



# TECUMSEH LODGE ORDER OF THE ARROW

To: All Ordeal Candidates & Parents  
From: Reid Miller, Lodge Chief

Congratulations on being chosen as a Candidate to join the Order of the Arrow by your fellow Scouts. The Order of the Arrow is Scouting's National Honor Society and we are pleased that you have been elected. But election is just part of the process. To become a member, you must complete the Ordeal which consists of four parts which you will complete during the Ordeal weekend: 1) A night of camping alone under the stars to prove self-reliance. 2) A day of arduous toil to show willingness to serve others. 3) A day of scant food to show power of self-denial. 4) A day of silence, to turn your thoughts inward. After completing these tasks, you will be able to complete your ceremony and become a member of the Order of the Arrow.

You are only eligible to take your Ordeal for 18 months from the date you were elected. If you are unable to take your Ordeal during that time period you must be re-elected again to be eligible to take your Ordeal another year. We often see Candidates who put off their Ordeal until the last chance and then find themselves unable to attend due to another commitment (band, sports, etc.). If you are unable to attend for these reasons you must be re-elected to be eligible to take your Ordeal another year. Keep this in mind when planning which weekend, you wish to attend. If you are unable to attend your chosen Ordeal due to a special hardship or for medical reasons, contact the Lodge Chief or Lodge Adviser to apply for consideration for an extension of your eligibility.

There are 3 opportunities for you to take your Ordeal in 2024 which are listed below. You should pre-register by Friday, one week before the event. The necessary forms are enclosed. These forms must be filled out completely and they need to be sent with the payment of the weekend fee to: Simon Kenton Council, BSA, 807 Kinnear Rd., Columbus, Ohio 43212. **The cost is \$50.00**, which includes your food, an Ordeal Sash, OA Handbook, Lodge Information Book, Ordeal Certificate, Tecumseh Lodge Dues for the remainder of 2024, a Lodge Pocket Flap and program expenses for the weekend. Make your check out to Simon Kenton Council and mark "OA Ordeal Registration" on the memo line of your check. You can also register and pay securely online using the Council's payment system. Just go to the Tecumseh Lodge web page at [www.tecumseh65.org](http://www.tecumseh65.org) and choose the Ordeal you want to attend. **If you register online, you still need to fill out the enclosed forms and either send them to us or bring them to the event.** If we do not have your completed forms when you arrive at camp, you cannot attend the event.

### The Ordeal Weekend Opportunities for 2024 are as follows

May 31 - Jun 2 at Camp Lazarus  
August 16-18 at Camp Oyo  
September 20-22 at Camp Falling Rock

You should plan to arrive at the camp between 6:30 and 8:00 Friday evening - absolutely no later than 8:15 PM unless you make prior arrangements with the Lodge Chief or the Lodge Adviser. Saturday morning arrival is not acceptable because the program starts on Friday evening and must be completed in its entirety. The Ordeal weekend will end at 9:00 AM on Sunday so please plan on staying through Sunday morning. You should make arrangements to be picked up between 9:00 AM and 10:00 AM Sunday. Youth will not be permitted to leave camp before Sunday morning unless prior arrangements have been made in writing by their parent or guardian (see the parent's authorization area of this form).

You will need to bring the following items with you to the Camp:

- A tent, ground cloth and sleeping bag for sleeping Saturday night and to keep your gear in. You can share your tent with another Scout, however Youth Protection Guidelines must be followed at all times.
- A second, separate waterproof ground cloth for Friday night (you will not be sleeping in your tent that night).
- Work clothing (grubbies) – you will want to change into these on Friday night for sleeping out under the stars and you need to wear them while working Saturday (this clothing could get torn, very dirty or even get paint on it). Please do not wear anything derogatory or offensive, wear only clothing that is scouting appropriate.
- Work gloves
- A complete "Class A" Scout uniform to wear during the Saturday Ceremony
- A jacket and raingear if needed (check the weather forecast before you go)
- Water bottle

(Over)

- ❖ If you are taking medications, have them labeled and in their original prescription containers if applicable; place them in a “Zip Lock” type baggy, along with your name and instructions and an explanation note from your parent or guardian.
- ❖ If you have special dietary needs for medical or religious reasons, we need to know by Friday Night at registration.
- ❖ If you are an adult with special skills (plumbing, electrical, carpentry, etc.) please let us know. We provide service for the camps, and if you can help in these ways, we can save the camp money and time.
- ❖ There is no need to bring electronics as there will be no time allotted for their use. You will not be able to carry them with you and they could get damaged, misplaced or stolen.

Yours in Brotherhood  
*Reid Miller*  
 Lodge Chief



## About The Order Of The Arrow

### Mission

The mission of the Order of the Arrow is to fulfill its purpose as an integral part of the Boy Scouts of America through positive youth leadership under the guidance of selected capable adults.

### Purpose

As Scouting's National Honor Society, our purpose is to:

- Recognize those who best exemplify the Scout Oath and Law in their daily lives and through that recognition cause others to conduct themselves in a way that warrants similar recognition.

- Promote camping, responsible outdoor adventure, and environmental stewardship as essential components of every Scout's experience, in the unit, year-round, and in summer camp.

- Develop leaders with the willingness, character, spirit, and ability to advance the activities of their units, our Brotherhood, Scouting, and ultimately our nation.

- Crystallize the Scout habit of helpfulness into a life purpose of leadership in cheerful service to others.

### History

The OA was founded in 1915 by Dr. E Urner Goodman and Carroll A. Edson at Treasure Island Scout Reservation in New Jersey to recognize honor campers. It quickly spread to other camps, and was adopted nationally in 1948. Today it emphasizes not only camping, but service, leadership, and character on a daily basis both within and outside of Scouting.

### Members

Members are called Arrowmen and are elected to the organization by their fellow Scouts. The OA is unique in that nonmembers are often the ones that elect Scouts in their troop for membership.

### Honors (Levels)

There are three honor levels in the OA: Ordeal, Brotherhood, and Vigil. The Vigil Honor is the highest honor level in the organization.

### Leadership

The OA is led by youth Arrowmen (all under 21 years old) who have been elected by their peers to lead the organization on the various levels. These elected officers lead the organization under the guidance of selected adult advisers.

### Identification

Arrowmen wear white sashes with a red arrow to signify their membership in the Order of the Arrow. Arrowmen also wear a patch on the top of their right front pocket on the official Boy Scout uniform that both signifies their membership in the Order of the Arrow and distinguishes which lodge they are a member of.

### Locally

The Tecumseh Lodge includes all Arrowmen registered in the Simon Kenton Council. Each district in the council also has a corresponding chapter to support the program locally.

To learn more about the Order of the Arrow, visit the official National OA website at [www.oa-bsa.org](http://www.oa-bsa.org) or our Tecumseh Lodge website at [www.tecumseh65.org](http://www.tecumseh65.org)

**SCOUTING'S NATIONAL HONOR SOCIETY**



TECUMSEH LODGE  
ORDER OF THE ARROW

**Registration Information - Please print clearly**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City / State / Zip \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Scout ID # (from your unit ID card) \_\_\_\_\_ Unit type \_\_\_\_\_ Unit # \_\_\_\_\_ BT GT District \_\_\_\_\_

- I wish to attend the following Ordeal:
- May 31 – Jun 2 at Camp Lazarus
  - August 16 - 18 at Camp Oyo
  - September 20 - 22 at Camp Falling Rock

e-mail Address \_\_\_\_\_  
(this will be used to send newsletters and lodge notices to your scout)

Special Dietary Needs (for medical reasons) \_\_\_\_\_

**Ordeal Candidate's Agreement**  
(Required for everyone)

I have read the enclosed candidate letter and understand that the Ordeal is of a serious nature and it shall not be taken lightly. At the Ordeal, I will do my best in accordance with the Scout Oath and Law and the Outdoor Code. I will obey and respect those who may be in authority over me during the weekend. I will adhere to the principles of the Ordeal as they are explained to me. If I do not follow the above, and I am not faithful in performing the tests of the Ordeal, I may, after a talk with the leaders of the Ordeal, decide to remove myself from the Ordeal as soon as it is possible. I understand this means that I do not become a member of the Order of the Arrow at that time. I also agree that I will not leave the Camp property before Sunday Morning at 9:00AM without informing the Leaders of the Ordeal, and if I am under 18 years old, without my Parents written permission.

Candidate's signature \_\_\_\_\_ Printed name \_\_\_\_\_ Date \_\_\_\_\_

**Parent's or Guardian's Agreement**  
(Required for everyone under 18 years of age)

I, \_\_\_\_\_, the parent / guardian of the above Candidate, have read the enclosed Candidate letter and forms. I understand that the purpose of these forms, are to provide a safe and pleasant environment for all the members and Candidates involved. I also realize that if my child decides to remove himself or herself from the Ordeal "as soon as possible", it may mean that I would have to come to camp to remove them.

The health history on the medical Form is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injection or surgery for my son.

\_\_\_\_\_  
(Initial) My child has permission to leave camp prior to Sunday Morning with the following person: \_\_\_\_\_  
Use this if it is necessary for them to leave Saturday evening and they will be riding with another authorized adult. (If he or she does not have permission, write NOBODY on the line above.)  
Without this permission we will NOT permit your child to leave the camp before Sunday morning unless we are able to contact you.

\_\_\_\_\_  
(Initial) My child has my permission to keep his medications with them and they are capable of administering them themselves.  
Any medications of a restricted nature (narcotics, etc.) should be turned in at registration so they can be kept in a secure place. Your child will need to come to us for administration of these medications.

Parent's or Guardian's signature \_\_\_\_\_ Printed name \_\_\_\_\_ Date \_\_\_\_\_

**ALL** the included forms must be completed and received in the Council Office no later than one week prior to the Ordeal you will be attending. If you are unable to send them in, bring them with you to camp.

Complete **all 4 pages** of these forms and send them along with your payment of \$50.00 to:  
Simon Kenton Council, BSA – 807 Kinnear Rd, Columbus, OH 43212

You can also register and pay online using the Council payment system. Just go to the Tecumseh Lodge Website at [www.tecumseh65.org](http://www.tecumseh65.org), choose the Ordeal you want to attend and follow the instructions.

***If you register and pay online, you MUST still either mail in these forms or bring them with you to the event. If we do not have your completed, signed forms and medicals, you cannot attend and you will be sent home.***

## 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) |         |

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

