

Welcome to Duluth Day Camp 2015!

KEEPING NATURE FUN!

THANK YOU FOR REGISTERING YOUR SCOUT! Here are some important logistic details.

Dates: Monday, June 22nd – Friday, June 26th

Location: **Camp Horace Johnson**
7200 Route 4, Duluth, MN
On Island Lake

Times: Drop off between 8:30a – 9:00a
Program Begins – 9:00a
Program Ends – 4:00p
Pick up between 4:00p – 4:30p

Emergency

Contacts: **Thea Stauffenecker**
(720) 985-3353 cell
theastauffenecker@yahoo.com
Michael Stauffenecker
(218) 464-3458 cell
Rory O'Donnell
(218) 393-9177

REQUIRED CAMP CHECK LIST

Please send the following items *daily* with your scout in a small backpack.

- Lunch
- Refillable Water Bottle
- Bug Spray
- Sunblock
- Sweat shirt or jacket
- Optional – money for Trading Post items

It is a good idea to make sure all of the items that come to camp with your scout are labeled with their names.

NOTICES OF CHANGES

We will anticipate your scout attending camp every day (Monday – Friday) from 9:00a until 4:00p. If he cannot attend because of illness or other scheduling reasons, or will be late or picked up early, please make sure to call one of the emergency contacts above and if possible send a note with your scout.

HEALTH HISTORY FORM

All participants are required to complete a Health History Form A and B (http://www.scouting.org/filestore/HealthSafety/pdf/680-001_AB.pdf). No physical exam or physician signature is required. **FORMS must be turned in at check in the first day of camp.** They will be returned to you on the last day. Our goal is to keep your scout safe. If you have any specific concerns or questions, please contact Thea Stauffenecker – Camp Director (contact information above)

LUNCH/FOOD

Please make sure to pack a lunch for your son each day. We kindly request that you avoid peanuts (peanut butter) or nuts in your lunch selections, as we will have scouts with allergies. We want to

make camp safe for all attendees. We will be dedicating sufficient lunch space for a peanut/nut free table(s). If your child has allergies, please make sure to include them on the required health history form, and discuss any concerns/treatments with the medical officer or camp director on day 1. We will have cooking activities on several of the days and want to make sure we are safe and have appropriate alternatives.

Lunches will be gathered at the beginning of each day and stored in a cooler. However, please make sure that your lunch choices do not “require” refrigeration to keep from spoiling. We don’t want any scouts to become ill. We will also be separating lunch if there are allergy concerns.

WATER

Please make sure to send a water bottle with your scout every day. He will be able to fill and re-fill it throughout the day. We want to make sure they are drinking plenty of water as it may be hot and the scouts will be active.

OTHER

Please note that this is an outdoor camp. While there is sufficient shelter in the event of a weather event, generally all activities are outside. Please make sure your scout dresses appropriately each day for the weather. It is recommended that you send a jacket/sweatshirt each day just in case the weather changes. Please also make sure your scout is wearing solid, close toed footwear – no flip flops, no open toes. We will be walking a lot each day, and on Friday we will be hiking.

On the first day, your scout will be given a camp T-shirt. We would love for them to wear them each day however realize that there is a challenge with washing it each day. Please have them wear their shirt on FRIDAY for the campfire program.

It is advised that you apply bug spray and sun block to your scout each morning. Send bug spray and sun block with your scout in their backpack. We will only assist scouts in reapplying *their own* products. This is to avoid allergic reactions.

Please do not send valuable items with your scouts. We cannot be responsible for the lost or possible damage. Boys will be asked to place any electronic items in their backpacks during program hours.

SHOOTING ACTIVITIES & FIELD SPORTS

We will be utilizing the United Northern Sportsmen’s Club for our shooting activities, field sports and hikes. UNSC is located approximately ¼ mile down Rice Lake Road from the Horace Johnson Camp site. We will be transporting the scouts between the sites with a charter bus.

REGISTERING A TIGER?

We welcome our newest and youngest cub scouts to attend camp. A Tiger for purposes of this camp would be a boy who will be entering the 1st Grade in Fall 2015. If your son is joining us, it is required that an adult is with the Tiger Cub throughout the day. This is a requirement of all Tiger Cubs for their first year of scouting.

DROP OFF/PICK UP/PARKING

As we anticipate a large turnout, the logistics of arrival and departure are difficult (think school pickup). We will be directing cars for drop off and pick up. It will be designed as a drop off circle (much like the schools); however, we will be requiring signatures for arrival and departure. We are doing this to ensure our scouts are safe. DAY ONE – as you will be required to hand in Health

History forms, and complete an "Authorized Person" form, please plan to park at the Island Lake Park Public Lot, and walk up to the registration. Going forward we will be queuing cars for efficiency and safety reasons. Please note: Parking is very limited and will be restricted. If you plan to attend the Friday Campfire/Program, please either park at the Island Lake Park Public Lot or on the side of the road.

NEED HELP?

If during camp, you need to speak with someone about a concern or have a question, please look for someone in a YELLOW shirt or a BSA uniformed adult. Make sure you as the adult convey any important information directly – such as early pick up, new person authorized to pick up, etc. We want the scouts to have fun, but sometimes they aren't the best messengers.

FRIDAY CAMPFIRE/PROGRAM

We would like to invite all parents to come to camp on FRIDAY for our CAMPFIRE PROGRAM at 1:00p. The scouts will have been working hard on many projects and we would like to show those off to you. We will be having a band concert and art display, as well as some skits and songs. Because we know many people may need to leave a little earlier on Friday because of weekend plans, we will plan to wrap up the program and activities by 3:00p. If you are unable to accommodate an early pickup or cannot attend the Campfire Program, we will have activities for the scouts until the regular 4:00p pickup time. PLEASE BRING A CHAIR OR A BLANKET TO SIT ON for the Campfire. Scouts will be sitting with their day camp dens.

ACHIEVEMENTS

The Day Camp will be utilizing the new Cub Scout program requirements. This is very exciting and hopefully you have heard more about this in your Packs. At the end of camp, we will be providing you/your scout with a listing of achievements that they have completed while at camp. Depending on your Pack/Den, you can either give that to your Den leader or enter it into your tracking system. The important part is that the scout will be very proud of what he has accomplished so please share with him what his hard work has achieved.

VOLUNTEERS

Please be aware that this camp is staffed with volunteers. They have most likely taken time off work to create a fun program experience for your scout. What this means is that sometimes the best plans may not account for all scenarios. It means that mistakes may be made. Our goal is to have a safe environment in which the scouts can have fun. If you have concerns, please let the Thea Stauffenecker or a "yellow" shirt/BSA uniformed adult know. We will work to address anything that arises.

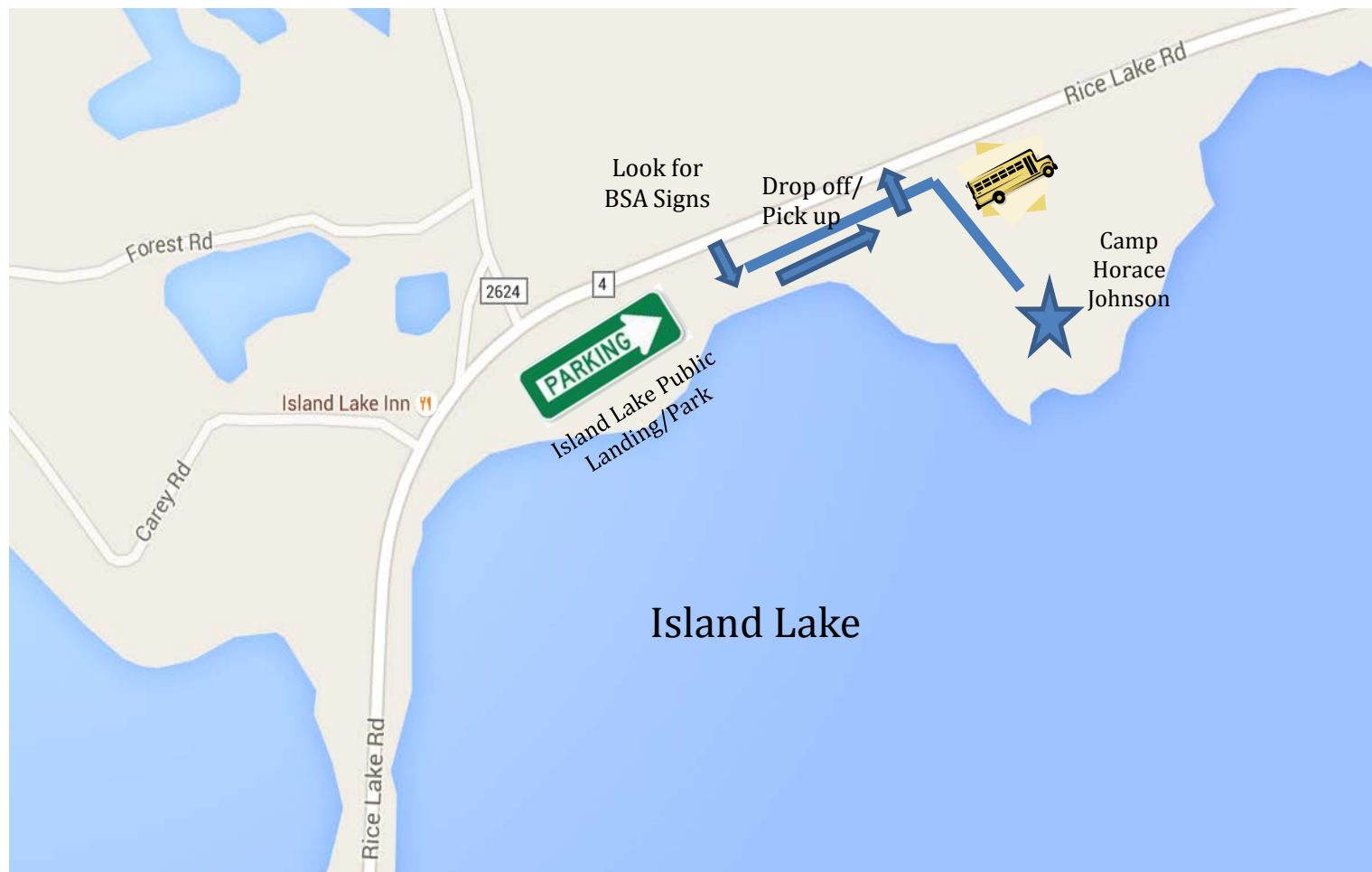
If you are interested in volunteering, Day Camp is a great way to spend some time with your son. We are always looking for volunteers to run activities, walk with scout groups, etc. If you are interested in volunteering – just for a day or two, or the whole week – please contact Thea Stauffenecker at theastauffenecker@yahoo.com or (720) 985-3353.

DIRECTIONS TO CAMP HORACE JOHNSON

Take Rice Lake Road to Island Lake; the camp is just past the Island Lake Inn (closed) and the Public Landing/Park. Please see map for drop off/pick up directions and parking.

TRANSPORTATION/BUS

If you have arranged to have your scout ride a bus (separately arranged by Pack(s)) – you will receive more instructions about drop off/pick up, etc.



Look for BLACK signs with **BSA** on them and volunteers/Boy Scouts directing traffic. Please follow signs/directions for entry, one way queuing and exiting. After Day 1 drop off, you will be able to sign you scout in and out from your car. If you prefer to park, please park in the Island Lake public landing/park lot. No parking will be available in the queue.

Part A: Informed Consent, Release Agreement, and Authorization

A

Full name: _____

DOB: _____

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.



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, Philmont Training Center, Northern Tier, Florida 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)

Second parent/guardian signature for youth: _____ Date: _____

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

You must designate at least one adult. Please include a telephone number.

Name: _____

Name: _____

Telephone: _____

Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____

Name: _____

Telephone: _____

Telephone: _____



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Part B: General Information/Health History

B

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Unit leader: _____ Mobile phone: _____

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:
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (angina)/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	Last attack date:
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Behavioral/neurological disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures	Last seizure date:
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Excessive fatigue	
		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	



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Part B: General Information/Health History

B

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

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 INDICATE 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 by the BSA. 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)
		<input type="checkbox"/>	Tetanus	
		<input type="checkbox"/>	Pertussis	
		<input type="checkbox"/>	Diphtheria	
		<input type="checkbox"/>	Measles/mumps/rubella	
		<input type="checkbox"/>	Polio	
		<input type="checkbox"/>	Chicken Pox	
		<input type="checkbox"/>	Hepatitis A	
		<input type="checkbox"/>	Hepatitis B	
		<input type="checkbox"/>	Meningitis	
		<input type="checkbox"/>	Influenza	
		<input type="checkbox"/>	Other (i.e., HIB)	
		<input type="checkbox"/>	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: _____



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