

PLEASE READ THIS SHEET
PERMISSION FORMS FOR THE 26-28 Jan 2018 CAMP
BARBER SCOUT CAMP STONE RD
WHAT THIS PACKAGE CONTAINS

General instructions

Scout's Canada Permission formrequires your permission to allow your child's attendance at camp and mandatory contact information.

Health Form.....*provides up to date health* info and any special instructions we should be made aware of and any medications needed to be administered.

Logistics for camp....please read and comply. Lots of good info you should be aware of.

Camp Kit List...please ensure you include all items to ensure your cub's safety and comfort and put her/his name on everything.

Directions to Barber Scout Camp

Please return pages 2-4 with payment....retain the others for your information

Please forgive the fact that there are several repeated items but these can easily be missed and may be necessary.

GENERAL INSTRUCTIONS

1. Please complete and return by 16 Jan at the latest...
2. Cheque or cash..... is fine the cost per cub is \$45
3. If you wish to stay the cost is \$15 per night which covers food
4. Upon arrival at Barber please sign in, and of course, you need to sign out on Sunday morning.
5. Please do not help your cub unpack, they will do this themselves t.
6. Please pick up your cub by **9:30 am SHARP!!on Sunday**
7. The camp goes rain,snow or shine.
8. Dogs are not permitted on Scouts Canada property.

Scouts Canada
Parent/Guardian Consent Form

Note: If applicant is under 18, parent or guardian must sign.

Phone: Youth's Name:

City:.....Address:.....PostalCode:.....Province:.....

Parent/Guardian Name:

Residents of all Provinces/Territories except Quebec:

Experience has shown that in connection with Scouting activities there are times when illness or accident may occur and immediate surgical or medical attention is necessary. This is my permission for the leader in charge, or designate, to make arrangements for qualified surgical or medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

IF YOU WILL BE ABSENT FROM YOUR NORMAL PLACE OF RESIDENCE DURING THE PERIOD WHEN THE EVENT IS BEING HELD, PLEASE INDICATE HOW YOU CAN BE CONTACTED:

Phone: Name: Cell:

OR I will attend the event/activity with my child/ward.

Permission to participate:

I the undersigned, having read, understood and completed the above, and having been briefed regarding the nature of the activity, hereby give my permission for my child/ward to attend and participate in:

- the following event/activity: WEEK END CAMP
- at the following location: Barber Scout Camp
- with the following Leader in charge: AL CHAPMAN
- on the following date: 26-28 Jan 2018

I HAVE REVIEWED THE INFORMATION ON MY CHILD'S/WARD'S PROGRAM PARTICIPANT ENROLMENT FORM AND CONFIRM THAT THE INFORMATION IS UP TO DATE. OR HAS BEEN UPDATED ON THIS PERMISSION FORM.

Signed, Parent/Guardian:Date.....P2

SCOUTS CANADA HEALTH FORM

EVENT DATE 26-28 Jan 2018

EVENT LOCATION Barber Scout Camp

YOUTH NAME..... HEALTH CARD #.....

FAMILY DOCTOR..... PHONE #.....

PARENT FULL NAME.....

PARENT CONTACT HOME PHONE #.....

.WORK #.....

PARENT ADDRESS.....

CELLULAR NUMBER.....

MAKE CAR/MODEL/COLOUR..... LICENCE #.....

CAR INSURANCE POLICY

#.....

(CAR INFO REQUIRED ONLY IF TRANSPORTING CUBS OTHER THAN YOUR OWN)

ALTERNATE CONTACTS(MUST BE COMPLETED IF PARENT NOT ACCESSIBLE)

NAME.....

ADDRESS.....

PHONE #.....

IN ORDER THAT THE SCOUT LEADERS MAY PROVIDE THE BEST CARE FOR YOUR CHILD PLEASE COMPLETE THE FOLLOWING.....

1. IS YOUR CHILD CURRENTLY SUBJECT TO ANY OF THE FOLLOWING.....

ATHSMA CONVULSIONS MOTION SICKNESS ALLERGIES

RESPIRATORY AILMENTS EAR TROUBLE NIGHTMARES HAY

FEVER BED WETTING HEADACHES SLEEPWALKING

OTHER(PLS SPECIFY).....

GIVE DETAILS OF USUAL TREATMENT OR MEDICATIONS THAT SHOULD BE TAKEN BY YOUR

CHILD.....

.....

2. ALLERGIES...PLS ADVISE OF ANY ALLERGIC REACTIONS AND TREATMENT THAT YOUR CHILD IS INSTRUCTED TO

TAKE.....PAGE 3..

HAVE THESE MEDICATIONS BEEN PROVIDED TO YOUR CHILD? YES NO
PLEASE ENSURE YOU REVIEW THIS PROCEDURE WITH BAGHEERA(event Safety coordinator) Give the meds to him

3. DATE OF LAST TETNUS SHOT.....

4. CAN YOUR CHILD SWIM.....

4. DOES YOUR CHILD SUFFER FROM ANY PHYSICAL/EMOTIONAL DISORDER THAT WOULD PREVENT YOUR CHILD FROM FULLY PARTICIPATING IN THE PROGRAM IE HIKING, RUNNING GAMES, SPORTS ETC.PLS REVIEW THIS WITH A LEADER

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.....

5. DO YOU HAVE ANY SPECIAL INSTRUCTIONS REGARDING HEALTH OR DIET?

.....
....

6. ANY CONCERNS / COMMENTS THAT THE LEADERS SHOULD KNOW?

.....
....

7.I HEREBY AUTHORIZE THE SCOUTER IN CHARGE TO SECURE SUCH MEDICAL ADVICE AND SERVICES AS MAY BE DEEMED NECESSARY FOR THE HEALTH AND SAFETY OF MY CHILD. I AGREE TO ACCEPT FINANCIAL RESPONSIBILITY IN EXCESS OF THE BENEFITS ALLOWED BY OHIP AND SCOUTS CANADA.

SIGNATURE PARENT /

GUARDIAN.....DATE.....

LOGISTICS FOR 26-28 Jan 2018 WEEKEND CAMP

Barber Scout Camp

Please see the below for details on getting to the camp. You have to provide transport to and from the camp. If this presents a problem we can try and arrange transport with other parents.

If you have any concerns about how your child may react to being away from home please discuss this with Akela. This is an indoor camp but we do plan a lot of outdoor activities so providing all the clothing on the equipment list is mandatory. Please make sure you accurately complete the health and contact info on the attached forms.

We do observe a specific routine at our camps. Arrival and sign in is at 7:00 pm.

Any medication your cub has brought *has to be reviewed with us upon arrival. We only serve a snack on Friday evening* so please ensure your cub has had dinner before arrival.

Campfire follows dinner on Saturday evening at about 7pm. You and the family are welcome to attend....dogs are not allowed on Scouts Canada property

Sunday AM is very busy but we aim for *pickup by 9:30 am sharp!!!.....if you can help us clean up so much the better*

Cost for the cubs is \$45. For any adult staying its \$15 per night

No knives, matches, electronics and candy allowed.

Akela's cell 519-240-1843 Barber Scout Camp 519-836-1810

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CLOTHING AND EQUIPMENT LIST

PUT YOUR CUB'S NAME ON EVERYTHING

- camp blanket
- Air mattress or equivalent for the wooden bunks
- Ashes container
- Emergency kit that your cub made
- SLEEPING BAG
- weather boots
- Runners
- slippers
- Flashlight
- Mess kit of plates/mug/cutlery
- Winter warm coat
- Snow wet pants
- Winter gloves x2
- 2 pairs pants
- 2 shirts
- A hat/tooke
- Water bottle
- Lots of changing of warm socks
- Suitable footwear for lots of wet weather hiking and activities
- Underwear change
- Towel and soap
- Pillow
- Toothbrush and toothpaste
- Any medications in a clearly marked container with the cub's name
- A mess kit with mug, bowl, dish and cutlery all clearly marked with your cubs name
- No knives, candy or electronics

DIRECTIONS TO BARBER SCOUT CAMP....DRIVE EAST FROM VICTORIA RD ON STONE RD TO RAIL CROSSING ENTRANCE IS JUST BEYOND