



# Camp Bullowa Eagle & Specialty Badge Week 2026

[www.ghvscouting.org/bullowadaycamp](http://www.ghvscouting.org/bullowadaycamp)

Session 1: July 27 – July 29

Session 2: July 30 – July 31

## Contact Information:

Camp Director: Kimberly Gifford

Email: [kimberly.gifford@scouting.org](mailto:kimberly.gifford@scouting.org), Cell # (845) 269-7465

Assistant Camp Director: Eric Louis

Email: [eric.louis@scouting.org](mailto:eric.louis@scouting.org), Cell # (914) 907-7844

Camp Office Phone (Camp Hours Only): (845) 786-2677

Location: 15 Franck Rd, Stony Point, NY 10980



Eagle Scout Week is for Scouts ages 12 and older

## **DEPOSITS & REFUNDS:**

Deposits are non-refundable.

**30 days or more before day 1 of your scheduled week;** 100% of payments to date, less per person deposit, is refundable.

**From 16-29 days before day 1 of your scheduled week;** 50% of payments to date, less per person deposit, is refundable.

**Less than 15 days before day 1 of your scheduled week;** no refund is available unless there has been a medical emergency.

If the Greater Hudson Valley Council cancels camp, the Council will issue a full 100% refund (including any Deposit money).

## **REQUIRED CAMP FORMS:**

At the end of this packet you will find important forms that need to be filled out and returned. Per New York State Department of Health and Scouting America Guidelines, scouts will not be able to attend camp if these forms are not turned in by the time the first day of camp begins. Please be sure to mail in:

- Parts A & B of the Scouting America Annual Health & Medical Record (no substitutions)
- A copy of your insurance card
- Proof of all Immunizations from your doctor

## **PAPERWORK TURN IN & CAMP TOUR:**

Parents and scouts will have an opportunity to visit the camp and turn in their required camp paperwork on several dates before the camp season begins. If you cannot make these dates please mail all required forms to:  
*Greater Hudson Valley Council, Att: Kim Gifford, 18 Westage Drive #19, Fishkill, NY 12524.*

- June 5th 9am-1pm: Paperwork turn in only
- June 6th 10am-12pm: Paperwork turn in & camp tour departing at 11:00am
- June 12th 9am-1pm: Paperwork turn in only
- June 13th 10am-12pm: Paperwork turn in & camp tour departing at 11:00am

## **CAMP HOURS:**

Our camp program day is from 8:30 AM to 3:00 PM Monday through Friday. This is a day program.

## **DROP-OFF & DISMISSAL:**

**Drop-Off:** Proceed up the driveway to the STOP sign. Once STAFF indicates, cars will create a loop around the parking lot. Please have scouts wait inside your vehicle until a STAFF meets you at your vehicle and checks in your scouts(s).

**Dismissal:** Same as Drop-Off. However, dismissal will not occur until our closing ceremony is completed. Do not take your scout until the CAMP DIRECTOR OR ASSISTANT DIRECTOR has checked them out.

**5 MPH Driving Zone:** Please note that our driveway and parking lot is only 5 MPH. Please drive safely and use caution in our narrow driveway.

## **CARPPOOLING:**

Carpooling is encouraged! Please email the Camp Director the week before your scout starts camp with the names in the carpool to help speed up drop-off and dismissal.

### **EARLY DEPARTURES:**

In the event that you need to pick-up your scout before the end of the program day, please be sure to email the Camp Director. Please be sure that the person meeting your scout is over the age of 18 and reports to the Camp Office upon arrival at camp.

### **LATE ARRIVALS:**

In the event that you arrive after the morning drop-off period, you will need to check your scout in at the camp office.

\*Please note that early departures, late arrivals and behavioral issues will disrupt class time. We would like to avoid interruptions to maximize the amount of class time to complete badges.

### **BEHAVIOR & CONSEQUENCE PROCEDURE:**

At Camp Bullowa, our two main goals are fun and safety. When there are behavior problems, these goals become difficult to meet for all scouts. It's important that each scout behaves as they pledge in the Scout Oath and Law.

**1st Offense/Minor Offenses:** Youth will be spoken to at the patrol level. A Behavior Report will be filed.

**2nd Offense:** The issue will be reported to the Camp Director. Youth will be removed from their merit badge for a break. A Behavior Report will be filed.

**3rd Offense/Major Offense:** Parent/guardian will be called, and youth will be asked to be picked up from camp for the day.

The following behaviors are forbidden: bullying, fighting, threatening others, using profanity, stealing or damaging property of others/camp, leaving a program activity without permission, endangering anyone's health or safety, smoking tobacco/e-cigarettes, using alcohol or drugs, sexual conduct, bringing weapons onto camp property, using cell-phone on camp property.

**\*Cell phones and other electronic devices are not permitted at camp by scouts unless for medical reasons. If found, they will be confiscated by staff and returned to the scouts's parent or guardian at dismissal.**

### **WHAT TO WEAR TO CAMP:**

Scouts can wear a Scouting t-shirt, comfortable shorts, closed-toed shoes (sneakers/light weight boots) are necessary for comfort and safety. Since weather conditions can change throughout the day, scouts should be prepared to make adjustments for cooler or inclement weather. Ponchos/rain jackets are required for rainy days.

### **WHAT TO BRING TO CAMP:**

Scouts will need a lightweight camp-bag/day-pack to carry their own towel, sunscreen, swimsuit, water bottle and bug repellent (non-aerosol); also rain ponchos are recommended.



**WATER-BOTTLES:** To ensure that your scout stays hydrated, we ask that each scout arrive with a pre-filled reusable Nalgene-type water bottle separate from their lunch. Refill stations will be available throughout camp. Please label water bottles.

**LUNCH:** Scouts will need to bring lunch packed in a lunch box with them each day (Including napkins and utensils). Please include a separate drink to further encourage hydration. Lunches will be collected at arrival and refrigerated until lunch. We are a PEANUT FREE camp, please do not send any peanut products to camp to ensure the safety of all.

### **LOST & FOUND AND LABELING:**

We ask that all personal items brought to camp be properly labeled to facilitate their return. IE: towels and water bottles. Lost and Found items will be on display at arrival and dismissal each day. All unclaimed items will be discarded.

### **CAMP TRADING POST:**

Scouts will have an opportunity to visit our Trading Post during lunch. Refreshing snacks, and various scouting supplies and merchandise will be available for purchase.

### **ADMINISTRATION OF MEDICATION:**

If your child requires any medications (prescription or over the-counter) to be administered during camp hours, a physician's signature will be required on your child's medical form. All medications are to be provided in their original containers, which clearly indicates the dose & means of delivery. The camp medic will be available at arrival to receive medications directly from an adult or guardian.

### **SAFETY PLAN FOR PERSON WITH KNOWN ALLERGIES OR MEDICAL CONDITIONS:**

Our camp medic and relevant camp staff will need to be made aware of any actions to assist scouts. Please make certain to discuss your child's condition and action plans with our camp medic the week before your child comes to camp.

### **IN THE EVENT OF:**

**ABSENCE:** We ask that you contact the camp director by 8:30 AM to report any unanticipated absences from camp.

**FEVER:** Anyone with a body temperature above 100°F will be required to stay away from camp until they are fever free without medication for 24 hours.

**DIGESTIVE CHALLENGES:** Anyone who experiences diarrhea or vomiting is asked to stay away from camp until they are symptom free for 24 hours.

**ILLNESS:** Scouts who feel ill are required to stay home.

**MINOR INJURIES/AILMENTS:** Your child will be seen by the camp medic in the event of any injury or ailment suffered at camp. Parents/guardians will be contacted by camp staff to report all visits with the camp medic.

**A HEALTH EMERGENCY:** In the event that your child is involved in an accident at camp you will be notified by our camp medic immediately.

**INCLEMENT WEATHER:** Our staff is prepared to conduct an alternate program in the event of heavy rains or strong winds. The many cabins and grounded pavilions around camp are designated as our Camp Emergency shelters in the event of lightning storms and other inclement conditions. Please have your child prepared with a rain jacket or poncho.

## **MERIT BADGES:**

**AGE REQUIREMENTS:** Scouts must be 12 years old by the 1<sup>st</sup> day of camp. No exceptions.









**BLUE CARDS:** Scouts are **REQUIRED** to bring Blue Cards to camp.











**REQUIREMENTS NOT TAUGHT AT CAMP:** Some Merit Badges have requirements not taught during the session that are required to fully earn the badge. Incomplete requirements will result in a partial blue card. Merit Badges with requirements not taught are denoted as such in this packet.

**MATERIALS COST:** Some Merit Badges have an extra cost associated with them due to special materials needed. Costs are denoted as such in this packet. The cost will be added during registration.

**CLASS SIZE:** Most Merit Badges have a limited class size of 10 scouts. Register early to guarantee your merit badge selection.








**2026 - Eagle/Specialty Week at Camp Bullowa**

July 27, 28 & 29: Monday, Tuesday, Wednesday			
Morning M-W 9:00am - 11:30pm	11:40pm - 12:10pm	Afternoon M-W 12:15pm - 2:45pm	2:55pm
<b>Cooking* (all day class)</b> 		<b>Camping</b>  <b>Communication</b>  <b>Engineering*</b> <b>First Aid</b>  <b>Lifesaving</b> 	Closing & Dismissal
<b>Emergency Preparedness</b> 	Lunch		
Chemistry*			
<b>Communication</b> 			
Pioneering			
<b>Swimming</b> 			








July 30 & 31: Thursday & Friday			
Morning TH-F 9:00am - 11:30pm	11:40pm - 12:10pm	Afternoon TH-F 12:15pm - 2:45pm	2:55pm
<b>Camping</b> 	Lunch	<b>Camping</b> 	Closing & Dismissal
<b>Citizenship in the Nation</b> 		<b>Citizenship in the Nation</b> 	
<b>Citizenship in the World</b> 		<b>Citizenship in the World</b> 	
<b>Emergency Preparedness</b> 		<b>Communication</b> 	
Graphic Arts		<b>Emergency Preparedness</b> 	
Nuclear Science		<b>Environmental Science</b> 	
<b>Sustainability</b>		Public Speaking	

**2026 - Eagle/Specialty Week at Camp Bullowa**

July 27, 28 & 29: Monday, Tuesday, Wednesday

	Eagle	Extra Costs	Requirements Not Taught at Camp
 Camping	Yes	-	8C,D. 9A,B,C. Bring a tent to set up & your pack w/ gear for a camping trip.
Chemistry*	No	\$10.00	-
 Communication	Yes	-	2B. 4. 5. 7.
 Cooking*	Yes	\$25.00	2C. 4. 7. This is an all day class.
 Emergency Preparedness	Yes	-	1. 3. 10.
Engineering*	No	\$10.00	1. 2.
 First Aid	Yes	-	2B1. 14. 15.
 Lifesaving	Yes	-	2A. Scouts must have Swimming Merit Badge before starting this badge and pass the Scouts BSA Swimmer test to take this badge.
Pioneering*	No	\$10.00	-
 Swimming	Yes	-	Scouts must pass the Scouts BSA Swimmer test to take this badge.

July 30 & 31: Thursday & Friday

	Eagle	Extra Costs	Requirements Not Taught at Camp
 Camping	Yes	-	8C,D. 9A,B,C. Bring a tent to set up & your pack w/ gear for a camping trip.
 Citizenship in the Nation	Yes	-	5. 6-choose your speech. 7D. 8.
 Citizenship in the World	Yes	-	Pick an event & foreign country for 3A. 3B. 7.
 Communication	Yes	-	2B. 4. 5. 7.
 Emergency Preparedness	Yes	-	1. 3. 10.
 Environmental Science	Yes	-	6. 11.
Graphic Arts	No	-	6 (Please bring a report for presentation).
 Nuclear Science*	No	\$5.00	3(b) Research 3 Particle Accelerators and their experiments. 6(b) Come prepared to discuss a specific power generating facility. 8.
Public Speaking	No	-	Review requirements and be prepared for discussions.
Sustainability	Yes	-	8A.

\* Merit Badge classes have additional fees to cover materials for class  
Registration opens 3/1/26: [www.ghvscouting.org/bullowadaycamp/](http://www.ghvscouting.org/bullowadaycamp/)



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

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

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

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

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

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

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

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

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

**ATTACH REPORT FROM YOUR DOCTOR**

**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: \_\_\_\_\_

