



# *Camp M. K. Brown*

*Golden Spread Council, Boy Scouts of America*

*56 years of Fun and Adventure*

*1968-2024*

## **2024 Leader's Guide**



# WELCOME TO CAMP M. K. BROWN SUMMER CAMP!



Our staff has been working year-round to ensure we continue to offer the best program possible. With over 25 Merit Badges, an awesome Aquatics area, a fabulous First Year Camp Program, and a great shooting sports complex, 2024 is shaping up to be a great time for all campers!

Now is the time to start planning for your 2024 experience. The information in this guide will be your key to an exciting and meaningful summer camp experience. Digital copies of this guide can be found on our website- [www.goldenspread.org](http://www.goldenspread.org) for your convenience. If you have any questions, please contact us directly at 806-358-6500.

On behalf of the Camp M.K. Brown Camp Staff, we look forward to seeing you in 2024.

## *Our history*

Camp M. K. Brown was named after its philanthropic donor and was first opened in 1968. Camp M. K. Brown is located approximately 35 miles east of Pampa, Texas on Highway 152 in Wheeler County. Close to historic Mobeetie, Camp MK Brown is a camper dream in the desert.

The camp is heavily wooded with huge, old cottonwoods that provide nice shade in the summer months. The camp is open year-round for weekend camping. If your unit is interested in using the camp during the off season, please call 806-358-6500 to make your reservation.





# Registration Information

We will offer one session this year- June 16-22.

Our biggest goal is to make camp easy for your troop. To do this, we include in the fee, the cost of the merit badge classes and activities in the fee. At our camp, you don't have to figure out what each class costs on top of all the other logistics you have to deal with!

## PRICING

### In-Council Scouts and Adult Fees

Youth: Early Bird (before April 30): \$300.      Adults: Early Bird (before Apr 30): \$170.

Youth: On Time (May 1 to May 31): \$325.      Adults: On Time (May 1 to May 31): \$210.

### Out-Council Scouts and Adult Fees

Youth: Early Bird (before April 30): \$325.      Adults: Early Bird (before Apr 30): \$200.

Youth: On Time (May 1 to May 31): \$350.      Adults: On Time (May 1 to May 31): \$240.

**SPECIAL DEAL:** Bring 10 or more Scouts BSA and your unit will receive 1 FREE Adult (20 Scouts will allow you to bring 2 FREE adults etc.).

### Fine details:

- All 10 or more scouts must be present at check-in.
- If there are less than 10 scouts, you will **not** receive a refund for the missing scout (s) **AND** you will forfeit the **FREE** leader offer and **will be charged** the full Leader amount for the amount that other leaders paid.

### Camp T-Shirts

Camp T-shirts are pre-ordered/pre-paid online (extra for certain sizes) plus other order fees. Shirts may be purchased only with a credit card at the time the order is placed by the unit leader. No individual scout orders are accepted. Limited quantities are available at the Camp Trading Post and will be \$15.95 and up. Please see page 14 for more details and the link to order. The link is also on the Camp MK Brown Summer Camp Online Registration home page. (Available on or after March 1, 2024)

## **Camperships**

Camperships are available for youth campers who have a need for financial assistance. In most cases, up to one half of the fee is awarded, however all applications will be reviewed by the Council. All applications are completed online. You will be asked if you are applying for a campership. If so, you will complete the form and submit it for review. The camp fees will show that you have requested a campership and will adjust fees accordingly. If the campership is approved for the amount requested (or less), the online system will automatically be updated and will either show a fully paid camper or if they owe additional fees.

## **STEPS TO TAKE NOW**

1

Discuss with your Unit Committee, your Summer Camp plans to that include the date, fees, leadership requirements etc. Once approved by the Committee, schedule a Scout and a Parent Meeting to discuss those same items along with a payment schedule for parents.

2

Complete the 2024 Camp M. K. Brown Scouts BSA Summer Camp Online Reservation Form located at <https://scoutingevent.com/562-2024SummerCamp> and submit it (a \$200.00 deposit paid by credit card only is required)







# Check-In

Check-in begins at 1pm on Sunday at the Lew Benz Administration Building located near the Parking Lot. After parking, please have the Scoutmaster report to check-in. In the interest of time and space limitations, only the adult should attend. A Troop Guide will meet you in the parking area and will show you around camp, assist you with check-in, and will be available all week to help your Troop have the best fun possible.

What to bring to check-in:

- Copies of BSA Health Forms (Adults and Scouts)
- Any remaining account balance fee
- Troop Roster of all Scouts and Adults
- Order of the Arrow Call Out names (if applicable)

## Midweek Arrivals:

If you have anyone arriving at camp after the initial check-in, please have them check-in at the Lew Benz. They will sign the check-in book, receive camper wristbands, and will be directed to where your group is at that time. If they are joining us for meals, the cost, payable at check-in, is \$10.00 per meal.



If you need to leave camp at any time during the week, we ask that you sign out at the Lew Benz. That way, if there are any emergencies, we will have an accurate count of those who are in camp.

We thank you for keeping and sharing these policies as safety is most important. Our staff is trained to look for wristbands on all campers and those without them will be escorted to the camp office.



# Campsites

When you register using our online system for Camp MK Brown Summer Camp, you will be able to select your top 3 campsite choices. We will try our best to honor your requests but depending on several factors, the Ranger may adjust units and campsite! When you arrive at camp, you will be escorted to your assigned campsite. Depending on the size of your troop, you may be sharing the campsite with another troop.

Each campsite has bathrooms and showers nearby, firewood (if no fire ban), a fire pit, picnic table, and a water spigot. You must bring your own tent as we do not provide them. We suggest a lantern, camp chairs, and anything else that will make your week comfortable.

Anytime you just need to get away from scouts for a second to enjoy a cup of coffee or an iced tea, please visit the Trading Post and/or Dining Hall. Both locations have central air conditioning so you can escape the heat and relax.

Many leaders have asked about phone reception and internet at Camp M.K. Brown. There is phone reception on parts of the camp, typically on the hill near the Lew Benz. There is no Internet service on camp. If that is needed, you will have to drive to Wheeler which is several miles away from the camp.

| <b>Campsites</b> |
|------------------|
| Rocking A        |
| Bar B            |
| Box C            |
| Tumbling D       |
| Circle E         |
| F Over Bar       |
| Bar H Bar        |
| Box O            |
| Sleepy S         |
| T Bar            |
| Flying V         |
| Upper Y          |
| Diamond Y        |
| Lost Campsite    |





# General Information

## Mail Call:

Mail is received everyday at camp. If you want to send mail to a camper or adult, please mail it by Wednesday to make sure your camper receives it before leaving on Saturday:

The address is:

Camp M. K. Brown

8425 FM 3182

Mobeetie, TX 79061

Attn: Scouts or Adults name

## Order of the Arrow:

The Order of the Arrow is the Boy Scouts national honor society. Members dedicate their lives to the principals of cheerful service. If any of your troop members would like to be part of this organization, contact your local Order of the Arrow Lodge representative to organize elections. After you are elected, you can opt to have your call out ceremony at camp. If you are from out of council, you must have a letter brought with you, authorizing us to do the call out ceremony for you. This ceremony takes place each week on Friday at the closing campfire.

## Leader's Meeting:

A Leader's Meeting will be held on Sunday evening and the SPL is welcome to attend. At this meeting, we will go over any changes to the schedule, needs of the camp, and to welcome you to Camp M.K. Brown. We will keep this to one hour as this has been a long day for everyone!

## Camp Dress:

The BSA Field Uniform is required for evening flag ceremonies, evening meals, all formal occasions, and campfires. Comfortable clothing should be worn during the day.

No camouflage clothing, military BDU's, or clothing promoting, or advertising tobacco, alcohol or drugs will be allowed. In the Dining Hall, shoes, pants or shorts, and a shirt is required. Hats will be removed while in the Dining Hall. Swim wear in the Dining Hall is prohibited by state and local health codes. Sandals are not recommended at camp due to thorns and hazardous rock areas.

## **Camp Phone:**

The camp phone number is 806-420-4434. Messages left for campers and adults will be given out as soon as possible. If in an emergency and during normal business hours, you can call the Scout Service Center at 806-358-6500.

## **Electronic Items:**

Summer Camp is an outdoor experience. Personal electronics such as laptops, I Pad's, games, and portable music players should not be brought to camp by youth. Cell phones are allowed however the camp and council will not be held responsible for damage or loss of phones or other personal equipment.

## **Food Service:**

We pride ourselves on providing high quality food during your week of camp. Please remember that serving sizes are based on ages of Scouts and the level of activities they experience at camp and are approved by a Registered Dietician.

If there are special dietary needs, please contact the Scout Service Center BEFORE your arrival and we will do our best to accommodate your needs.

Visitors are welcome on Friday which is our visitor's night. If they choose to eat any meal, the cost is \$10.00 per meal. We must know by Thursday the quantity of visitors from your troop so we can have enough food on Friday. Payment for this can be made on Friday upon their arrival at the Trading Post.

## **Two-Deep Leadership and Youth Protection:**

The policy of the BSA is that at least 2 registered adults, one of whom must be 21 or over are required to be onsite at all times. Each unit needs to determine whether they need more than 2 leaders at camp. If your troop has a scout in the Polaris program, you will need to have at least ONE adult attend as well. **ALL Adult must be registered in the BSA to attend this camp.**



All OUT OF COUNCIL leaders and ANY visitors staying overnight must present proof of BSA Registration and completion of Youth Protection Training during check-in. You can get this information from your local council office.

## Trading Post:

The Camp operates a small Trading Post for scouts and adults to purchase scouting items, merit badge booklets, cups, knives, soda, candy, healthy snacks, and any crafts needed for class. The average dollar amount spent in the past is about \$50.00 per week.

## Scout and Adult Medical Forms:

All Scouts and Adults who remain overnight in camp, must have completed Medical Forms. Please use the “72 hours or more” form that is located on pages 33-36 and online at [www.goldenspread.org-forms](http://www.goldenspread.org-forms)

## Prescription Medications:

All prescription drugs and over the counter medications must be stored under lock, except when in a controlled presence of the health officers or adult leaders responsible for administration and/or dispensing medications. An exception can be made for limited amounts of medication to be carried by the camper, leader, parent or staff member for life threatening conditions. Epi Pens, inhalers, and heart medication are a few of these limited items. Prescription drugs must be in their original container, labeled and maintained in a fashion approved by the health officer at camp. Medication forms are available on page 35 and at [www.goldenspread.org-forms](http://www.goldenspread.org-forms)

## Pets:

Pets are not permitted at camp, however **service dogs are permitted based on documented medical needs**. Please call the Scout Service Center ahead of time to ensure we are aware of this situation.

## Automobiles and Trailers:

Automobiles and Pickup Trucks will be parked in the designated parking lot unless specific approval is given by the Camp Ranger. Vehicles may be allowed to transport gear to and from the assigned campsite. Trailers may be parked at the campsite only with approval of the Camp Ranger and must be off the main road so emergency vehicles and camp service trucks can get access.

## **Smoking and Tobacco Use:**

The use of any tobacco product, vapes, and smokeless tobacco can only be used in your privately-owned vehicle. Smoking in or around tents and campsites is not authorized nor is the use in any council owned facility. As guides and mentors to scouts, these products should not be used in view of youth.

## **Mountain Bikes:**

Personally, owned Mountain Bikes may be brought and used at camp. Helmets must be provided and worn anytime the bike is in operation. Bikes must be secured by the owner and the camp is not responsible for loss or breakage of privately owned bike. We have lots of unimproved trails for you to ride. We also have a limited number of bikes at camp that can be rented for just \$10.00 per day which includes a helmet and maintenance that may be required.

## **Firearms and Knives:**

Firearms, ammunition, and archery equipment will be provided in our program areas by the Council. These are used under the direct supervision of our Shooting Sports Director. No one may bring personal firearms, ammunition, or bows to camp to be used on our ranges. Personally owned firearms must always be left secured in a locked vehicle.

Sheath and Filet Knives are not allowed on camp. If found, they will be secured by the Camp Ranger until your departure.

## **Campfires:**

Campfires are restricted to designated fire rings and must always be supervised by an adult, fire bans permitting. The decision on having campfires is done daily by the Camp Ranger.



# Master Schedule

Subj to change

## **Sunday:**

1:00pm- Troops Check-in/Complete Swim Checks (Swim checks will **NOT** be accepted from outside of the Golden Spread Council for any reason). All Scouts and Adults who plan on entering the lake must have swim checks done onsite with our certified aquatics staff.

5:30pm- Report to Flag Area

5:45pm- Dinner

7:30pm- SM and SPL Meeting, other volunteers may attend if they wish to

8:30pm- Opening Campfire

## **Monday- Friday**

7:45am Report to Flag Area and Breakfast

12:30pm- Lunch

6:00pm- Report to Flag Area

6:15pm- Dinner

## **Saturday:**

7:45am- Pickup Breakfast at DH

10:00am - Check-out/Pickup Paperwork/Depart Camp

## **Evening Activities- Begin at 7:15pm**

Monday- Open Aquatics

Tuesday- Ice Cream Social at the Dining Hall

Wednesday- Church service and Campsite Cobbler Cookoff-Judging at the Dining Hall

Thursday-Branding

Friday- 8:00pm Closing Campfire



# What to Bring to Camp?

## Troop and Patrol Equipment Needed:

- ✓ Tents\*\*
- ✓ American Flag
- ✓ Troop Flag and Patrol Flag
- ✓ First Aid Kit
- ✓ Scoutmaster Handbook\*\*
- ✓ Lanterns\*\*
- ✓ Ice Chest and Water Cooler
- ✓ Propane Stoves
- ✓ Sleeping Bag\*\*
- ✓ Ground Cloth
- ✓ Small Coffee Pot/Cups

## Scout's Personal List of What to Bring to Camp:

- ✓ Complete Scout Uniform\*\*
- ✓ Hiking Shoes
- ✓ Extra Shirt, Shorts, Pants\*\*
- ✓ Six Pairs of socks \*\* and underwear
- ✓ Sweater or light windbreaker\*\*
- ✓ Swim Suit
- ✓ Personal Hygiene items- towel, washcloth, soap, shampoo
- ✓ Toothbrush and toothpaste
- ✓ Deodorant
- ✓ Water bottle\*\*
- ✓ Prescription meds for 6 days
- ✓ Flashlight and batteries\*\*
- ✓ Spending Money- about \$100.00
- ✓ Rain Gear\*\*
- ✓ Insect repellent and sunscreen
- ✓ Watch
- ✓ Small pocketknife\*\*
- ✓ Compass\*\*

**\*\*Available at the Scout Shop**





# Troop Timeline and Checklist

**IMPORTANT INFORMATION  
PLEASE READ THIS IN DETAIL**

- ☐ Make your Camp Reservation Deposit by December 31, 2023, at <https://scoutingevent.com/562-2024SummerCamp>  
The \$200.00 troop reservation deposit is paid online by credit card only.  
If you are NOT ready to commit, you can still go on the system after the deposit phase ends on December 31, 2023 and jump right in for the second phase which is to add camper numbers, campership requests etc. This begins on January 1, 2024.
- ☐ Set parents information night. Brief parents on all items in this Leaders Guide.
- ☐ Recruit Webelos in February thru April.
- ☐ Hold parent's night.
- ☐ Request an O.A. Service Team to hold O.A. elections. Call the Scout Office for more information.
- ☐ Arrange leadership for your troop. Two adult leader's minimum. Must stay in camp 24 hours a day.
- ☐ Work out budget plan for scouts to arrange summer camp payments to be correct and on time.
- ☐ Discuss personal equipment plans with scouts. Give a copy of the CHECKLIST to each scout.
- ☐ Revisit the online Camp MK Brown Summer Camp Registration system (log back in) on January 1 or later and update camper numbers, apply for camperships, and you can add actual camper names if you have them!
- ☐ Order T-shirts on-line at [www.localcouncilstore.com/w105000](http://www.localcouncilstore.com/w105000) or scan the QR Code by **May 6, 2024.**
- ☐ Secure copies of completed medical forms (form is available at the Camp MK Brown Summer Camp Registration page and YPT information. Check troop leadership & equipment.
- ☐ Revisit the Camp MK Brown Summer Camp Registration system (log back in) on or after April 1, 2024 and choose the Merit Badge Classes your campers want to take! You will have an opportunity to print out the list of available merit badges using the "Class Schedule Check Sheet Report" so you can send them to your scouts to pick classes (you will enter then in the system). We will email this to you in early April for your convenience!
- ☐ Arrange transportation to and from Camp.



\* **\$14.95**  
~~**\$16.95**~~

**Camp MK Brown T-shirts**  
**CUSTOMIZED**  
**with Your Unit Number!**

**Imagine** your entire unit wearing a camp t-shirt from Camp MK Brown, **\*customized** with your unit number . . .

- The Scouts look sharp
- It builds group spirit
- Keeps the field uniform clean
- You get a quality garment that takes a beating



But hurry! Order deadline is:

**5/6/2024**



[www.localcouncilstore.com/w105000](http://www.localcouncilstore.com/w105000)

\*Plus \$7.95 per Order Handling Fee

Program Managed by Youth Marketing Strategies





# Camp Program Areas

*Merit Badges Offered at Camp (subj. to change)*

*See Program Guide for update to date offerings*

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|--|--|
| <p><b>Animal Science</b></p>  | <p><b>Location:</b> TBD</p> <p><b>Prerequisites:</b> None</p> <p><b>Advance Preparation:</b> Read merit badge pamphlet</p> <p><b>Costs:</b> None</p> <p><b>Helpful hints:</b> None</p>           |
| <p><b>Archery</b></p>       | <p><b>Location:</b> Archery Range</p> <p><b>Prerequisites:</b> None</p> <p><b>Advance Preparation:</b> Read merit badge pamphlet</p> <p><b>Costs:</b> None</p> <p><b>Helpful hints:</b> None</p> |




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| <p><b>Basketry</b></p>    | <p><b>Location:</b> Handicraft Area</p> <p><b>Prerequisites:</b> None</p> <p><b>Advance Preparation:</b> Read merit badge pamphlet</p> <p><b>Costs:</b> Up to \$20.00 for three kits required</p> <p><b>Helpful hints:</b> None</p>   |
| <p><b>Bugling</b></p>    | <p><b>Location:</b> TBD</p> <p><b>Prerequisites:</b> None</p> <p><b>Advance Preparation:</b> Read merit badge pamphlet</p> <p><b>Costs:</b> None</p> <p><b>Helpful hints:</b> Instrument required. A bugle, trumpet or cornet may be used to complete requirement.</p> <p><b>NEW in 2024</b></p>                            |
| <p><b>Canoeing</b></p>  | <p><b>Location:</b> Aquatics Area</p> <p><b>Prerequisites:</b> Must be BSA Swimmer qualified to take this class</p> <p><b>Advance Preparation:</b> Read merit badge pamphlet</p> <p><b>Costs:</b> None</p> <p><b>Helpful hints:</b> Not for new Scouts or those without physical strength to complete the requirements.</p> |





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| <p style="text-align: center;"><b>Chess</b></p>                    | <p><b>Location:</b> TBD</p> <p><b>Prerequisites:</b> None</p> <p><b>Advance Preparation:</b> Read merit badge pamphlet</p> <p><b>Costs:</b> None</p> <p><b>Helpful hints:</b> None</p> <p style="text-align: center;"><b>NEW in 2024</b></p>   |
| <p style="text-align: center;"><b>Cooking</b></p>                 | <p><b>Location:</b> Outdoor Skills Area</p> <p><b>Prerequisites:</b> Must be a 1<sup>st</sup> Class Rank or above</p> <p><b>Advance Preparation:</b> Read merit badge pamphlet</p> <p><b>Costs:</b> None</p> <p><b>Helpful hints:</b> None</p> |
| <p style="text-align: center;"><b>Environmental Science</b></p>  | <p><b>Location:</b> Outdoor Skills Area</p> <p><b>Prerequisites:</b> Tough MB for young scouts</p> <p><b>Advance Preparation:</b> Read merit badge pamphlet</p> <p><b>Costs:</b> None</p> <p><b>Helpful hints:</b> None</p>                    |

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| <p><b>Emergency Preparedness</b></p>  | <p><b>Location:</b> Campfire Ring Area</p> <p><b>Prerequisites:</b> Read merit badge pamphlet</p> <p><b>Advance Preparation:</b> Must have earned First Aid Merit Badge (Bring Proof)</p> <p><b>Costs:</b> None</p> <p><b>Helpful hints:</b> None</p>            |
| <p><b>First Aid</b></p>              | <p><b>Location:</b> Admin Building Porch</p> <p><b>Prerequisites:</b> Bring home made first aid kit to session.</p> <p><b>Advance Preparation:</b> Read merit badge pamphlet.</p> <p><b>Costs:</b> None</p> <p><b>Helpful hints:</b> None</p>                    |
| <p><b>Fishing</b></p>               | <p><b>Location:</b> Aquatics Area</p> <p><b>Prerequisites:</b> None</p> <p><b>Advance Preparation:</b> Read merit badge pamphlet.</p> <p><b>Costs:</b> None</p> <p><b>Helpful hints:</b> Bring your fishing equipment to camp. Barbless hooks are mandatory.</p> |



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| <p><b>Indian Lore</b></p>    | <p><b>Location:</b> Handicraft Area</p> <p><b>Prerequisites:</b> None</p> <p><b>Advance Preparation:</b> Read merit badge pamphlet.</p> <p><b>Costs:</b> \$12.00 -\$15.00 for a kit</p> <p><b>Helpful hints:</b> None</p>   |
| <p><b>Kayaking</b></p>      | <p><b>Location:</b> Aquatics Area</p> <p><b>Prerequisites:</b> Must be classified as a BSA Swimmer</p> <p><b>Advance Preparation:</b> Read merit badge pamphlet</p> <p><b>Costs:</b> None</p> <p><b>Helpful hints:</b> None</p>   |
| <p><b>Leatherwork</b></p>  | <p><b>Location:</b> Handicraft Area</p> <p><b>Prerequisites:</b> None</p> <p><b>Advance Preparation:</b> Read merit badge pamphlet.</p> <p><b>Costs:</b> Craft kits are available at the trading post. Range \$15.00 and up (Subject to change)</p> <p><b>Helpful hints:</b> None</p> |



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| <p><b>Nature</b></p>         | <p><b>Location:</b> Outdoor Skills Area</p> <p><b>Prerequisites:</b> None</p> <p><b>Advance Preparation:</b> Read merit badge pamphlet.</p> <p><b>Costs:</b> None</p> <p><b>Helpful hints:</b> None</p>                      |
| <p><b>Orienteering</b></p>  | <p><b>Location:</b> Outdoor Skills Area</p> <p><b>Prerequisites:</b> None</p> <p><b>Advance Preparation:</b> Read merit badge pamphlet.</p> <p><b>Costs:</b> Tough MB for young scouts</p> <p><b>Helpful hints:</b> None</p> |
| <p><b>Pioneering</b></p>   | <p><b>Location:</b> Outdoor Skills Area</p> <p><b>Prerequisites:</b> None</p> <p><b>Advance Preparation:</b> Read merit badge pamphlet.</p> <p><b>Costs:</b> Tough MB for young scouts</p> <p><b>Helpful hints:</b> None</p> |




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| <p><b>Rifle Shooting</b></p>  | <p><b>Location:</b> Rifle Range</p> <p><b>Prerequisites:</b> None.</p> <p><b>Advance Preparation:</b> Read merit badge pamphlet</p> <p><b>Costs:</b> None</p> <p><b>Helpful hints:</b> None</p> |
| <p><b>Robotics</b></p>       | <p><b>Location:</b> Dining Hall</p> <p><b>Prerequisites:</b> None.</p> <p><b>Advance Preparation:</b> Read merit badge pamphlet</p> <p><b>Costs:</b> None</p> <p><b>Helpful hints:</b> None</p> |

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| <p><b>Rowing</b></p>             | <p><b>Location:</b> Aquatics Area</p> <p><b>Prerequisites:</b> Must be classified as a BSA Swimmer</p> <p><b>Advance Preparation:</b> Read merit badge pamphlet</p> <p><b>Costs:</b> None</p> <p><b>Helpful hints:</b> Recommended for older Scouts</p> |
| <p><b>Shotgun Shooting</b></p>  | <p><b>Location:</b> Shotgun Area</p> <p><b>Prerequisites:</b> None</p> <p><b>Advance Preparation:</b> Read merit badge pamphlet.</p> <p><b>Costs:</b> None</p> <p><b>Helpful hints:</b> None</p>  |

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| <p><b>Soil and Water Conservation</b></p>  | <p><b>Location:</b> Aquatics Area</p> <p><b>Prerequisites:</b> None</p> <p><b>Advance Preparation:</b> Read merit badge pamphlet.</p> <p><b>Costs:</b> None</p> <p><b>Helpful hints:</b> None.</p>   |
| <p><b>Swimming</b></p>                    | <p><b>Location:</b> Aquatics Area</p> <p><b>Prerequisites:</b> Must have passed the BSA Swimmer Test BEFORE arriving at Camp</p> <p><b>Advance Preparation:</b> Read merit badge pamphlet.</p> <p><b>Costs:</b> None</p> <p><b>Helpful hints:</b> Not for non-swimmers or beginners. No instructional swim will be offered prior to this class</p> |

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| <p><b>Wilderness Survival</b></p>  | <p><b>Location:</b> Scout Craft Area</p> <p><b>Prerequisites:</b> None</p> <p><b>Advance Preparation:</b> Read merit badge pamphlet.</p> <p><b>Costs:</b> None</p> <p><b>Helpful hints:</b> Recommended for older Scouts</p>  |
| <p><b>Woodcarving</b></p>         | <p><b>Location:</b> Handicraft Area</p> <p><b>Prerequisites:</b> Totin' Chip required</p> <p><b>Advance Preparation:</b> Read merit badge pamphlet. Bring a good carving knife or purchase one at the Camp Trading Post.</p> <p><b>Costs:</b> Woodcarving kits are available in trading post. \$15.00 and up. (Subject to change)</p> <p><b>Helpful hints:</b> None</p> |



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| <p><b>First Year Camper Program</b></p> <p><b>Polaris Program</b></p>  | <p><b>Times Offered:</b> Everyday – all day</p> <p><b>Location:</b> Scoutcraft Area</p> <p><b>Prerequisites:</b> None</p> <p><b>Advance Preparation:</b> Read and bring Scout Handbook. Bring paper and pencil/pen</p> <p><b>Costs:</b> None</p> <p><b>Helpful hints:</b> Bring your own knife.</p> |
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# Duty to God Program

## (Youth and Adults)

While at Camp M.K. Brown, you will encounter the handiwork of God on many occasions. Learning about different religions and how they differ from one's own, will make all participants better scouts as they interact with others in and out of scouting. This program will stimulate more interest in not only your religion but those of other campers. This program will allow you to reflect on God and also earn some recognition.

This program is best utilized by the entire Troop, but individual Scouts and Leaders may participate on their own. Your arrival packet will contain a Duty to God Form and all the information needed to participate in the program.

After completing the requirements, a "Duty to God" patch will be provided to each person FREE of Charge!





# Staff at Camp

We are always looking for highly motivated Scouts BSA to work at our camp. This is an experience for all staff as they will gain confidence, work ethics, and make lots of friends that will last a lifetime.

If you know of a Scouts BSA member who is at least 15 years or older and would be a great mentor and instructor, please let them know we are hiring now.

These are paid positions that also include all meals and tent camping. Some staff will reside in the Lew Benz Administration Building depending on position.

Currently, all positions must be applied for even if you were staff in the past. Positions include the following:

Medic (age 21 and older and Certified by Health Licensing Agency)

Cook

Kitchen Staff

Shooting Sports Director (age 21 and older and National Camp School Certified)

Polaris Director

Archery Instructor

Ecology Area Director

General Merit Badge Instructors

Aquatics Director (21 and older and National Camp School Certified)

Asst. Aquatics Director

Lifeguards (Age 15 and older and Certified)

Aquatic Merit Badge Instructors



# Super Troop Award Program

Troop # \_\_\_\_\_ Council/District \_\_\_\_\_

The **Super Troop** award is designed as a tool to assist youth and adult troop leaders in building the leadership, quality, and character of their troop, and in its individual scouts, while at Summer Camp. Troops qualifying as a Super Troop will receive a **Golden Spread Council Super Troop Ribbon.**

**To qualify, a troop must do all of the \* items and 5 of the others (for a total of 7).**

Have a member of the Summer Camp Staff help you fill out this form and turn in to the Camp Office by Friday Morning to determine your **Super Troop** eligibility.

## **APPROVAL:**

- \_\_\_\_\_ 1. \*The Troop demonstrates use of the Patrol Method (campsite arrangement and youth leadership).
- \_\_\_\_\_ 2. \* The Troop does a Good Turn camp project (from the Camp Rangers approved list).
- \_\_\_\_\_ 3. The Troop conducts a daily flag raising and lowering in their campsite.
- \_\_\_\_\_ 4. All Scouts participate in instructional swim or assist as lifeguard or lookout if qualified.
- \_\_\_\_\_ 5. The Troop displays reverence by saying grace or attends a religious service.
- \_\_\_\_\_ 6. The Troop conducts one or more Patrol Leader's meeting per week.
- \_\_\_\_\_ 7. The Troop and Patrol campsites are visually identified. (signs and flags)
- \_\_\_\_\_ 8. Troop Scouts are generally in Scout or Camp Uniform.
- \_\_\_\_\_ 9. The Troop conducts a special Troop program (hike, canoe trip, pioneering project)
- \_\_\_\_\_ 10. The Troop conducts a Troop campfire. (subj to Fire Ban)
- \_\_\_\_\_ 11. The Troop participates in a camp-wide program.

NOTE: Daily Campsite Inspections will be accomplished by Volunteer Leaders. Be ready for inspection from 8am to 5pm!

**These forms will be available at the Camp Office**



# Scoutmaster Fun

This year, we are offering a Scoutmaster Merit Badge for all Adults who are in Camp. To earn this coveted badge, you must first visit with the Camp Director who will provide the Merit Badge Form, review the requirements with you, and provide guidance and mentorship so you can successfully earn this badge.

You must complete at least 5 of the following requirements to earn the badge:

1. Take at least a 30 minute nap in your campsite (verified by another adult unless they are napping too then simply sign it off yourself!)
2. Spend 4 hours with the Camp Ranger
3. Make a cobbler of your choice and contact the Camp Director for tasting
4. Volunteer to help with two meal preparations and serve campers
5. Volunteer for one day in the Polaris area
6. Spend a day with the Camp Program Director (8am to 5pm)
7. Spend a day in the Shooting Sports area (8am to 5pm)
8. Spend a day in the Aquatics area (8am to 5pm)
9. Earn the Duty to God Patch
10. Conduct, with prior approval of the Camp Director, Safe Swim Defense, Safety Afloat Training for Adults
11. Organize a Campwide Conservation Project involving at least 5 other adults (prior approval with the Ranger)

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## Part A: Informed Consent, Release Agreement, and Authorization

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

### 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.

*Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a])* My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

☐ Checking this box indicates you DO NOT want your child to use a BB device.



**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 Scout Ranch, Philmont Training Center, Northern Tier, 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)

### Complete this section for youth participants only:

#### Adults Authorized to Take Youth to and From Events:

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

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Adults **NOT** Authorized to Take Youth to and From Events:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_



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## Part B1: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

### High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit leader: \_\_\_\_\_ Unit leader's mobile #: \_\_\_\_\_

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  |
|--------------------------|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes  | Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Hypertension (high blood pressure)  |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers. |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Family history of heart disease or any sudden heart-related death of a family member before age 50.   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Stroke/TIA  |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma/reactive airway disease  | Last attack date: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Lung/respiratory disease  |  |
| <input type="checkbox"/> | <input type="checkbox"/> | COPD  |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Ear/eyes/nose/sinus problems  |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Muscular/skeletal condition/muscle or bone issues   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Head injury/concussion/TBI  |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Altitude sickness   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Psychiatric/psychological or emotional difficulties   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Neurological/behavioral disorders   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Blood disorders/sickle cell disease   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Fainting spells and dizziness   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Kidney disease  |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Seizures or epilepsy  | Last seizure date: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Abdominal/stomach/digestive problems  |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Thyroid disease   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Skin issues   |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Obstructive sleep apnea/sleep disorders   | CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| <input type="checkbox"/> | <input type="checkbox"/> | List all surgeries and hospitalizations   | Last surgery date: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | List any other medical conditions not covered above   |  |



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## Part B2: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_  
or staff position: \_\_\_\_\_

### Allergies/Medications

DO YOU USE AN EPINEPHRINE  
AUTOINJECTOR? Exp. date (if yes) \_\_\_\_\_ ☐ YES ☐ NO

DO YOU USE AN ASTHMA RESCUE  
INHALER? Exp. date (if yes) \_\_\_\_\_ ☐ YES ☐ NO

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 |
|--------------------------|--------------------------|------------------------|---------|--------------------------|--------------------------|------------------------|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Medication             |         | <input type="checkbox"/> | <input type="checkbox"/> | Plants                 |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Food                   |         | <input type="checkbox"/> | <input type="checkbox"/> | 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 list 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. 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"/> | <input type="checkbox"/> |             | Tetanus                                    |         |
| <input type="checkbox"/> | <input type="checkbox"/> |             | Pertussis                                  |         |
| <input type="checkbox"/> | <input type="checkbox"/> |             | Diphtheria                                 |         |
| <input type="checkbox"/> | <input type="checkbox"/> |             | Measles/mumps/rubella                      |         |
| <input type="checkbox"/> | <input type="checkbox"/> |             | Polio                                      |         |
| <input type="checkbox"/> | <input type="checkbox"/> |             | Chicken Pox                                |         |
| <input type="checkbox"/> | <input type="checkbox"/> |             | Hepatitis A                                |         |
| <input type="checkbox"/> | <input type="checkbox"/> |             | Hepatitis B                                |         |
| <input type="checkbox"/> | <input type="checkbox"/> |             | Meningitis                                 |         |
| <input type="checkbox"/> | <input type="checkbox"/> |             | Influenza                                  |         |
| <input type="checkbox"/> | <input type="checkbox"/> |             | Other (i.e., Hib)                          |         |
| <input type="checkbox"/> | <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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## Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_



You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient. You can also visit [www.scouting.org/health-and-safety/ahmr](http://www.scouting.org/health-and-safety/ahmr) to view this information online.

Please fill in the following information:

|                                     | Yes                      | No                       | Explain |
|-------------------------------------|--------------------------|--------------------------|---------|
| Medical restrictions to participate | <input type="checkbox"/> | <input type="checkbox"/> |         |

| Yes                      | No                       | Allergies or Reactions | Explain |
|--------------------------|--------------------------|------------------------|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Medication             |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Food                   |         |

| Yes                      | No                       | Allergies or Reactions | Explain |
|--------------------------|--------------------------|------------------------|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Plants                 |         |
| <input type="checkbox"/> | <input type="checkbox"/> | Insect bites/stings    |         |

| Height (inches) | Weight (lbs.) | BMI | Blood Pressure | Pulse |
|-----------------|---------------|-----|----------------|-------|
|                 |               |     | /              |       |

|                  | Normal                   | Abnormal                 | Explain Abnormalities |
|------------------|--------------------------|--------------------------|-----------------------|
| Eyes             | <input type="checkbox"/> | <input type="checkbox"/> |                       |
| Ears/nose/throat | <input type="checkbox"/> | <input type="checkbox"/> |                       |
| Lungs            | <input type="checkbox"/> | <input type="checkbox"/> |                       |
| Heart            | <input type="checkbox"/> | <input type="checkbox"/> |                       |
| Abdomen          | <input type="checkbox"/> | <input type="checkbox"/> |                       |
| Genitalia/hernia | <input type="checkbox"/> | <input type="checkbox"/> |                       |
| Musculoskeletal  | <input type="checkbox"/> | <input type="checkbox"/> |                       |
| Neurological     | <input type="checkbox"/> | <input type="checkbox"/> |                       |
| Skin issues      | <input type="checkbox"/> | <input type="checkbox"/> |                       |
| Other            | <input type="checkbox"/> | <input type="checkbox"/> |                       |

### Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions):

| True                     | False                    | Explain   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Meets height/weight requirements.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Has no uncontrolled heart disease, lung disease, or hypertension.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician. |
| <input type="checkbox"/> | <input type="checkbox"/> | Has no uncontrolled psychiatric disorders.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Has had no seizures in the last year.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Does not have poorly controlled diabetes.   |
| <input type="checkbox"/> | <input type="checkbox"/> | If planning to scuba dive, does not have diabetes, asthma, or seizures.   |

Examiner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Examiner's printed name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Office phone: \_\_\_\_\_

### Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

Maximum weight for height:

| Height (inches) | Max. Weight | Height (inches) | Max. Weight | Height (inches) | Max. Weight | Height (inches) | Max. Weight |
|-----------------|-------------|-----------------|-------------|-----------------|-------------|-----------------|-------------|
| 60              | 166         | 65              | 195         | 70              | 226         | 75              | 260         |
| 61              | 172         | 66              | 201         | 71              | 233         | 76              | 267         |
| 62              | 178         | 67              | 207         | 72              | 239         | 77              | 274         |
| 63              | 183         | 68              | 214         | 73              | 246         | 78              | 281         |
| 64              | 189         | 69              | 220         | 74              | 252         | 79 and over     | 295         |



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# Routine Drug Administration Record

Name: \_\_\_\_\_ Campsite: \_\_\_\_\_  
 Troop No.: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Classification: \_\_\_\_\_  
 Drug hypersensitivity: \_\_\_\_\_ Weight: \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_  
 Medications: \_\_\_\_\_ Rx: ☐ No ☐ Yes Number(s): \_\_\_\_\_  
 Dosage: \_\_\_\_\_ Date filled: \_\_\_\_\_  
 Route: ☐ P.O. ☐ I.M. ☐ S.C. ☐ S.L. ☐ Topical ☐ Inhalation ☐ Rectal  
 Times: ☐ PRN ☐ Daily ☐ B.I.D. ☐ T.I.D. ☐ Q.I.D. ☐ A.C. ☐ P.C. ☐ H.S.  
 Amount in bottle: \_\_\_\_\_ Comments: \_\_\_\_\_

| Med Time | S | M | T | W | T | F | S |
|----------|---|---|---|---|---|---|---|
|          |   |   |   |   |   |   |   |
|          |   |   |   |   |   |   |   |
|          |   |   |   |   |   |   |   |
|          |   |   |   |   |   |   |   |

Prescribing Physician: \_\_\_\_\_  
 Medications: \_\_\_\_\_ Rx: ☐ No ☐ Yes Number(s): \_\_\_\_\_  
 Dosage: \_\_\_\_\_ Date filled: \_\_\_\_\_  
 Route: ☐ P.O. ☐ I.M. ☐ S.C. ☐ S.L. ☐ Topical ☐ Inhalation ☐ Rectal  
 Times: ☐ PRN ☐ Daily ☐ B.I.D. ☐ T.I.D. ☐ Q.I.D. ☐ A.C. ☐ P.C. ☐ H.S.  
 Amount in bottle: \_\_\_\_\_ Comments: \_\_\_\_\_

| Med Time | S | M | T | W | T | F | S |
|----------|---|---|---|---|---|---|---|
|          |   |   |   |   |   |   |   |
|          |   |   |   |   |   |   |   |
|          |   |   |   |   |   |   |   |
|          |   |   |   |   |   |   |   |

Prescribing Physician: \_\_\_\_\_  
 Medications: \_\_\_\_\_ Rx: ☐ No ☐ Yes Number(s): \_\_\_\_\_  
 Dosage: \_\_\_\_\_ Date filled: \_\_\_\_\_  
 Route: ☐ P.O. ☐ I.M. ☐ S.C. ☐ S.L. ☐ Topical ☐ Inhalation ☐ Rectal  
 Times: ☐ PRN ☐ Daily ☐ B.I.D. ☐ T.I.D. ☐ Q.I.D. ☐ A.C. ☐ P.C. ☐ H.S.  
 Amount in bottle: \_\_\_\_\_ Comments: \_\_\_\_\_

| Med Time | S | M | T | W | T | F | S |
|----------|---|---|---|---|---|---|---|
|          |   |   |   |   |   |   |   |
|          |   |   |   |   |   |   |   |
|          |   |   |   |   |   |   |   |
|          |   |   |   |   |   |   |   |

Prescribing Physician: \_\_\_\_\_  
 Medications: \_\_\_\_\_ Rx: ☐ No ☐ Yes Number(s): \_\_\_\_\_  
 Dosage: \_\_\_\_\_ Date filled: \_\_\_\_\_  
 Route: ☐ P.O. ☐ I.M. ☐ S.C. ☐ S.L. ☐ Topical ☐ Inhalation ☐ Rectal  
 Times: ☐ PRN ☐ Daily ☐ B.I.D. ☐ T.I.D. ☐ Q.I.D. ☐ A.C. ☐ P.C. ☐ H.S.  
 Amount in bottle: \_\_\_\_\_ Comments: \_\_\_\_\_

| Med Time | S | M | T | W | T | F | S |
|----------|---|---|---|---|---|---|---|
|          |   |   |   |   |   |   |   |
|          |   |   |   |   |   |   |   |
|          |   |   |   |   |   |   |   |
|          |   |   |   |   |   |   |   |

Prescribing Physician: \_\_\_\_\_  
 Medications: \_\_\_\_\_ Rx: ☐ No ☐ Yes Number(s): \_\_\_\_\_  
 Dosage: \_\_\_\_\_ Date filled: \_\_\_\_\_  
 Route: ☐ P.O. ☐ I.M. ☐ S.C. ☐ S.L. ☐ Topical ☐ Inhalation ☐ Rectal  
 Times: ☐ PRN ☐ Daily ☐ B.I.D. ☐ T.I.D. ☐ Q.I.D. ☐ A.C. ☐ P.C. ☐ H.S.  
 Amount in bottle: \_\_\_\_\_ Comments: \_\_\_\_\_

| Med Time | S | M | T | W | T | F | S |
|----------|---|---|---|---|---|---|---|
|          |   |   |   |   |   |   |   |
|          |   |   |   |   |   |   |   |
|          |   |   |   |   |   |   |   |
|          |   |   |   |   |   |   |   |

P.O. = by mouth      I.M. = intramuscular      S.C. = sub-cutaneous      S.L. = sub-lingual-under-tongue  
 PRN = as needed      B.I.D. = two times a day      T.I.D. = three times a day      Q.I.D. = four times a day  
 A.C. = before meals      P.C. = after meals      H.S. = hours of sleep (taken at bedtime)

Position

Name

Signature

Initial

**INSTRUCTIONS:** Sheet is for reproduction as needed. It should be three-hole punched and kept in a binder during camp week. Use one sheet for each camper with a prescription. Record all medicines brought to camp (up to FIVE medications per 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. After camp, place sheet(s) inside the first aid log.