

Countdown to Keowa

Issue #5 - May/June

Updates & Information



IMMUNIZATION REQUIREMENTS

The 2024 public health order issued by the Sullivan County Department of Public Health is still in effect:

The *TMR Medical Cover form* (below) shows which are required for adults and for youth.

Exemptions: Per the Sullivan County Public Health order, personal/religious exemptions from vaccines cannot be accepted. Medical exemptions only. The Scouting vaccine exemption form can be used **ONLY** for adults requesting a tetanus exemption.

TMR Medical Cover Form:

SCOUTMASTERS: We highly encourage you to use this cover form to ensure all required parts of the medical are complete.

Scouts not having the required immunizations will be sent home, per the Sullivan County Health Order.

[OPEN/DOWNLOAD NOW](#)

Dietary Needs:

How to Report

ALL dietary needs must be reported in Blackpug's online registration system. Be sure to inform your families to go to the "Update Information" area to add their medical concerns and dietary restrictions.

Medical Concerns / Mobility Issues ?

Medical Concerns / Mobility Issues

Dietary Restrictions ?

Dietary Restrictions

[WEEKLY MENU HERE](#)

Merit Badge Locations

Troops may want to download the [2026 Keowa Merit Badge Map](#) as a resource for their campsite. This map shows the locations for each badge right on the camp map.

A huge shout out to Troop 15 G for creating this resource and allowing it to be shared!

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TMR Medical Part B2

NEW FOR 2026: You may **NOT** write **“see attached”** in the Immunization Section.

- Each date must be written on each line, and must include Month/Day/Year
- MMR requires **two dates**

Part B2: General Information/Health History

B2

More info: tenmileriver.org/medical

Previous Issues

Don't miss out! All previous newsletters available here:

tenmileriver.org/countdown

Immunization

Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the Yes column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
<input type="checkbox"/>	<input type="checkbox"/>		Tetanus *Required for all adults and children	
<input type="checkbox"/>	<input type="checkbox"/>		Pertussis *Youth required	
<input type="checkbox"/>	<input type="checkbox"/>		Diphtheria *Youth required	
<input type="checkbox"/>	<input type="checkbox"/>		Measles/mumps/rubella *Youth required	
<input type="checkbox"/>	<input type="checkbox"/>		Polio *Youth required	
<input type="checkbox"/>	<input type="checkbox"/>		Varicella (Chicken Pox) *Youth required	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis B *Youth required	
<input type="checkbox"/>	<input type="checkbox"/>		Meningitis (MenACWY) *Youth required	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Other (i.e., HB)	
<input type="checkbox"/>	<input type="checkbox"/>		Medical Exemption to Immunizations (Health Care Provider Document Req.)	

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.

*Per Local Board of Health Public Health Order No. 1 - 2024 Children's Camps, all Summer Camps in Sullivan County including Ten Mile River Scout Camps is required to verify all campers have evidence of required vaccines or a valid medical exemption. Ten Mile River is not permitted any camper to attend camp unless such camper has provided evidence of all required immunizations. Please see pages 6-7 for more information.

Updated 3/19/25

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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)

Ten Mile River Scout Camps



NY State does require doctor signature here **ONLY** if Scout has prescription medication listed.