The Joseph A. Città Scout Reservation is a Nationally Accredited Cub Scout Day Camp
Dear Parents, Cubmasters and Den Leaders;

Are you ready for the most exciting week of your Scouting year? Grab your scouts, pack their daypacks, and get set for Cub Scout Day Camp!

For months, we have been anxiously waiting for approval to provide your scouts a summer camp program. Finally, we got it!! A top-notch staff has been assembled, new equipment ordered, and programs updated all in anticipation of your arrival. This guide has been prepared to assist you in planning for your camp experience. Please take the time to review all of it and share with the other parents and leaders who will be working with you.

Also, please remember that when you register your scouts for camp you are registering them for the rank they will be in September 2020. The scouting year starts every June 1st. For example, our 2019 Lions will now be Tigers over the summer and able to join us at camp. Tigers…will be Wolves and so on.

Yours in Scout Camping,

Tracy Provenzano
Cub Scout Program Director

William “Bill” Zinky
Reservation Director
Monday: Check-in begins at 8:15am and ends at 4pm
Tuesday-Friday: Camp begins at 9am and ends at 4pm
(We cannot accommodate early drop off unless previously arranged with the Camp Director)

Orientation:
Orientation will be held at Joseph A. Citta Scout Reservation for all Leaders, Den Walkers and Parents. For your convenience, we are offering virtual sessions via Zoom:

Monday July 13, 2020 7pm
[https://zoom.us/j/98600393730?pwd=YktwVFlpNGZFK01hSGd4SFBrRU1qdz09](https://zoom.us/j/98600393730?pwd=YktwVFlpNGZFK01hSGd4SFBrRU1qdz09)

Others to Be Announced

Orientation is highly recommended for new and returning campers. It simplifies the process for both families and the camp staff. Please make every effort to attend one of our sessions and bring all your completed forms. Orientation is held rain or shine.

**If you are a Den Walker you MUST attend any of our 2020 Orientation sessions…even if you have den walked previously or are only den walking 1 or 2 days.

Forms Needed:

- BSA Annual Health and Medical Record (Form# 680-001-2014 Printing-See Attached):
  - Parts A & B with Tetanus and Immunization dates filled in. (“UTD” = Up to Date, NOT ACCEPTABLE)

- Over the Counter Medication Form (See Attached)
- Prescription Form (See Attached-Even if you do not have prescription medication)
- Photocopy of BOTH sides of your insurance card.
- 3 Strikes policy signed. (See Attached)
- Cub Day Camp - Acknowledgement of Risk Form (New** See Attached)
**What Scouts Need to Bring or Wear:**

- **COMPLETED FORMS**
- Please write their name on everything they bring to camp
- **Face Mask or Shield**
- Your Camp T-shirt (Distributed on the first day)
- Non-Perishable brown bag lunch or lunch box. Refrigeration is available this year.
- A change of clothes and towel—everyday
- A refillable water bottles

- Comfortable closed toe walking shoes with socks—NO SANDLES or CROCS
- Wear Bathing suits to Camp Daily
- Money for the Trading Post.
- Baseball Cap or Scout Hat
- Non-aerosol Sunscreen
- Non-aerosol Bug Spray
- Backpack to carry gear.
- FUN, FUN, FUN!!!
- Rain gear—camp goes on rain or shine

**What Scouts Should NOT Bring or Wear:**

- We request a lunch without nuts.
- Fishing poles (These are provided by camp)
- Gloves
- Watches, Jewelry, favorite toys, favorite clothing items, trading cards, electronic of any type—iPod, cellphones, radios, game systems. A **good rule is-If you want it lost, damaged, destroyed, or dirty—Don’t Bring It!**

**Lunch Option:**

Not Available in 2020

**Friday Campfire:**

All parents and siblings are invited to watch our Virtual Closing Campfire **on Friday 7/31 at 7pm.** Each Den will perform a skit, song or story (or 2) during the week and it will be videoed for broadcast on our Facebook Page: Joseph A. Citta Scout Reservation at Brookville. Please join us!
What a Leader/Den Walker needs to Bring or Wear:

- COMPLETED MEDICAL FORMS
- Pen or Pencil
- Comfortable Shorts
- Non-Perishable brown bag lunch or lunch box
- A bathing suit and towel—everyday (Ladies MUST wear a one-piece—NO Bikini’s)
- A refillable water bottles

- Rain gear—camp goes on rain or shine
- Comfortable closed toe walking shoes with socks—NO SANDALS or CROCS
- Money for the Trading Post.
- Baseball Cap or Scout Hat
- Non-aerosol Sunscreen
- Non-aerosol Bug Spray
- Backpack to carry gear.
- Wagon

Leader/ Den Walker Dress Code:

All leaders and Den Walkers MUST adhere to the dress policy while on camp property.

- Shorts MUST be appropriate length.
- Shirts MUST have sleeves and be full length. NO crop or tank tops.
- Proper footwear, sneakers or boots are best. NO Crocs, Flip-flops or sandals.

Who can be Den Walkers?

Any Adult or Adult Leader from your Pack that has taken Youth Protection Training and attended mandatory Cub Scout Summer Camp Orientation and Training at Joseph A. Citta Scout Reservation.

**If you are a Den Walker you MUST attend any of our 2020 Orientation sessions…even if you have den walked previously or are only den walking 1 or 2 days.

Den Walker Incentives:

Any adult that volunteers as a Den Walker for all five days at camp will receive a $50 refund check in October.

**Den Walkers are always needed for Day Camp week.
Den Walkers Role at Camp:

✦ Greet all campers with a smile.

✦ Take attendance daily and have all adults sign in/out campers on daily sign-in sheets. (Turn in “master” before the first session is started. Keep second copy with you always)

✦ Remain with Den until 4pm and have all campers signed-out properly.

✦ Practice Social distancing & Masking on the trails.

✦ Encourage frequent hand washing with soap and water. (Hand sanitizer ok in a pinch)

✦ Escort dens from site to site. (Stay on time)

✦ Serve as an extra pair of hands for activities and games, especially crafts.

✦ Serve as a lookout at the Aquatics area and assist the Aquatic staff in watching and controlling your den.

✦ Always Keep the den together. (Use the buddy system & take head counts)

✦ Maintain control and reward Scout-like behavior. (let him carry the flag) Calmly report problems to the Camp Director quietly and promptly.

✦ Build den spirit. (Songs, yells, etc.)

✦ Encourage drinking water between every session.

✦ If First Aid is needed, escort to the First Aid Station only after the rest of your den has been turned over to another responsible adult.

✦ Sign-in and out every day on den roster to receive credit for being in camp and serving as a den walker.
The Program:

This year we have changed the Day Camp program to conform with the new world resulting from the recent pandemic.

Camp is designed to bring a different camping experience to our youngest Scouts and is not focused on advancement completions. Our goal is to ensure that Cub Scouts have fun during all programs and activities at camp while continuing to strengthen their love for scouting and the outdoors.

However, campers will likely complete a variety of rank advancement, elective, and special award requirements during their time at camp.

Activities that your scout will likely participate in:

- BB
- Archery
- Wrist Rockets (Sling shots)
- Fishing
- Arts & Crafts
- Swimming and Aquatic games
- Skits, Songs & Stories
- Cub Scout Outdoor Activity Award
- Tons of fun, making new friends!

Advancement

During their week at Joseph A. Citta Scout Reservation Cub Scout Day Camp, Cub Scouts will have the opportunity to earn some requirements towards their advancement based on the most recent program changes.

Please remember that your scouts’ leaders and advancement chairs have the final say on whether your child has earned the advancement. Camp management can only confirm that they have attended camp & completed the activity.
Social Distancing Policies at The Joseph A. Citta Scout Reservation at Brookville

Unfortunately, the recent COVID-19 pandemic has changed many social policies around the world. That’s true for us here at Citta as well. Our goal has always been for our scouts & staff to have the best camp experience possible while maintaining a safe environment. That has not changed; however, in 2020, it has a duel meaning.

While your scout is at camp we will abide by all standards as required by State of NJ and CDC guidelines.

If you have any specific questions, please feel free to ask our Camp or Program Directors

**New Drop off and Pick up Procedures for 2020**

**DROP OFF**

1. Scout arrives to camp with parent and is directed by staff where to park.
2. Parent and Scout remain in car. (Even if both are coming to camp)
3. Staff member will approach car and welcome you to camp while taking the temperature of all people staying in camp for the day & asking screening questions to parents.
4. For all campers:
   a. Monday/or first day in camp- Staff will collect the following forms for each camper. (Adult & Scouts)
      i. BSA Physical Form- Parts A&B
      ii. Photocopy of both sides of your Health Insurance card.
      iii. 3 Strike Policy Form
      iv. BSA Acknowledgement of Risk Form** NEW
   b. Parent signs in scout on clipboard to camp.
   c. Scout leaves car** and is walked by staff to their den.
   d. Parents follow staff direction to exit camp.

**PICK UP**

1. Parent arrives to camp and is directed by staff where to park.
2. Parent remains in car**.
3. Staff member will approach car and welcome you to camp and ask you for your scouts Full Name and Rank.
4. Staff will walk your scout to your car.
5. Parent/Guardian will sign scout out of camp.

**Parents of course may leave car to help scout with seatbelts and car seats as needed.**
Every Person Attending Camp
(Adults & Scouts)

☐ Medical Forms (680-001)
  o Parts A, B of 2014 printing (See next page)
  o copies of both sides of insurance card.
  o Over the Counter Medication Form.
  o Prescription Medication Form.

☐ Acknowledgement of Risk Form

  (Scouts Only)

☐ 3 Strikes Form

  All forms are attached to this document.
Part A: Informed Consent, Release Agreement, and Authorization

Full name: 

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 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.

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. If I am participating at Philmont, Philmont Training Center, Northern Tier, Florida Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk factors and guidance, 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) 

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: 

Name: 

Telephone: 

Adults NOT Authorized to Take Youth To and From Events:

Name: 

Telephone: 

Name: 

Telephone: 

Prepared. For Life.
Part B: General Information/Health History

Full name: 

DOB: 

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

Address: 
City: 
State: 
ZIP code: 

Unit leader: 
Mobile phone: 

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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Condition</th>
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<th>Explain</th>
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<td></td>
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<td>Diabetes</td>
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<td>Hypertension (high blood pressure)</td>
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<td>Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all “yes” answers.</td>
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<td>Family history of heart disease or any sudden heart-related death of a family member before age 50</td>
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<td>Stroke/TIA</td>
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<td>Asthma</td>
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<td>Lung/respiratory disease</td>
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<td>COPD</td>
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<td>Ear/eyes/nose/sinus problems</td>
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<td>Muscular/skeletal condition/muscle or bone issues</td>
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<td>Head injury/concussion</td>
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<td>Altitude sickness</td>
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<td>Psychiatric/psychological or emotional difficulties</td>
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<td>Behavioral/neurological disorders</td>
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<td>Blood disorders/sickle cell disease</td>
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<td>Fainting spells and dizziness</td>
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<td>Kidney disease</td>
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<td>Seizures</td>
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<td>Last seizure date:</td>
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<td>Abdominal/stomach/digestive problems</td>
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<td>Thyroid disease</td>
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<td>Excessive fatigue</td>
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<td>Obstructive sleep apnea/sleep disorders</td>
<td>CPAP: Yes [ ] No [ ]</td>
<td>Last surgery date:</td>
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<td>List all surgeries and hospitalizations</td>
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<td>List any other medical conditions not covered above</td>
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</table>

Prepared. For Life.
## Part B: General Information/Health History

### Full name: ____________________________

### DOB: ____________________________

### Allergies/Medications

Are you allergic to or do you have any adverse reaction to any of the following?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Allergies or Reactions</th>
<th>Explain</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Medication</td>
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<td>Food</td>
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</table>

<table>
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<tr>
<th>Yes</th>
<th>No</th>
<th>Allergies or Reactions</th>
<th>Explain</th>
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<tr>
<td></td>
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<td>Insect bites/stings</td>
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</table>

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 INDICATE ON A SEPARATE SHEET AND ATTACH.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Frequency</th>
<th>Reason</th>
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- [ ] 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) ____________________________

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### Immunization

The following immunizations are recommended by the CDC. 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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Had Disease</th>
<th>Immunization</th>
<th>Date(s)</th>
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<td></td>
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<td>Tetanus</td>
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<td>Pertussis</td>
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<td>Diphtheria</td>
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<td>Measles/influenza</td>
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<td>Polio</td>
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<td>Chicken Pox</td>
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<td>Hepatitis A</td>
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<td>Hepatitis B</td>
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<td>Meningitis</td>
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<td>Influenza</td>
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<td>Other (e.g., HIV)</td>
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<td>Exemption to immunizations (form required)</td>
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Please list any additional information about your medical history:

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: ____________________________

Prepared. For Life.
**Joseph A. Citta Scout Reservation**

**Three Strikes Policy:**

Your son’s time at camp will be a fun filled, memorable learning experience. Meeting new Scouts and making new friends, while having fun in the outdoors, is a central goal of Scout day camp. It is our goal as a staff that each Scout has a chance to enjoy this opportunity. One factor, which may create difficulty for scouts to fully enjoy their camping experience, is poor discipline. Unfortunately, this is an issue that we must address in camp.

As a camp staff, we do not want a week of camp to have a negative impact on any Scout. Therefore, we would like to outline our discipline policy for you to review with your scout. It should be noted that if your scout takes a van, camp starts as soon as your scout steps in the van. For this reason, any infraction in the van will be made known to the Camp Director. Should an infraction occur, we act on a “three-strike” rule. The first strike involves a staff member explaining the broken rule and why it is important for that rule to be followed. The second strike involves the Camp Director and the Scout discussing the rule infraction. Should inappropriate behavior continue, the third strike is notification of the Scout’s parents. If this situation should occur the Camp Director and Scout’s parents will work together to decide on the next step. This step may be another chance or immediate dismissal from camp. Any further actions necessary at that time will also be discussed between the Camp Director and parent. Should your scout be sent home, Jersey Shore Council will not refund any remaining fees for that week. Although few cases ever reach the third strike it is important to have this policy in place. All discipline actions are presented in a positive manner and are aimed at helping the Scout grow. If you review these guidelines with your scout, together we can make Scout camp a most positive experience.

CUT HERE AND BRING TO CAMP AT ORIENTATION OR FIRST DAY OF CAMP

We have read and discussed the camps’ “Three Strikes Rule” and agree to abide by it.

Print: __________________________                        _________________________
(Parent/Guardian)                                                         (Scout)

Sign: ______
____________________                       ________________________
(Parent/Guardian)                                                        (Scout)
Joseph A. Citta Scout Reservation  
Prescription Medication Information

Camper’s Name: ___________________________ Unit Number: _________ Age: _______

Prescribing Doctor: ___________________ Doctor’s Contact Info: ______________________

Please fill out this prescription form whether or not your child has prescription medications by signing either OPTION A or OPTION B. NOTE: This Form MUST be filled out in order for the Health Officer to dispense any prescription medication. Medications MUST be in their original prescription bottles and given as ordered on the bottle. If your child requires a special time for medication administration, please note it on this form. If there are any special medication requirements, please contact the Camping Department prior to the scout’s arrival. The Camp Office # is 609-698-2855 or the email address is 341Camping@Scouting.org.

Please fill out the following information, place a check next to the appropriate administration time, and if any special instructions are required, please provide that information as necessary.

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Before Bed</th>
<th>Special Time or Information</th>
<th>Medication Instructions</th>
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**Option A: My Child Has Prescription Medications**

As parent or legal guardian of the above-named child, I give the Health Officer permission to administer the medications that I have written above. I understand that if I have NOT written the item, the Health Officer will not be able to administer any medications.

Date: _______ Parent/Guardian Signature: __________________________

**Option B: My Child Does Not Have Prescription Medications**

The above-named camper does not have any prescription medications that must be taken.

Parent/Guardian Signature: ___________________________ Date: _______
Joseph A. Citta Scout Reservation  
Over the Counter Medication Information  
Camper’s Name: ___________________________ Unit #: ____________ Age: _________

The Citta Scout Reservation Health Officer has the following over the counter medications available for your scout should he/she need any. This form indicates which medication(s) you will allow our Health Officer to dispense should the event arise. Please initial the medications you give permission for our Health Officer to dispense to your child by completing Option A. If you do NOT wish for your child to be given any over the counter medications during his/her stay, please indicate that below by completing Option B.

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Dosage</th>
<th>Reason</th>
<th>Initial of Parent/Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen 250mg</td>
<td>As directed on package for age/weight</td>
<td>Minor pain, fever, muscle aches, cramps</td>
<td></td>
</tr>
<tr>
<td>Tylenol, Chewable</td>
<td>As directed on package for age/weight</td>
<td>Minor pain, fever, muscle aches, cramps</td>
<td></td>
</tr>
<tr>
<td>Ibuprofen/ Advil 200mg</td>
<td>As directed on package for age/weight</td>
<td>Minor pain, fever, muscle aches, cramps</td>
<td></td>
</tr>
<tr>
<td>Calamine lotion</td>
<td>As directed on package</td>
<td>Insect bites, bee stings</td>
<td></td>
</tr>
<tr>
<td>Pepto-Bismol</td>
<td>As directed on package for age/weight</td>
<td>Diarrhea, Nausea, Stomach discomfort</td>
<td></td>
</tr>
<tr>
<td>Benadryl 25 mg</td>
<td>As directed on package for age/weight</td>
<td>itching</td>
<td></td>
</tr>
<tr>
<td>Loratadine 10 mg</td>
<td>As directed on package for age/weight</td>
<td>Seasonal allergies</td>
<td></td>
</tr>
<tr>
<td>Robotussin</td>
<td>As directed on package for age/weight</td>
<td>Cough</td>
<td></td>
</tr>
<tr>
<td>Chloraseptic Lozenges</td>
<td>As directed on package</td>
<td>Sore Throat as needed</td>
<td></td>
</tr>
<tr>
<td>Triple Antibiotic</td>
<td>As directed on package</td>
<td>Wound healing</td>
<td></td>
</tr>
<tr>
<td>Tums</td>
<td>As directed on package</td>
<td>Stomach discomfort</td>
<td></td>
</tr>
<tr>
<td>Sunscreen/Aloe +30 SPF</td>
<td>As directed on package</td>
<td>Sun protection/ sunburn care</td>
<td></td>
</tr>
<tr>
<td>Bug Spray-NON deet</td>
<td>As directed on package</td>
<td>Bug protection</td>
<td></td>
</tr>
</tbody>
</table>

**Option A: Allow Meds as Needed**

As parent or legal guardian of the above-named child, I give the Health Officer permission to administer the medications that I have initialed. I understand that if I have NOT initialed the item, the Health Officer will not be able to administer any medications.

Date: __________ Parent/Guardian Signature: ___________________________

**Option B: No Over the Counter Medications Permitted**

As parent or legal guardian of the above-named child I do NOT want the Health Officer to administer any over the counter medications. In the event my child needs one of the medications listed, the Health Officer should contact me.

Please Provide Contact Information:

Parent/Guardian: ___________________________ Telephone Number: ______________________

Date: __________ Parent/Guardian Signature: ___________________________
COVID-19 “At-Risk” Camp Participant Statement and Acknowledgement

Your safety and the safety of all our members, volunteers, and employees is the Jersey Shore Council’s top priority. In light of COVID-19, we are taking additional precautions at camp on top of our long-established health and safety measures.

First, our council health and safety advisory committee, which is comprised of physicians and health-care professionals, has coordinated with New Jersey and Ocean County health departments to ensure we are aware of and follow their guidance to mitigate the risk of COVID-19 at camp.

Our mitigation plan includes:

- Pre-attendance education,
- Health screening upon your arrival at camp conducted by our camp health officers, which will also include a temperature check.
  - Limits on visitors in camp: All campers will be screened upon arrival before entry to camp.
- Hygiene reminders throughout camp experience.
- Extra handwashing/sanitizer stations throughout camp.
- Dedicated staff to clean and disinfect high-touch surfaces and shared program equipment.
- An emergency response plan that includes isolation and quarantine protocol should a person at camp develop symptoms of COVID-19 or other communicable disease.

These precautions are important, but they do not remove the potential for exposure to COVID-19 or any other illness while at camp. Some people with COVID-19 show no signs or symptoms of illness but can still spread the virus, and people may be contagious before their symptoms occur. These factors mean that an infected person may pass the required health screenings and be allowed into camp.

We also know the nature of camp makes social distancing difficult in many situations and impossible in others.

Information from the Centers for Disease Control and Prevention (CDC) states that older adults and people of any age who have serious underlying medical conditions are at higher risk for severe illness from COVID-19. **If you are in this group, please ensure you have approval from your health care provider prior to attending camp.**

We know that each staff member, volunteer, and Scouting family has a unique set of circumstances to consider when deciding whether to attend camp. We hope this information will be helpful as you make those choices.

Camper’s Name: ___________________________  Parent’s Name: ___________________________

Date: _______________________________  Parent’s Signature: ___________________________

Clayton Scout Service Center
1518 Ridgeway Road
Toms River, NJ 08755
732-349-1037

Atlantic Scout Service Center
500 East Fairway Lane
Galloway Township, NJ 08205
609-272-6820

Prepared. For Life.™  www.jerseyshorescouts.org  www.BEASCOUT.org
Directions to Camp:

FROM THE NORTH
Take the Garden State Parkway South to exit 69, turn left onto Route 532 (Wells Mills Rd) and continue for approx. 3 miles. Turn left onto Brookville Road (There will be a brown camp sign) the reservation will be approx. 1/2 mile on the left. From June-October 2016 a portion of Wells Mills Road between the Garden State Parkway and the Camp will be one lane traffic controlled by a set of temporary traffic signals. Please expect heavier than normal traffic volume on Wells Mills Road especially during Day Camp pickup and drop off times.

FROM THE SOUTH
Take the Garden State Parkway Northbound to Exit 63A. Take Route 72 West and continue for approx. 5 miles. Turn sharply right onto Route 554 (West Bay Ave). Turn left onto Brookville Road (There will be a brown camp sign). The reservation will be approx. 1 1/2 miles on the right.

FROM THE WEST
Take Route 70 to Route 72 East. Make a left onto Route 554 East (West Bay Ave). Turn left onto Brookville Road (There will be a brown camp sign). The reservation will be approx. 1 1/2 miles on the right.