

Preparing for Camp

WHAT SHOULD I PACK?

PERSONAL GEAR:

- _____ Scout Uniform (s)
- _____ Extra Shirts
- _____ Extra Pants
- _____ Socks
- _____ Underwear
- _____ Jacket
- _____ Rain gear
- _____ Sleep Wear
- _____ Sneakers
- _____ Hiking Boots
- _____ Swim Wear
- _____ Towels
- _____ Toiletries
- _____ Sleeping Bag or Blankets
- _____ Pillow
- _____ Personal First Aid Kit
- _____ Flashlight w/extra Batteries
- _____ Wallet w/Money
- _____ Pocket Knife
- _____ Handkerchief
- _____ Notebook, Pen or Pencil
- _____ Scout Handbook
- _____ Bug Repellent
- _____ Merit Badge Pre-requisites
- _____ Medical Form (completed)



OPTIONAL PERSONAL GEAR:

- _____ Watch
- _____ Compass
- _____ Camera and Film
- _____ Song Book
- _____ Musical Instrument
- _____ Nature Books
- _____ Bible, Prayer Book
- _____ Merit Badge Pamphlets
- _____ Fishing Pole and Tackle
- _____ Fork, Knife, and Spoon
- _____ Cup, Plate, and Bowl
- _____ Sun Screen
- _____ Stationary and Stamps
- _____ Laundry Bag

****Scouts should expect to bring at least \$50 for camp projects, gifts, scouting items, etc.**

LEAVE AT HOME:

Pets, Fire Works, Fire Arms, Ammunition, Bows, Arrows, Radios, Tape Players, CD Players, Televisions, "Walk-man," Electronic Games, Squirt Guns, Dice, Un-Scout like Literature, Alcohol, and Illegal Drugs.

Valuables should also be left at home.

LABEL YOUR GEAR:

Scouts should "Mark" all personal Gear. Many times items are lost or misplaced and are never claimed. Found items will be announced at evening retreat.

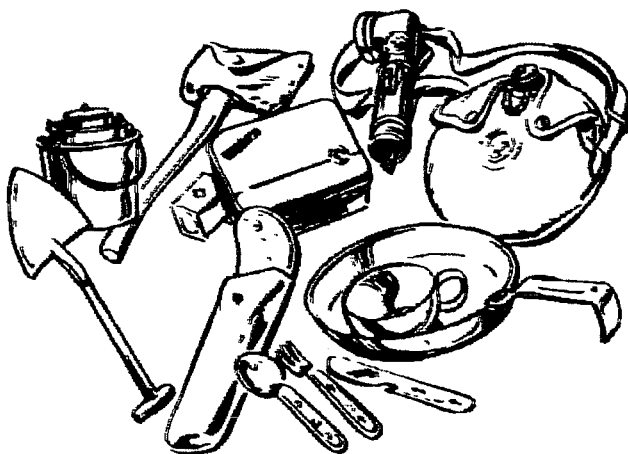
TROOP EQUIPMENT

TROOPS MAY WANT TO BRING:

- _____ Copy of Leaders Guide
- _____ First Aid Kit
- _____ American Flag
- _____ Troop Flag
- _____ Patrol Flags
- _____ Lantern
- _____ Advancement Records/Chart
- _____ Locking Cash Box
- _____ Lawn Chairs
- _____ Rope
- _____ Binders Twine
- _____ Axes
- _____ Saws
- _____ Special Menu Plans
- _____ Treats
- _____ Special Awards
- _____ Equipment for Special Trips or Overnight

CAMP HAS AVAILABLE:

- _____ Picnic Tables
- _____ Dining Flies
- _____ Cook Kits
- _____ Chef Kits
- _____ Axes
- _____ Saws
- _____ Brooms
- _____ Toilet Paper



2010 Boy Scout Canoe Trek Reservation

CAMP MINSI

Minsi Trails Council B.S.A.
P.O. Box 20624
Lehigh Valley, PA. 18002
(610) 465-8568

Please fill out form in its entirety. Mail it directly to the above address. Full fee for camp is required at sign up time. Failure to provide **all** information will result in the return of this form and delay the reservation process.

WE CAN ONLY TAKE 10 BOYS PER WEEK SO IF YOU HAVE A COUPLE OF BOYS WHO WANT TO SIGN UP, YOU MUST DO IT IMMEDIATELY BY RETURNING THIS FORM AND THE FULL PAYMENT. BOYS MUST BE 14 YEARS OF AGE AT THE TIME OF CAMP!!!

PLEASE PRINT

Name (LAST) _____ First _____ Initial _____

Address _____ City _____ State _____ Zip _____

Ph # Home _____ Bus _____ Emergency _____

Age _____ Rank _____ Grade (Fall 2010) _____ / DOB _____ / Troop # _____ Scouting District _____

The 2010 Canoe Trek Scout Fee is \$285 per week

⊖ June 27 - July 5

⊖ July 11 - July 16

⊖ July 25 - July 30

I am signing my son up for the above checked Camp Minsi Canoe Trek Week

Signature _____ Date ____/____/____

Please print your name _____

My check in the amount of \$ _____ is enclosed. (Make Payable to: **Minsi Trails Council B.S.A.**)

Patrol: _____

	Name of Scout:	Address / City	Phone No:	DOB	Age		
1							
2							
3							
4							
5							
6							
7							
8							

Patrol: _____

	Name of Scout:	Address / City	Phone No:	DOB	Age		
1							
2							
3							
4							
5							
6							
7							
8							

Patrol: _____

	Name of Scout:	Address / City	Phone No:	DOB	Age		
1							
2							
3							
4							
5							
6							
7							
8							

Number Attending:

Youth _____ Adults _____ Total _____

Routine Drug Administration Record

Name: _____ Campsite: _____

Troop No: _____ Date of birth: _____ Classification: _____

Drug hypersensitivity: _____ Weight: _____

Prescribing Physician _____ Rx No: Yes Number(s) _____
 Medication _____ Date filled _____
 Dosage: _____
 Route: P.O. I.M. S.C. S.I. Topical Inhalation Rectal
 Times: PRN Daily BID TID QID AC PC HS
 Amount in bottle _____ Comments: _____

MED TIM	S	M	T	W	T	F	S

Prescribing Physician _____ Rx No: Yes Number(s) _____
 Medication _____ Date filled _____
 Dosage: _____
 Route: P.O. I.M. S.C. S.I. Topical Inhalation Rectal
 Times: PRN Daily BID TID QID AC PC HS
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Initial: _____ Signature: _____ Name: _____ Position: _____

Instructions: Use one sheet for each camper with prescription. Record all medications brought to camp (up to six medications to a sheet) The medication dosage, and dosage schedule should be copied from the prescription. Record dispensing times and days in the blocks provided for each medication as they are dispensed daily. After camp week place sheet(s) inside first aid log.