



# AINA TOPA HUTSI LODGE

Alamo Area Council, BSA

2226 NW Military Highway, San Antonio, TX 78213-1894

<http://ath60.org> OR [www.alamoarea-boyscouts.org](http://www.alamoarea-boyscouts.org)

Summer/Winter 2012

## Welcome to the Order of the Arrow

Congratulations on being chosen by your unit as a **Candidate for membership** in Scouting's National Honor Society, the **Order of the Arrow**.

You may have already been recognized (*called out*) as a Candidate at a council, district, or unit ceremony but **even if you have not**, you may still register for your Induction at either our Summer Gathering or Winter Gathering events to become a member.

Please complete the enclosed **2012 Induction Registration Form** and the Annual Health and Medical Record – Parts A, B, and C. If you have already received this information and returned your registration for either event to the council office, you're all set.

The Medical form and Registration form can also be downloaded from our Lodge or council websites shown above in our letterhead, or you may bring a current (within the previous 12 months of the event) COPY of your summer camp medical form.

Please bring these completed forms to the council service center and pay your fee. To avoid late charges, note the deadlines for Early Fees. Both the Registration and Medical Record form are **required** for admittance to this event. All medical forms will be destroyed after this event so please bring **copies only**.

Although there are two Induction weekends from which to choose, we recommend that you go at the **first** possible opportunity

Yours in Service,

*William Lynch*

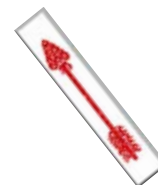
William Lynch  
Lodge Chief 2011-2012

**Keep this page for your information**



# INDUCTION INFORMATION

## ALAMO AREA COUNCIL, BSA – ORDER OF THE ARROW AINA TOPA HUTSI LODGE



### Dear Candidate:

Congratulations on your election to the Order of the Arrow – Scouting's National Honor Society. The members of your unit chose you because of your dedication to the high ideals of Scouting. The Induction must be completed within ONE YEAR from your date of election or you must be re-elected and begin your candidacy all over again.

### PLEASE NOTE:

These Induction dates are only for Scouts and Scouters registered with the **ALAMO AREA COUNCIL**. Your Induction can only be conducted within the council where your unit is chartered

<b>2012 INDUCTION DATES</b>				
EVENT	DATE OF EVENT	LOCATION	DAYS	EARLY DEADLINE
<b>SUMMER GATHERING</b>	<b>August 10-12, 2012</b>	<b>Bear Creek</b>	Friday to Sunday	<b>Aug 8 — 5:00 PM *</b>
<b>WINTER GATHERING</b>	<b>Nov 30-Dec 2, 2012</b>	<b>McGimsey Scout Park</b>	Friday to Sunday	<b>Nov 28 — 5:00 PM *</b>

<b>Induction Fee: \$35.00</b>	<b><u>Mail or bring payment to:</u></b>	<b><u>Bear Creek Scout Reservation</u></b>	<b><u>McGimsey Scout Park</u></b>
<b>After deadline * : \$45.00</b>	<b>Alamo Area Council, BSA</b>	<b>(6 miles beyond Hunt, TX on FM 1340)</b>	<b>(Behind Council office)</b>
<b><u>Make check payable to:</u></b>	<b>2226 NW Military Hwy</b>	<b>125 Bear Creek Scout Road W</b>	<b>10904 Wedgewood Dr</b>
<b>Alamo Area Council</b>	<b>San Antonio TX 78216</b>	<b>Hunt TX 78024</b>	<b>San Antonio TX 78213</b>

**Directions to Bear Creek:** From San Antonio, take I-10 West to Kerrville and **exit at 505** (Harper exit). **Turn RIGHT** (South) and proceed into Kerrville to route 27 (Junction Hwy.). **Turn right** (West) onto 27 and head towards Ingram. As you approach Ingram, move to the **left-hand lane**. At the traffic light in Ingram, proceed **straight** – this will put you on route 39 to Hunt. In Hunt, **turn right** onto **FM 1340** – you will come to Bear Creek after about 6 miles. **Turn right** after the Bear Creek Scout Reservation sign and follow the signs.

### EQUIPMENT TO BRING: For Friday night through Saturday afternoon

<i>Make sure all of these items are in <b>ONE HAND-CARRIED BAG</b> for Friday night only</i>	Wear work clothes, cap	Rain gear	Drinking water
	Work gloves	Pencil, note pad	Drinking cup
	Groundsheet	Pocket flashlight	Necessary medications
	Sleeping bag	Pocket knife	Wear heavy footwear

### For Saturday evening and Sunday

<i>Bring these items in a <u>separate</u> bag or pack for Saturday evening &amp; Sunday</i>	Scout Uniform (no MB sash)	Toilet & Shower articles
	Tent	Clean clothes
	Regular camping items	Spending money for Trading Post

**Check-IN site:** At Bear Creek, at the Sports Pavilion in the valley **7 PM to 9 PM**  
At McGimsey Scout Park, park in Cub Country, carry gear to check-in point

Our personnel will only be available to serve you during these times so plan your arrival accordingly

- Arrive wearing work clothes no earlier than 7:00 PM Friday evening
- Anyone arriving after 9:00 PM Friday evening may be denied access to the Induction program
- Adults transporting youth must remain until their YOUTH check-in is completed
- Participants should eat a hearty meal before arriving

You are required to remain from the opening ceremony Friday evening until 9:30 AM Sunday morning. Medical emergencies are the only acceptable reason for leaving the camp during an Induction Weekend.

Storage for all gear will be provided, if needed. All food will be provided from Saturday breakfast through Sunday breakfast. Those on special diets must provide their own supplements.

**Check-OUT site** at Bear Creek will be in the **Friedrich Parking Lot** – After turning off **FM 1340**, continue going **straight** on Bear Creek Scout Rd W for about 1 mile till you come to the parking lot on your right

At **McGimsey**, check-out will be in the **Dining Hall**. All check-outs will be on **Sunday morning beginning at 9:30 AM**

**Please wait for your ride at the check-out site**

We would like to vacate the camp by **10:30 AM Sunday**

For more information, contact your **Scoutmaster or Varsity Coach** — Thank you

**Keep this page for your information**

# 2012 INDUCTION WEEKENDS

I PLAN TO ATTEND:  SUMMER GATHERING  WINTER GATHERING  
 Please choose only ONE August 10-12, 2012 Nov 30-Dec 2, 2012  
 Bear Creek McGimsey Scout Park  
 Early registration deadlines: August 8<sup>th</sup> \* November 28<sup>th</sup> \*



First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

BSA ID #: \_\_\_\_\_  
 (7 or 9-digit number on your BSA ID card)

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  
 Area Code first, please

Please check ONE

Troop   
 Varsity

Your Unit #: \_\_\_\_\_

Mobile: \_\_\_\_\_  
 Area Code first, please

District/Cncl Committee

E-mail: \_\_\_\_\_ Your District: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
 MM/DD/YYYY format, please

Gender (M or F): \_\_\_\_\_

SKILLS SURVEY		
<input type="checkbox"/> Chain saw	<input type="checkbox"/> Carpenter	<input type="checkbox"/> Auger
<input type="checkbox"/> Medic	<input type="checkbox"/> Electrician	<input type="checkbox"/> Mower
<input type="checkbox"/> Painter	<input type="checkbox"/> Plumber	<input type="checkbox"/> Truck

Please state any medical **problems**: \_\_\_\_\_  
 (If none, please state "NONE")

Do you take any **medications**? Yes  No  Do you have any activity or diet **restrictions** Yes  No

**FOR USE BY NEW CANDIDATES ONLY**

Members are to use the Members form

New Candidate (Early Fee)..... **\$35.00**

New Candidate (LATE\* Fee)..... **\$45.00**

**AMOUNT PAID \$ \_\_\_\_\_**

Please make check payable to **Alamo Area Council** and mail or bring to:  
 Alamo Area Council, BSA  
 Order of the Arrow  
 2226 NW Military Hwy  
 San Antonio TX 78213-1894

You must attach a current Annual Health and Medical Record form with **Parts A, B, and C** completed to this Registration form in order to participate

All medical forms will be destroyed after this event so please bring **COPIES ONLY**

Please return this page to the council service center when you pay your fee — Thank you

# Annual Health and Medical Record

(Valid for 12 calendar months)

## Medical Information

The Boy Scouts of America recommends that all youth and adult members have annual medical evaluations by a certified and licensed health-care provider. In an effort to provide better care to those who may become ill or injured and to provide youth members and adult leaders a better understanding of their own physical capabilities, the Boy Scouts of America has established minimum standards for providing medical information prior to participating in various activities. Those standards are offered below in one three-part medical form. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

**Parts A and C** are to be completed annually **by all BSA unit members**. Both parts are required for all events that do not exceed 72 consecutive hours, where the level of activity is similar to that normally expended at home or at school, such as day camp, day hikes, swimming parties, or an overnight camp, and where medical care is readily available. Medical information required includes a current health history and list of medications. Part C also includes the parental informed consent and hold harmless/release agreement (with an area for notarization if required by your state) as well as a talent release statement. Adult unit leaders should review participants' health histories and become knowledgeable about the medical needs of the youth members in their unit. This form is to be filled out by participants and parents or guardians and kept on file for easy reference.

**Part B** is required with parts A and C for any event that exceeds 72 consecutive hours, a resident camp setting, or when the nature of the activity is strenuous and demanding, such as service projects, work weekends, or high-adventure treks. It is to be completed and signed by a certified and licensed health-care provider—physician (MD, DO), nurse practitioner, or physician's assistant as appropriate for your state. The level of activity ranges from what is normally expended at home or at school to strenuous activity such as hiking and backpacking. Other examples include tour camping, jamborees, and Wood Badge training courses. It is important to note that the height/weight chart must be strictly adhered to if the event will take the unit beyond a radius wherein emergency evacuation is more than 30 minutes by ground transportation, such as backpacking trips, high-adventure activities, and conservation projects in remote areas.

## Risk Factors

Based on the vast experience of the medical community, the BSA has identified that the following risk factors may define your participation in various outdoor adventures.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Sleep disorders
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit Scouting Safely on [www.scouting.org](http://www.scouting.org).

## Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.



BOY SCOUTS OF AMERICA

# Annual BSA Health and Medical Record

## Part A

### GENERAL INFORMATION

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Male  Female   
 Address \_\_\_\_\_ Grade completed (youth only) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Unit leader \_\_\_\_\_ Council name/No. \_\_\_\_\_ Unit No. \_\_\_\_\_  
 Social Security No. (optional; may be required by medical facilities for treatment) \_\_\_\_\_ Religious preference \_\_\_\_\_  
 Health/accident insurance company \_\_\_\_\_ Policy No. \_\_\_\_\_

**ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD (SEE PART C).  
 IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."**

### In case of emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
 Alternate contact \_\_\_\_\_ Alternate's phone \_\_\_\_\_

### MEDICAL HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

### Allergies or Reaction to:

Medication \_\_\_\_\_

Food, Plants, or Insect Bites \_\_\_\_\_

### Immunizations:

The following are recommended by the BSA. Tetanus immunization must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the box and enter the year received.

Yes	No	Date
<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 _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	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"/>	Influenza _____

Exemption to immunizations claimed.

**(For more information about immunizations, as well as the immunization exemption form, see Scouting Safely on *Scouting.org*.)**

### MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.)  
 Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>

**NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are **NOT** expired, including inhalers and EpiPens. You **SHOULD NOT STOP** taking any maintenance medication.**

Emergency contact No.:

Allergies:

DOB:

Last name:

**Part B**

**PHYSICAL EXAMINATION**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Meets height/weight limits  Yes  No Blood pressure \_\_\_\_\_ Pulse \_\_\_\_\_

Individuals desiring to participate in any high-adventure activity or events in which emergency evacuation would take longer than 30 minutes by ground transportation will not be permitted to do so if they exceed the weight limit as documented at the bottom of this page. Enforcing the height/weight limit is strongly encouraged for all other events, but it is not mandatory. (For healthy height/weight guidelines, visit [www.cdc.gov](http://www.cdc.gov).)

	Normal	Abnormal	Explain Any Abnormalities	Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Eyes				Knees (both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs				<b>Other</b>	<b>Yes</b>	<b>No</b>	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal hernia			<b>Explain</b>
Emotional adjustment				Medical equipment (i.e., CPAP, oxygen)			

**Allergies** (to what agent, type of reaction, treatment):

---

I certify that I have, today, reviewed the health history, examined this person, and approve this individual for participation in:

- Hiking and camping     Competitive activities     Backpacking     Swimming/water activities     Climbing/rappelling
- Sports     Horseback riding     Scuba diving     Mountain biking     Challenge ("ropes") course
- Cold-weather activity (<10°F)     Wilderness/backcountry treks

Specify restrictions (if none, so state)

---

**Certified and licensed health-care providers recognized by the BSA to perform this exam include physicians (MD, DO), nurse practitioners, and physician's assistants.**

- To Health Care Provider:** Restricted approval includes:
- Uncontrolled heart disease, asthma, or hypertension.
  - Uncontrolled psychiatric disorders.
  - Poorly controlled diabetes.
  - Orthopedic injuries not cleared by a physician.
  - Newly diagnosed seizure events (within 6 months).
  - For scuba, use of medications to control diabetes, asthma, or seizures

Provider printed name \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, state, zip \_\_\_\_\_  
 Office phone \_\_\_\_\_  
 Date \_\_\_\_\_

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

**Part B** Last name: \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Part C**

**Parental Informed Consent and Hold Harmless/Release Agreement**

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I 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 claims or liability arising out of this participation.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. 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 to the adult in charge 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.

- Without restrictions.
- With special considerations or restrictions (list)

**Talent Release Form**

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child by the Boy Scouts of America, and I hereby release the Boy Scouts of America from any and all liability from such use and publication.

I hereby 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 Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

- Yes     No

**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.**

Participant's name \_\_\_\_\_

Participant's signature \_\_\_\_\_

Parent/guardian's signature \_\_\_\_\_  
(if under the age of 18)

Date \_\_\_\_\_

**Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.**



BOY SCOUTS OF AMERICA  
1325 West Walnut Hill Lane  
P.O. Box 152079  
Irving, Texas 75015-2079  
<http://www.scouting.org>



2008 Printing

**Part C**    **Last name:** \_\_\_\_\_    **DOB:** \_\_\_\_\_