PLEASE READ THESE SHEETS

PERMISSION FORMS FOR THE 25 -27 JAN 2019 WEEKEND CAMP BLUE SPRINGS SCOUT CAMP WHAT THIS PACKAGE CONTAINS

1.General instructions PLEASE READ TO ENSURE YOUR CUBS SAFETY AND COMFORT

- 2. Scout's Canada Permission formrequires your permission to allow your child's attendance at camp and mandatory contact information.
- 3. 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. Please be accurate so we can maximize your cubs safety and enjoyment.
- 4, Logistics for camp....please read and comply. Lots of good info you should be aware of.
- 5. Camp Kit List...please ensure you include all items to ensure your cub's safety and comfort and put her/his name on everything.
- 6. Directions to Blue Springs Scout Camp

Please return pages 2 THROUGH 5 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 8 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 please sign in, and of course, sign out on Sunday morning.
- 5. Please do not help your cub unpack, they will do this themselves .
- 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: Postal Code: 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 quickes
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 NUMBER:
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:

P2

 $\hfill \square$ the following event/activity: WEEK END CAMP

□ at the following location: BLUE SPRINGS Scout Camp
□ with the following Leader in charge: AL CHAPMAN
□ on the following date: 25-27 JAN 2019
HAVE REVIEWED THE INFORMATION ON MY CHILD'S/WARD'S PROGRAM
PARTICIPANT ENROLMENT FORM AND CONFIRM THAT THE INFORMATION IS
JP TO DATE. OR HAS BEEN UPDATED ON THIS PERMISSION FORM.
Signed, Parent/Guardian:DateDate
SCOUTS CANADA HEALTH FORM
EVENT DATE 25-27 JAN 2019 EVENT LOCATION BLUE SPRINGS Scout Camp
YOUTH NAME HEALTH CARD #
FAMILY DOCTORPHONE #
DATE OF BIRTH
PARENT FULL NAME
PARENT CONTACT HOME PHONE #
WORK #
PARENT ADDRESS
CELLULAR NUMBER
MAKE CAR/MODEL/COLOURLICENCE #LICENCE
CAR INSURANCE POLICY
(CAR INFO REQ'D ONLY IF TRANSPORTING CUBS OTHER THAN YOUR OWN)

ALTERNATE CONTACTS(MUST BE COMPLETED IF PARENT NOT ACCESSIBLE)

NAME						
PADDRESS						
PHONE #						
IN ORDER THAT	THE SCOUT	LEADERS M	1AY PR	OVIDE THE BEST (CARE FO)R
YOUR CHILD PLE	ASE COMPL	ETE THE FO	DLLOWI	NG		
1. IS YOUR CHILD) CURRENTL	Y SUBJECT	TO AN	Y OF THE FOLLOV	VING	
ATHSMA	CONVULS	IONS	МОТ	TION SICKNESS	ALLE	RGIES
RESPIRATORY A	LMENTS	EAR TRO	JBLE	NIGHTMARES		HAY
FEVER BED WETTING		HEADACHES		SLEEPWA	SLEEPWALKING	
OTHER(PLS						
SPECIFY)				Gl	√E DETA	ALS OF
USUAL TREATME	NT OR MED	ICATIONS T	HAT SH	IOULD BE		
TAKEN						
2. ALLERGIESP	LS ADVISE (OF ANY ALL	ERGIC I	REACTIONS AND T	[REATM	ENT
3. HAVE THESE M	1EDICATION	S BEEN PRO	OVIDED	TO YOUR CHILD?	YES	
NO						
PLEASE ENSURE	YOU REVIE	W THIS PRO	CEDU	RE WITH BAGHEE	RA(event	t Safety
coordinator) Give t	he meds to h	im				
4. DATE OF LAST	TETANUS SI	НОТТОН				
5. CAN YOUR CHI	LD SWIM	YES]	NO		
6. DOES YOUR C	HILD SUFFE	ER FROM AN	IY PHY	SICAL/EMOTIONAL	_ DISORI	DER
THAT WOULD PR	EVENT YOU	R CHILD FR	OM FUI	LLY PARTICIPATIN	IG IN TH	E
PROGRAM IE HIK	ING, RUNNI	NG GAMES,	SPORT	S ETC.PLS REVIE	W	P4

THIS WITH A LEADER
7. IS THERE ANYTHING THAT WOULD PREVENT YOUR CUB FROM FULLY
PARTICIPATING ? PLEASE DISCUSS WITH CAMP SAFETY COORDINATOR
IS THERE ANYTHING WE CAN DO TO HELP SUPPORT YOUR CUB
PLEASE DISCUSS THIS WITH CAMP SAFETY COORDINATOR
8. DO YOU HAVE ANY SPECIAL INSTRUCTIONS REGARDING HEALTH OR DIET?
9.WILL YOUR CUB BE ABLE TO SPEND THE NIGHT AT CAMP WITHOUT YOU? YES NO COMMENTS
10. ANY OTHER CONCERNS / COMMENTS THAT THE LEADERS SHOULD KNOW?
11.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 /
GUARDIANDATEP5

LOGISTICS FOR JAN 25-27 WEEKEND CAMP BLUE SPRINGS 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.

Your CUB has to bring their completed HOME SAFETY CHECK that was handed out prior to Christmas...it forms an integral part of the safety part of the camp.

If you have <u>any</u> 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...YOU WILL NEED TO COMPLETE SEVERAL SCOUTS CANADA SAFETY FORMS IF YOU STAYOVER No knives, matches, electronics and candy allowed.

Akela's cell 519-240-1843 BLUE SPRINGS RANGERS CELL NUMBER 905 299 2070

CLOTHING AND EQUIPMENT LIST WE ARE SLEEPING INDOORS PUT YOUR CUB'S NAME ON EVERYTHING

THINK WARM

- camp blanket
- Home Safety check HANDED OUT PRIOR TO XMAS
- Toboggan
- Air mattress or equivalent for the wooden bunks
- Ashes container
- Emergency kit that your cub made
- SLEEPING BAG/PILLOW/EXTRA BLANKET
- WINTER weather boots
- Slippers MANDATORY
- Flashlight
- Mess kit of plates/mug/cutlery
- Winter warm coat
- Snow wet pants// snow suit
- Winter gloves x2
- 2 pairs pants
- 2 shirts
- 2 hat/tooke
- Water bottle
- Lots of warm socks
- Suitable footwear for lots of wet weather hiking and activities

- Underwear change
- Tee shirts P7
- Towel and soap
- 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 SCOUT CAMP....

Take Hwy 7 east from Guelph (York rd) THROUGH ROCKWOOD.Continue on Hwy 7 to Concession Rd 6 and turn right. Continue south on that road for approximately 1.5 km and look on your left at the bottom of the hill for the entrance gate. Continue on that road to the end and you will see the lodge on your right. Please use the front entrance only