



Blue Ridge Mountains
Scout Reservation

ADMINISTRATION

SPECIAL NEEDS & EARLY RELEASE

(Return this information with your June 1st payment.)

Special Needs Request

The Blue Ridge Mountains Council will do everything in its power to accommodate participants with special needs. Please complete this form and submit it with your camp payments. Thank you for your assistance.

Unit Number: _____ City/State: _____

Week Attending Camp: _____ Camp Program: _____

1. Does anyone in your unit have a physical handicap that limits mobility? Does anyone in your unit have special equipment needs? (Access to electricity, etc.)

3. Do any of your unit members have special dietary concerns? Please be specific and suggest possible alternatives:

4. Please list any other special needs below:

Camp Security Policy for the Blue Ridge Mountains Reservation

Our camps are extremely concerned about the welfare and safety of your son or daughter. As such, early release requests, for any reason, will only be allowed if the following steps are completed. This information is taken from the National Council's Health and Safety Guide, Security Section, copyright 1983.

1. Verification must be made to assure that the person requesting release is acting as the legal parent or guardian or under the direction of the legal parent or guardian. Verification may be done by the following:
 - a. Approval of the Scoutmaster.
 - b. Presentation of proper identification matched with the name listed as the legal parent or guardian on the Scout's medical form.
 - c. Contact via telephone with the legal parent or guardian. The telephone number used may be supplied by the Scoutmaster or obtained from the medical form.
 - d. Previous arrangements made with the Scoutmaster and Camp Director by the legal parent or guardian.
2. It is understood that any person who requests the early release of a Scout will abide by the policy set forth above and completes the early release form prior to the release of the Scout.
3. It is understood that a Scout will never be released to another youth under 18 years of age without verified permission from the legal parent or guardian.

Early Release Form

Name of Scout to be released: _____ Council: _____

Reason for release: _____ Troop #: _____

Release to who? _____

Verification completed by Scoutmaster: _____

Signature of camp representative: _____

Legal parent or guardian's signature: _____ Date: _____

Representative of legal parent or guardian: _____ Date: _____