “all inclusive;” other policies may be set forth by the Camp Director as needed. Parents: Please review these policies with your camper prior to arriving at camp.

### **Curfew and Quiet Time:**

Rest at camp will affect the person's ability to function in a cheerful and safe manner. Please keep conversations low and activities to a minimum between the hours of 10:00 pm and 6:30 am.

### **Drugs and Alcohol:**

No alcohol or drugs are to be in camp. Use and/or possession of either at camp is a one time - no exception offense and will result in the removal from camp.

### **Firearms and Weapons:**

These may not be brought to camp. Only camp owned firearms and bows may be used with council provided ammunition. Firearms are only to be used at approved ranges, under the supervision of a Certified Instructor. Failure to comply will result in dismissal from camp.

### **Fireworks:**

Fireworks of any type are prohibited in camp. Any camper found to be in possession of fireworks, including rocket engines, will be sent home from camp.

### **Fishing:**

Fishing is permitted during daylight hours. Iowa Fish and Game Commission laws must be observed. A fishing license is required to fish in accordance with Iowa State Regulations for those over the age of 16. You may bring your own fishing equipment, or you can check out equipment, including worms. Everyone must wear a Personal Floatation Device (PFD) while fishing along the shore.

### **Annual Health & Medical Record Forms**

All youth who are attending camp will be required to have an up-to-date health form's part A, B1, B2, and C on file with the camp medic. This medical form not only covers required health information but also provides consent for all activities, photographs, and other media. Please include a copy of the family's insurance card with your forms. Any person who arrives without a current medical form may not stay in camp.

**Medical Forms can be found at the end of this document.**

**Medication (Doctor Prescribed)**

All medication(s) must be turned in to the health officer at the time of check-in for proper distribution. All medication containers should be placed in a plastic bag with the camper's name on the bag for easy identification. Any special instructions, in addition to the information on the container, should be placed in the bag. It is the responsibility of each camper to make sure they come to the health officer to receive medications at the appropriate times. Verbal reminders will be given at mealtimes, but ultimately it is the camper's responsibility to go to the camp health office. Medications will be distributed by the camp medic and recorded on the daily medication sheet provided by the camp.

Medications are dispensed according to the instructions on the container. If the prescription has changed (the dosage or the time of day) the doctor must provide new instructions in the form of a new label for the medication or in a written letter from the doctor. **All prescription and non-prescription drugs shall be in their original containers. All medications (including those needing refrigeration) are to be locked up in the camp health office.** The only exception is for medications, which must always be carried including asthma inhalants, bee sting kits, Epi-pens and nitro glycerin pills.

***This is a state law.***

**Medication (Over the Counter/Non-Prescribed):**

Several non-prescription medications are available at the Health Office. By signing the Allergies/Medications Consent Section on Part B of the Health and Medical Form, you are authorizing the health officer to dispense any over the counter/non-prescriptions to your camper while at Camp Wakonda.

**ACCIDENT REPORTING:**

**All accidents, no matter how slight, must be reported to the health officer so that they may be recorded.** First Aid facilities are provided under the supervision of a qualified adult. A health officer will always be on duty during camp.

**Medical Check-in:**

All youth will need to pass through a medical pre-screening during check-in. Following this, they must turn in health forms to the health officer. This is where you will be cleared to take the swim test. Please make sure that all medicine to be turned in is well marked and all medical forms are up to date and complete including signatures from parents or legal guardians.

**Health Office & Medical Emergencies:**

The outside entrance to the Health Office is on the west side of Dakin Dining Hall. The Health Office is intended only for the temporary care and treatment of sick or injured campers. Individuals that are seriously injured will be transported to the emergency room of a local hospital in Cedar Rapids, Iowa, or sent home to receive more adequate care. St. Luke's Hospital is our primary care provider, but campers may be transported elsewhere upon request. To reduce the chances of spreading illness throughout the camp, individuals who are ill prior to, or become ill while at camp may be asked to leave camp until they are well. Additionally, we ask that parents do not send/bring sick children to camp.



**Lost of Found:**

The camp lost and found table will be in front of the dining hall. If the item is valuable, it will be kept with the Clerk at the Troop Service Building. Please remind campers to mark personal items with their name. Each camper needs to take care of and safeguard his/her personal property.

**Vehicles:**

The safety of all campers and visitors are of high importance. Upon entering through the main gate of the camp all vehicles must abide by the *10-mph* speed limit. All visitors must park in the main parking lot which is located by the Dakin Dining Hall. Only designated camp service vehicles including Camp Rangers, Camp Management, camp gators, mowers, maintenance vehicles and medic are allowed on the service road. Personal gators, golf carts, or ATVs are not allowed.

The camp has two gators that can used to transport campers or visitors who have mobility or physical disability issues to program areas and campsites. Please let the Camp Director know in advance if you have campers or visitors in need transportation assistance.

**Color Coded Wrist Bands:**

These are issued to all campers and visitors upon arrival at camp and must always be worn to properly identify to others that you belong in camp. In the event a wristband is lost, a replacement is available at the Camp Office. Your cooperation, as a leader in enforcing the wristbands and your adult's registration will help the staff make sure your campers are in a safe environment.

**Sign In & Sign Out:**

All visitors must report to the Camp Office located in the Troop Service Building to sign-in and sign out. Temporary visitor passes are issued to those persons who are in camp for a limited time. This policy does not apply during family night activities. Whenever a camper, leader or staff member enters or departs camp, he/she must sign-in and sign-out at the office. Anyone suspected of being an unauthorized person should be reported to the nearest program area director, leader, or staff member who will contact the Camp Director. This procedure will be modified during family night.

## Packing List

**Clothing Items**

- ☐ Socks for the week
- ☐ Sweater or Jacket
- ☐ Appropriate swimwear and Towels
- ☐ Rain Gear
- ☐ Hat
- ☐ Underwear for the week
- ☐ Hiking Boots/Gym Shoes (2 pair recommended)
- ☐ Shorts, Jeans or Pants (multiple pairs of each)
- ☐ Shirts—no sleeveless or tank tops
- ☐ Pajamas

**Camping Gear**

- ☐ Sleeping Bag/Bedding
- ☐ Backpack or Duffel Bag
- ☐ Water Bottle
- ☐ Small pillow
- ☐ Dirty Clothes Bag

**Personal Items**

- ☐ Toothbrush & Toothpaste
- ☐ Comb/Brush
- ☐ Soap
- ☐ Bath Towel & Washcloth

- ☐ Deodorant
- ☐ Shower flip flops

**Camp Necessities**

- ☐ Flashlight w/Extra Batteries
- ☐ Personal First-Aid Kit
- ☐ Bug Spray
- ☐ Compass
- ☐ Sunscreen (SPF 30+)
- ☐ Camera
- ☐ Spending Money
- ☐ Hat or bandana
- ☐ Sunglasses

## Packing List

**MAKE SURE ALL ITEMS ARE MARKED WITH CAMPER NAME!**

You will **not** be allowed to drive to the campsites. The camp has some carts available for use. We strongly encourage you to bring a wagon, cart, or large backpack to transport your items.



# Daily Schedule

Camp Wakonda Schedule

<b>Sunday, July 14</b>	
1:00 PM – 4:00 PM	Check-In, room set up, orientation
4:00 PM	Swim Tests
5:00 PM—6:00 PM	Dinner
6:00 PM	Flag ceremony
6:15 PM	Get-to-know-you games
7:00 PM	Campfire program
9:00 PM	Lights Out!
<b>Monday, July 15 -Thursday, July 18</b>	
7:00 AM	Flag ceremony
7:15 AM	Breakfast
8:00 AM – 12:00 PM	Program area rotations
12:00 PM – 1:00 PM	Lunch
1:00 PM – 5:00 PM	Program area rotations
5:00 PM – 6:00 PM	Dinner
6:00 PM	Flag ceremony
6:15-7:00 PM	Rest Time
7:00 PM	Evening Program*
9:00 PM	Lights Out!
<b>Friday, July 19</b>	
7:00 AM	Flag ceremony
7:15 AM	Breakfast
8:00 AM—10:00 AM	Pack up belongings, take to Dakin Dining Hall patio
10:00 AM—12:00 AM	<b>PARENTS ARRIVE</b> , camper-led tours (Trading Post open)
12:00 PM	Lunch (optional), Depart

Day Programming is subject to weather.

- \* Monday—Handicrafts and Battle boats
- \* Tuesday— Nature Day
- \* Wednesday—Shooting Sports and Climbing
- \* Thursday—COPE, Zipline, Pool Time



## Dakin Dining Hall and Meal Information

### MENUS AND SPECIAL DIETARY CONCERNS

Camp Wakonda serves food in accordance with a menu that is approved by a dietitian. Our meals are balanced and are consistent with a healthy diet. It is critical that all food allergies and special dietary needs be reported to the Hawkeye Area Council **a minimum of 1 weeks prior to arrival at camp** using the Special Dietary Needs Form. This will allow us to make the adjustments necessary to keep your camper healthy and safe. Our dining hall does not use peanut products. For concerns about food allergies, please contact the camp director about preparation and contents.



The Special Dietary Needs Form is reserved for those with health concerns.  
The form can be found at the end of this guide.

### Allin Dakin Dining Hall Procedures

Years of experience makes the dining hall procedure run smoothly. Campers are to help set the table before and clear items after the meal. Before the meal, campers line up outside the dining hall. Hats must be removed upon entering the building. Food is served cafeteria style, stopping at the stations to get food.



## Fire, Lost Person, or Lost Swimmer

**Signal:** Intermittent sounding of siren.

**What to do:** **All activities cease!**

Staff reports to preassigned areas. Campers/guests go to the flagpole area and line up by unit. Unit leaders will be asked to account for all campers and leaders to a staff member at the flagpole. All units will wait in the flagpole area for instructions.

**All Clear Signal is three (3) short siren wails.**

## In Case of Fire in Your Area

Send two (2) runners to report the fire. Go to the closest staffed area. Make sure information is given to a staff member to be passed onto the Camp Director.

If it is safe to do so (and you will not be taking any unnecessary chances), organize the rest of the troop with shovels, rakes, water pails and fire buckets and proceed to extinguish the fire. Remember that the safety of campers and visitors is the primary concern.

## General Fire Safety Precautions

- At all times, water barrels must be kept filled and used only for an emergency. (They must not be used for washing, etc.)
- Fire buckets and extinguishers must never be used except in the case of fire.
- Each unit is responsible for the observance of good fire precautions at all times. Leaves, brush, refuse, etc. should not accumulate near the tents or cooking areas. (This does not mean to rake away all leaves since this is a poor conservation practice and leads to erosion.)
- Fires are to be built only in fire rings.
- Take extra precautions on windy days.
- No fires are to be left unattended. Put them dead out before leaving your campsite or retiring for the night.

## WEATHER EMERGENCIES

In the event of impending severe weather, campers will be notified by program area staff or camp staff. The Camp Ranger and Camp Director will also drive vehicles through camp to notify campers. Staff will instruct campers which shelter to use.

In the event of sudden, severe weather, the siren will sound continuously. All campers shall take cover immediately in a Storm room. The all-clear signal will be a series of on and off siren calls. Everyone should report to the Parade grounds so camp staff can account for all campers and leaders following all clear signal.

## Storm or Strong Winds

**Signal:** Continuous sounding of siren.

**What to do:** **All activities cease!** Everyone goes to the closest Storm room or lowest lying area. Stay there until all clear signal or told by a staff member that it is safe. (Not hearing the siren is not an indication that it is safe. Electricity could be out.)

**All Clear Signal is three (3) short siren calls (or truck horn, etc.).**



### OUTDOOR HAZARDS

In any trip to the outdoors the camper may encounter annoying insects and poisonous plants or animals. Camp staff will help campers to recognize and protect against such outdoor hazards. The effects of poison ivy, ticks, etc., can be minimized with good personal practices. All injuries of this type will be reported to the health officer for treatment and recording.

### High Temperature/Humidity Plan

When temperatures and/or humidity become excessive, program area will limit activities to assure the health of all campers.

1. Provide adequate drinking water at all program areas and activities. Drinking water is vital. Encourage everyone to drink at least half a quart per hour.
2. Provide shade and use frequent breaks.
3. Encourage the wearing of hats for cooling. Also, wetting the top half of your body promotes cooling.
4. Wear light colored loose-fitting clothing.
5. Sunscreen should be worn, particularly by persons with fair complexions. Avoid too much sun.

### Earthquakes

In the event of an earthquake, move rapidly to an open area outdoors away from buildings, structures, trees, or embankments. Remain there until all clear signal is given then assemble at the flagpoles for instructions.





## 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: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_

#### Adults NOT Authorized to Take Youth to and From Events:

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

Phone: \_\_\_\_\_

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

Phone: \_\_\_\_\_

## 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
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension (high blood pressure)	
<input type="checkbox"/>	<input type="checkbox"/>	Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
<input type="checkbox"/>	<input type="checkbox"/>	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/TIA	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma/reactive airway disease	Last attack date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Lung/respiratory disease	
<input type="checkbox"/>	<input type="checkbox"/>	COPD	
<input type="checkbox"/>	<input type="checkbox"/>	Ear/eyes/nose/sinus problems	
<input type="checkbox"/>	<input type="checkbox"/>	Muscular/skeletal condition/muscle or bone issues	
<input type="checkbox"/>	<input type="checkbox"/>	Head injury/concussion/TBI	
<input type="checkbox"/>	<input type="checkbox"/>	Altitude sickness	
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric/psychological or emotional difficulties	
<input type="checkbox"/>	<input type="checkbox"/>	Neurological/behavioral disorders	
<input type="checkbox"/>	<input type="checkbox"/>	Blood disorders/sickle cell disease	
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells and dizziness	
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	
<input type="checkbox"/>	<input type="checkbox"/>	Seizures or epilepsy	Last seizure date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Abdominal/stomach/digestive problems	
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	
<input type="checkbox"/>	<input type="checkbox"/>	Skin issues	
<input type="checkbox"/>	<input type="checkbox"/>	Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	List all surgeries and hospitalizations	Last surgery date: _____
<input type="checkbox"/>	<input type="checkbox"/>	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	Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<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"/>		Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>		Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>		Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>		Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>		Polio	
<input type="checkbox"/>	<input type="checkbox"/>		Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Other (i.e., Hib)	
<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](http://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	<input type="checkbox"/>	<input type="checkbox"/>	

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

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

	Normal	Abnormal	Explain Abnormalities
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	
Ears/nose/throat	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
Genitalia/hernia	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	
Skin issues	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

### 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
<input type="checkbox"/>	<input type="checkbox"/>	Meets height/weight requirements.
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled heart disease, lung disease, or hypertension.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled psychiatric disorders.
<input type="checkbox"/>	<input type="checkbox"/>	Has had no seizures in the last year.
<input type="checkbox"/>	<input type="checkbox"/>	Does not have poorly controlled diabetes.
<input type="checkbox"/>	<input type="checkbox"/>	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



BOY SCOUTS OF AMERICA®  
HAWKEYE AREA COUNCIL

# PARENTAL COMMITMENT TO TRANSPORT FORM

**To be completed and submitted to camp upon arrival**

I understand that any time during my child's stay at a Hawkeye Area Council Summer Camp Program I may be called on to transport my camper (youth or adult) from camp for medical reasons. I commit to being available for the duration of the session by phone should I need to be contacted by the camp management team. Furthermore, upon consultation with the camp management team, I agree to pick up my participant within 12 hours of being contacted. I will also provide a second level contact to be prepared for unforeseen circumstances.

Participant Name

Signed

Primary Contact Name

Secondary Contact Name

Unit Type & Number

Date

Phone

Phone

Camp Wakonda  
Hawkeye Area Council, Boy Scouts of America

## **Special Dietary Request Form**

**Submit AT LEAST 2 weeks BEFORE start of camp**

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

Camp : Camp Wakonda

Date of Camp: July 14-19, 2024

Date Submitting Form: \_\_\_\_\_

**Please Submit AT LEAST 2 Weeks BEFORE START of Camp**

We are asking that all campers who require special diets, whether for medical or religious reasons, to fill out this requestform and submit it to the Hawkeye Area Council, two weeks before the person will be attending the camp program noted above.

Special request (be as specific as possible, i.e. low sodium diet, no pork, etc):

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We strive to meet the needs of our campers. It is important that this form be turned in at least two weeks before the camper comes to camp so the Commissary staff can be prepared.

We do realize some individuals require a diet that is very specialized. For those individuals, we ask that they bring their own food to camp. Their food can be stored in our kitchen. The camp cook will be happy to help in the preparation of the special food.

Please use this option only if medically necessary or required by religion.

Thank you.

## Questions?

Feel free to call or write for more information or clarifications to:

Hawkeye Area Council  
660 32<sup>nd</sup> Ave. S.W.  
Cedar Rapids, IA 52404-3910



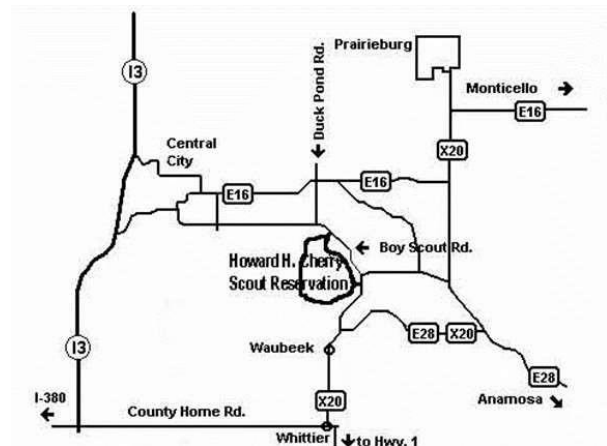
Camp Director: Chase Denison  
[Chase.Denison@Scouting.org](mailto:Chase.Denison@Scouting.org)  
319-862-0541 (office)

### Howard H. Cherry Scout Reservation

#### Physical Address

4521 Boy Scout Road  
Central City, Iowa  
52214

Phone: (319) 438-1837



**From Iowa City/Cedar Rapids:** North on I-380 to exit 28, turn right (east) onto County Home Road (E34), go east to Hwy 13, continue east 5 miles into town of Whittier, turn left (north) onto Whittier Road (X-20), go 5 miles to town of Waubeek, turn right crossing bridge onto Boy Scouts Road, 2 miles to Camp Wakonda.

OR

North on I-380 to exit 16, turn right (east) onto IA 151/30, go east 6.8 miles to exit 259 turn right onto Hwy 151/13, continue north 11.5 miles to County Home Road (E34), turn right go 5 miles to town of Whittier, turn left (north) onto Whittier Road (X-20), go 5 miles to town of Waubeek, turn right crossing bridge onto Boy Scouts Road, go 2 miles to Camp Wakonda.

**From Central City:** (Hwy 13) East 3 miles on E16, turn right (south) onto Duck Pond Road, go .7 miles, turn left onto Boy Scouts Road, go .7 miles to Camp Wakonda.

**From Monticello:** Turn right (west) onto E16, go 12.4 miles, turn left (south) on X-20, go 1.2 miles, turn right onto E16, go 2.2 miles, turn left (south) on Duck Pond Road, go .7 miles, turn left onto Boy Scouts Road, go .7 miles to Camp Wakonda.



2022 C

CAMP  
WAKONDA  
BOY SCOUTS OF AMERICA

Entrance to  
Camp Wakond  
4521 Boy Scout Rd

 Frost Free Water Hydrants  
 Service Roads  
 Trails  
 Accessible Area  
 Severe Weather Shelter

<< To Central City

Aegon Climbing  
Center

Allsop Outdoor  
Education Center

MN  
0°13'

2009 magnetic  
north declination

Howard H. Cherry  
Scout Reservation

# Camp Wakonda

Hawkeye Area Council  
Boy Scouts of America

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GPS mapping & programming provided by R.D. Schuette & Assoc.