

Camping Trip
BSA
Troop 13
Church of the Good Shepherd

Location:_____

Leaves from__ Good Shepherd UMC _____ **on** _____ **at** _____

Returns to__ Good Shepherd UMC _____ **on** _____ **at** _____

Individual Scout Equipment:

Scout Essentials

- ☐ **Pocket Knife** (whittling Chit)
- ☐ **First Aid Kit**
- ☐ **Extra Clothes & Food**
- ☐ **Rain Gear** (top & bottom)
- ☐ **Water Bottle** (and method to treat water)
- ☐ **Flashlight** (With Extra Batteries)
- ☐ **Matches & Firestarter**
- ☐ **Sun protection** (Skin & Eyes)
- ☐ **Map & Compass**
- ☐ **Whistle**

Individual Gear

- ☐ **Hiking Shoes**
- ☐ **Socks**
- ☐ **Backpack w/Trash bag**
- ☐ **Sleeping Bag**
- ☐ **Sleeping Pad**
- ☐ **One Set of Clothes**
- ☐ **Insulating Jacket**
- ☐ **Long Underwear**
- ☐ **Stocking Hat & Gloves**
- ☐ **Tennis shoes**
- ☐ **Eating Utensils** (Cup, Bowl, Spoon)

- ☐ **Hygiene Kit**
- ☐ **Scout Handbook**
- ☐ **Pencil & Paper**
- ☐ **Scout Uniform w/Hat**
- ☐ **Insect Repellant**
- ☐ **Toilet Paper**
- ☐ **50' Paracord**
- ☐ **Extra yard waste bags**
- ☐ **Medication/Dietary needs***
- ☐ **Other** _____

Notes: _____

Scoutmaster's Signature _____ *Michael E Gephart* _____

(Parents or Legal Guardians: cut off and return the bottom half)

Scout _____ **has permission to go on the trip scheduled for**

_____.

I certify that my son is in good health and is able to participate in this activity. I authorize the adult leaders of Troop 13 to render first aid when necessary. In the event of a medical emergency, I also authorize these adult leaders to provide consent to medical treatment by a licensed physician and/or medical staff member. I understand that every possible effort will be made to contact a parent or guardian, or other contact that is listed below, prior to initiation of any treatment. I further agree to hold the above named unit and its leaders blameless for any accidents that might occur during this outing except for clear acts of negligence or non-adherence to BSA policies and guidelines.

In case of an emergency, notify: _____

Date _____ **Phone** _____ **Signature** _____