



Ktemaque Lodge #15 WWW  
 Order of the Arrow  
 Westchester-Putnam Council, BSA  
**2009 Spring Service Weekend**  
**May 15-17, 2009**

Curtis S. Read Scout Reservation, Brant Lake, NY

More information is on the Ktemaque Lodge web site at [www.ktemaque.org](http://www.ktemaque.org).

**Check-in:** Ordeal Candidates – Friday 9:00 p.m. to 10:00 p.m. at the Buckskin Dining Hall in Camp Buckskin.  
 Other members – Friday 8:00 p.m. to 10:00 p.m. at the Buckskin Dining Hall in Camp Buckskin

Name \_\_\_\_\_ Telephone number (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Over 21 \_\_\_\_\_ Under 21 \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

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

**Member** (not a new candidate) **\$15.00** (\$20.00 if paid after May 8 deadline)

**Brotherhood Quest** **\$40.00** (\$45.00 if paid after May 8 deadline)  
 (See requirements)

Transportation – Council Vans - \$30.00  
 (First come, first serve – limited number of seats available)

Special Food – state restriction and attach note \_\_\_\_\_

I have a ride.

I can supply rides for \_\_\_\_\_ number of brothers.

Yes, I want to get more involved in Ktemaque Lodge. Please contact me.  
 \_\_\_ Elangomat \_\_\_ Ceremonial Team \_\_\_ Unit Elections Team \_\_\_ Vice Chief \_\_\_ Other

Mail this registration form, the Personal Health and Medical Record permission slip form on page 2, and your check to the following, postmarked no later than **May 8, 2009**. Make your check payable to "Westchester-Putnam Council, BSA" and please write "**OA Account 1-2371-000-00**" on your check.

Ktemaque Lodge #15, WWW  
 Westchester-Putnam Council, BSA  
 41 Saw Mill River Road  
 Hawthorne, NY 10532-1519

A health form is required for all participants in all activities of the Order of the Arrow. Further, each youth member under the age of 18 is required to have a permission slip signed by his parent or legal guardian. The form on page 2 must be filled out completely and signed by a parent or legal guardian of youth members under the age of 18 or by all adult participants. Immunization dates are REQUIRED. "Up to date" or other abbreviations are unacceptable and will result in rejection of this form. Please PRINT clearly in INK.

In the compliance with the American with Disabilities Act, Ktemaque Lodge #15 WWW, Order of the Arrow will make all the reasonable efforts to accommodate persons with disabilities at their activities. Please call the Westchester-Putnam Council Service Center (914) 773-1135 with your request.

If you have questions about the Spring Service Weekend, call Rob Carlson, Lodge Adviser at (914) 528-9331.

Office Use: Date Rec'd \_\_\_\_\_ Receipt # \_\_\_\_\_ Amount paid \$ \_\_\_\_\_



# PERSONAL HEALTH AND MEDICAL RECORD

## CLASS 1

Ktemaque Lodge # 15, WWW Order of the Arrow

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye color \_\_\_\_\_ Hair color \_\_\_\_\_

### CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

NAME \_\_\_\_\_

TROOP \_\_\_\_\_

CAMPSITE \_\_\_\_\_

To be filled out by parent, guardian, or adult participant. Please print in ink.

#### IDENTIFICATION

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_ Telephone \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If person named above is not available in the event of an emergency, notify

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name of personal physician \_\_\_\_\_ Telephone \_\_\_\_\_

Personal health/accident insurance carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

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

**ALLERGIES:** Food, medicines, insects, plants Yes  No  Explain: \_\_\_\_\_

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

Explain: \_\_\_\_\_

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

List any **medications to be taken at camp**, including drug, dosage, route (oral, injection, etc.), and frequency: \_\_\_\_\_

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

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

#### Immunizations: (Give date of last inoculation.)

Tetanus toxoid \_\_\_\_\_ Measles \_\_\_\_\_ Polio \_\_\_\_\_

OR DPT \_\_\_\_\_ OR MMR \_\_\_\_\_

Hepatitis A \_\_\_\_\_ Varicella \_\_\_\_\_ OR Chicken pox \_\_\_\_\_

Hepatitis B \_\_\_\_\_

I give permission for full participation in BSA programs, subject to limitations noted herein.

**In case of emergency**, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Date \_\_\_\_\_ Signature of parent/guardian or adult \_\_\_\_\_

Date updated \_\_\_\_\_ Signature of parent/guardian or adult \_\_\_\_\_

Date updated \_\_\_\_\_ Signature of parent/guardian or adult \_\_\_\_\_

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