

# TROOP 280

## Activity/Outing: Kickback Campout Baloo Lodge, Camp Stambaugh

Dates: Dec. 4 - 6

### **THIS IS A BSA EVENT**

**Medical Forms are required for all attendees.**

**Meet:** 6:30 PM; leave by 6:45 PM – Friday, Nov. 4 at Mentor United Methodist Church

**Return:** 11:00 - Noon – Sunday, Dec. 6 at K-Mart front Parking Lot  
(Scouts will contact parents via Leaders' cell phones about 1/2 hour before arrival.)

**Cost:** \$20.00 per person/ bring your own "Main Course" for the grill Saturday eve.

#### **Required**

**Gear:** **Normal camping gear for Cabin Camping**

(Note: The cabin accommodates 24, some adults, &c. may need to sleep in tents.)

Weather appropriate gear, Camp chair, Scout Handbook, games, cards, favorite DVD movies (Scouting appropriate, please), etc. Bring "indoor" shoes/slippers as well as outdoor boots.

**Program:** We will be staying in the Baloo Lodge which sleeps 24 campers and we have the ability to set up tents as well outside the cabin. The cabin is heated and has a refrigerator, stove, toilet, fireplace and so on. This is the annual "kick-back" campout, so the battle for world domination will continue (otherwise known as Risk). Bring Cards, other board games, etc.

**Itinerary:** Meet at Mentor United Methodist Church on Friday evening, drive to Camp Stambaugh, Canfield, OH . We will return Sunday at approximately Noon, drop-off location is the K-Mart front parking lot.

**PLEASE PROVIDE CONTACT NUMBERS FOR SUNDAY MORNING.**

**Directions:** Camp Stambaugh, Greater Western Reserve Council, Boy Scouts of America, 3712 Leffingwell Road, Canfield, Ohio 44406.

Go to our web site [www.mentortroop280.com](http://www.mentortroop280.com) for Map and Directions.

**Contacts:** Cell Phone number for Mr. McIntyre: 440-251-3590

# TROOP 280

## PERMISSION SLIP AND MEDICAL FORM

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Telephone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE NUMBER FOR PICK-UP \_\_\_\_\_

**USE MEDICAL FORM ON FILE** Yes  No

**IF NO FORM IS ON FILE OR CHANGES IN HEALTH EXIST, PLEASE COMPLETE BELOW**

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

Allergies: Food, Medicines, Insects, Plants, Animals, etc. Yes  No

Explain: \_\_\_\_\_

General Information	Yes	No		Yes	No		Yes	No
Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/Leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>			

List any medications to be taken at camp:  
\_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games:  
\_\_\_\_\_  
\_\_\_\_\_

List any equipment needed such as wheelchairs, braces, glasses, contact lenses, etc.:  
\_\_\_\_\_  
\_\_\_\_\_

Immunizations (Give date of last inoculation):  
Tetanus toxoid \_\_\_\_\_ Pertussis \_\_\_\_\_ Mumps \_\_\_\_\_ Polio \_\_\_\_\_  
Diphtheria \_\_\_\_\_ Measles \_\_\_\_\_ Rubella \_\_\_\_\_

Name of Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_

Personal health/accident insurance carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

**Parent Authorization:**  
This health history 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 of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgement of medical personnel dictates.

Signature \_\_\_\_\_ Date \_\_\_\_\_