



CAMP
CHIEF LITTLE TURTLE
The Spirit of Adventure

2025 PARENT GUIDE
CUB CAMP



Gold Rush

Anthony Wayne Area Council, BSA

260-432-9593

www.ccltbsa.org

www.awac.org

Leader Guide is
Subject to Change
Revision Date: 10/30/2024

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Goals, Behaviors, and Outcomes: Through the use of the aims and methods of scouting campers will develop a passion to be ambassadors of the scouting program. Campers will embody the scout oath and law while having fun and doing their best while participating in a safe and quality program.

Your 2025 Leadership Team

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Camp Chief Little Turtle is proud to be Nationally Accredited by the Boy Scouts of America.

2025 Camp Costs

Youth Camper paid in full before June 1, 2025 \$195

Youth Camper paid in full on or after June 1, 2025 \$215

Adult Camper Regular Cost \$115 or \$28/day

Patrol Site Reservation Fees (non-refundable)

\$25/non-tented site

\$30/tented site

Bring some spending money for the Trading Post!

So Many Ways to Pay!



Each Scout that sells \$1600 in popcorn earns one full week of fully paid fees at Camp Chief Little Turtle! Scouts who sell less than \$1600, can still use unit based commissions to help fund part of the cost of their Summer Camp Adventures. Individual Scouts can participate in the Support My Scouting Adventure Popcorn Fundraiser to help offset camp costs, even if their unit chooses to opt out. Talk to your unit leader or email Angela Williams at angela.williams@scouting.org for details.

In addition to the Support My Scouting Adventure Popcorn Fundraiser, Scouts may also apply for our Workship Program. Through this program, Scouts are able to receive a discount on the registration fee for camp, in exchange for at least 10 hours of significant service projects performed by the Scout. No proof of income is required. May be used in conjunction with funds raised by popcorn sales. See pg. 6 for details & application.



To access the link to the Workship Application electronically, scan this QR Code!



Many units offer additional fundraising opportunities throughout the year to help Scouts fund their adventures. No Scout should be turned away from attending camp based on an inability to pay. Contact your unit leader and/or the AWAC Council office with questions.

The Most Important Stuff

If you don't read anything else, at least read this!...

Leadership Policy

PROOF OF REGISTRATION AND YPT OF ALL ADULTS IS REQUIRED BY THE TWO WEEK PRIOR MEETING. UNREGISTERED ADULTS WILL BE TURNED AWAY FROM CAMP ON CHECK-IN DAY, NO EXCEPTIONS. If staying beyond 72 hours, you must have health form C, in addition to A&B. Units are responsible for providing two-deep leadership at all times.

Medications

All medications should be in their original containers, and Scouts should only bring the amount needed to get through the week at camp. If Scouts require epi-pens or inhalers, they should bring 2 (one to keep on themselves, and one to keep in the health lodge).

Planning for Visitors at Camp

We encourage families to visit their scouts at camp any time. You can explore camp, and experience our closing campfire program with your scout! Please be sure to check-in at the camp office upon arrival at camp, and receive your visitor tag/wristband. You're welcome to eat with your unit that evening as well. Visitor meals are \$10 each, and can be purchased at least 24 hours in advance, at camp office by a camp coordinator/ Cubmaster/adult leader. Visitor meals CANNOT be purchased day of.

Food Allergies

It is ***absolutely imperative*** that all food allergies be communicated to our Kitchen Manager ***BEFORE*** the two-week prior meeting, so we have time to make the necessary accommodations. Please complete our Dietary Restrictions Google Form for every person with dietary restrictions /allergies in your unit. <https://forms.gle/qRUey5io2PvmhSgS8>



Camp Programs

Trail Awards - The Pokagon-Kekionga Trails Association maintains six marked trails that cover over 35 miles throughout the wilderness at the Anthony Wayne Scout Reservation. All trails begin at the CCLT Parking Lot and are well marked. Trail maps and guides are available through the camp office or the council website. Trail patches and medals are available for purchase through the Trading Post. For more Information go to <https://www.ccltbsa.org/pokagon-kekionga-trails>

Program Philosophy: The Anthony Wayne Scout Reservation provides a 1200 acre playground of fun and adventure for all scouts. Scouts have the opportunity to do things they may not have the opportunity to do elsewhere, which is why our program does not just focus on advancement, but fun with a purpose in the out-of-doors! Each year, the Camping Committee works with the Camp Leadership Team to develop a well-rounded experience that includes theme related, age-appropriate activities, shooting sports, aquatics, nature, and games. Although not a priority when planning program, scouts will also have an opportunity to earn some advancements. All units will receive a report at the end of the session that details any requirements that may have been completed during their stay.

Program Centers

Updated to Reflect New Cub Scout Requirements!

Wolves - Adventure in Coins

Bear - Baloo the Builder

Webelos - Earth Rocks

AOLs - Estimations

FLEX: This is an unscheduled time for your den or pack to design your own program. There are plenty of program opportunities that will be available for you to choose from, including fishing, disc golf, volleyball, hiking, or just relaxing in your campsite! A list of suggested activities will be made available upon your arrival. Achievement Bags are available to be checked out from the Admin Building.

OPEN PROGRAM: Program areas will be open for your den or pack to choose from. Programs include (but are not limited to) BB guns, archery, swimming, boating, fishing, branding, field games, and more! Open programming is available on the second evening from 7:30 - 9pm. Units are also encouraged to conduct their own evening campfire program to promote unit camaraderie.

PACK COMPETITION - *Gather 'round, young prospectors! There's gold in them hills, and the prize is a mighty fine one! We're holdin' a grand competition to see who can craft the finest mine cart—fast, sturdy, and ready to haul that precious ore. Get your hands dirty and your wits sharp, for the winner will take home a heap of riches and gain the respect of all who toil in the mines. So gather your tools, steel your nerves, and let's see what you're made of!*

Trails

Pit Lake Trek (5mi)

Deer Hollow Trek (5mi)

Mastodon Trek (5mi)

Chief Little Turtle Trail (10mi)

Kay Houtz Legend Trail (10mi)

Me-She-Kin-No-Quah

Mountain Bike Trail (10mi)



Cub Resident Camp Schedule (Subject to Change)

| TIME | DAY 1 | DAY 2 | DAY 3 | DAY 4 | |
|----------|--|------------------------------|---------------------|--------------------------|------------------------|
| 6:30 AM | | Reveille | | | |
| 7:15 AM | | Camp Breakfast | | Breakfast in Campsite | |
| 8:30 AM | | Assembly & Flag Raising | | | |
| 8:45 AM | | Leader Meeting | | | |
| 9:00 AM | | Session 1 | | | Final Checkout 11am |
| 10:00 AM | Unit Arrival & Campsite Setup. Lunch is NOT provided. | Session 2 | | | |
| 11:00 AM | | Session 3 | | | |
| 12:00 PM | Lunch | | | | |
| 1:00 PM | Rest Time | | | | |
| 2:00 PM | Camp Orientation. Staff Guides will meet units in campsites. | Session 4 | | | |
| 3:00 PM | | Session 5 | | | |
| 4:00 PM | | Session 6 | | | |
| 4:30 PM | | Leader Meeting | | | |
| 5:15 PM | First Shift Dinner | | | | |
| 6:00 PM | Assembly & Flag Lowering | | | | |
| 6:15 PM | Second Shift Dinner | | | | |
| 7:15 PM | Opening Campfire | Open Program (7:15 - 9pm) | Closing Campfire | | |
| 7:30 PM | | | | | |
| 9:00 PM | | | | | |
| 10:00 PM | Taps (Lights Out) | | | 1/11/23 | |

What's the Difference?

Cub Camp is AWESOME, isn't it?! We agree! We don't want the fun to end just because a scout has aged out of the program. Once a scout is a member of a ScoutsBSA unit, he or she can attend resident camp with their troop/crew, and spend six days and six nights immersed in the fun here at Camp Chief Little Turtle! That's DOUBLE the amount of time spent at camp, with friends, in the outdoors, away from electronics and screens! The adventures get bigger and better, too! We even have a First Year Camper Program designed just for scouts attending camp for the first time with a ScoutsBSA unit, where they will be split into patrols and learn many of the basics of the program such as basic first aid, fire building, reading a map and compass and more! And since our First Year Camper Program only lasts two days, they will be able to rest, enjoy camp, and even maybe sign up for a couple of merit badges all in their first week of camp! That's what we like to call an adventure!

WORKERSHIP PROGRAM and APPLICATION

Since its founding, a primary aim of Scouting has been to teach self-reliance and promote a strong work ethic. Just as important, perhaps, is the goal that no Cub Scout, Scouts BSA Member, Venture Scout, Sea Scout or Explorer be prevented from participating in a Scouting activity because of lack of funds. The Workership program helps us achieve these objectives.

Each year partial Scout camp fees are awarded to those Scouts who wish to go to camp but are unable to pay. This money is given in return for some form of service to the school, place of worship, the scout's chartered institution or community. **Workership funds are available to all Scouts attending Camp Chief Little Turtle** and can only be used to support attendance at camping programs of the Anthony Wayne Area Council.

To participate the Scout must:

1. Identify a "good turn" work project. This should be a project of the scout's own choosing. **Unit Service projects, such as Scouting for Food, do not qualify, nor do service projects completed as part of a Scout's advancement program count for Workership Projects.** Projects are recommended to be a minimum of 10 hours with significant effort on the scout's part, appropriate for his age.
2. Secure their Scout Leader's approval that the project is worthwhile.
3. With the unit leader, fill out the Workership application and submit to Council Camping Director, Anthony Wayne Area Council, 8315 W. Jefferson Blvd., Fort Wayne, In 46804. You may also email to Julie.Robison@Scouting.org. Please keep a copy for your records.

Submit the application no later than May 1, 2025 for BSA & June 1, 2025 for Cubs.

Approval of the project by the unit leader must be received before any work is begun.

4. Complete the project as agreed to the satisfaction of the unit leader.
5. The unit leader is responsible to see that the project is completed and will verify project completion prior to camp. **NOTE:** Completed projects must be submitted to the council office.

Workerships can be awarded for up to 50% of **early bird** camp fee. Workerships are awarded strictly on the "honor system". No proof of income is required, although the program is designed to help a low-income youth who could not otherwise afford to go to camp.

Properly approved and completed Workership projects will result in credit applied in the Scout's name toward the camp for which they completed the Workership.

Those who wish to contribute to the Workership Fund may do so by sending their contribution to: Council Camping Director, Anthony Wayne Area Council, 8315 W. Jefferson Blvd., Fort Wayne, In 46804. Please indicate that you would like your contribution to go to the Council Workership Fund.



WORKERSHIP PROPOSAL APPLICATION

Before any work is begun, leader and Scout's family should complete this form, including leader signatures.

Date of Application _____ Week attending camp _____
Unit # _____ District (Circle One): Lincolnway Pokagon Summit Wabash Valley
Scout's Name _____ Age _____ Rank _____
Address _____
City _____ State _____ Zip Code _____
County of Residence _____ (McComb Family Foundation Scholarship eligibility)
Parent Email _____ Parent Phone _____
Leader's Name _____ Phone _____
Email _____

PROJECT MUST BE LISTED.

What project do you plan to do? _____

Beginning date of project _____ ending date of project _____

Number of hours expected to complete project? _____

Does pack/troop participate in Friends of Scouting? _____

Did pack/troop sell popcorn? _____. Is any popcorn income to be used for camp? _____

Reason for need (Please be specific) _____

I certify that our family needs assistance. A camping experience will not be possible without assistance from the Workership Fund.

Parent's Signature _____ Date _____

Unit Leader Signature _____ Date _____

Amount of Camp Fee (early) \$ _____

Unit or Institutional Assistance \$ _____

Amount Family will pay \$ _____

Workership Amount Requested \$ _____ **50% of early bird fee maximum**

After completing form submit to: Council Camping Director, Anthony Wayne Area Council, 8315 W. Jefferson Blvd., Fort Wayne, In 46804. You may also email to Julie.Robison@Scouting.org or fax to 260-436-1824.

COUNCIL USE ONLY:

Date Report Received _____ Amount Authorized \$ _____

Credit Issued By _____ Date _____

Recorded _____ Notification sent by mail _____ email _____

Has projected been completed? _____

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 Exploring 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 Exploring volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Exploring activities.

With appreciation of the dangers and risks associated with Exploring 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 Learning for Life, Exploring, 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, Learning for Life, Exploring, 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 Exploring activities, and I hereby release Learning for Life, Exploring, 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 Learning for Life, Exploring, and the Boy Scouts of America, 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, Learning for Life, Exploring, 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: _____
 Phone: _____

Name: _____
 Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____
 Phone: _____

Name: _____
 Phone: _____

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 **MUST BE COMPLETED**

Do you currently have or have you ever been treated for any of the following?

| Yes | No | Condition | Explain |
|-----|----|---|--|
| | | Diabetes | Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | Hypertension (high blood pressure) | |
| | | Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers. | |
| | | Family history of heart disease or any sudden heart-related death of a family member before age 50. | |
| | | Stroke/TIA | |
| | | Asthma/reactive airway disease | Last attack date: _____ |
| | | Lung/respiratory disease | |
| | | COPD | |
| | | Ear/eyes/nose/sinus problems | |
| | | Muscular/skeletal condition/muscle or bone issues | |
| | | Head injury/concussion/TBI | |
| | | Altitude sickness | |
| | | Psychiatric/psychological or emotional difficulties | |
| | | Neurological/behavioral disorders | |
| | | Blood disorders/sickle cell disease | |
| | | Fainting spells and dizziness | |
| | | Kidney disease | |
| | | Seizures or epilepsy | Last seizure date: _____ |
| | | Abdominal/stomach/digestive problems | |
| | | Thyroid disease | |
| | | Skin issues | |
| | | Obstructive sleep apnea/sleep disorders | CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | List all surgeries and hospitalizations | Last surgery date: _____ |
| | | 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 **MUST BE COMPLETED**

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 |
|-----|----|------------------------|---------|-----|----|------------------------|---------|
| | | Medication | | | | Plants | |
| | | Food | | | | 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) |
|-----|----|-------------|--|---------|
| | | | Tetanus | |
| | | | Pertussis | |
| | | | Diphtheria | |
| | | | Measles/mumps/rubella | |
| | | | Polio | |
| | | | Chicken Pox | |
| | | | Hepatitis A | |
| | | | Hepatitis B | |
| | | | Meningitis | |
| | | | Influenza | |
| | | | Other (i.e., Hib) | |
| | | | 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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DCS - Camp Chief Little Turtle Medications Administration Record
Prescription or Over-the-Counter Medications & Medical Assisted Devices

MEDICINE: All medications must be in their ORIGINAL container. Medications not provided in their ORIGINAL container WILL NOT be accepted. Scouts on medications must have a completed medication record sheet signed by their parent upon arrival to camp. **PLEASE ONLY bring the amount needed for your stay at CCLT.** Those with epi-pens, inhalers, etc. should bring **TWO**, marked with the Scout's full name. An extra shall be kept in the Health Lodge as a precaution.

All medications will be kept in the Medication Lockbox at the unit's campsite and will be the responsibility of each unit's leader. Only those medications that require refrigeration or other temperature controlled storage will be kept in the Health Office.

Please complete and return this form w/ your health form to your unit leader.

Name: _____ Unit #: _____ Age: _____

Dietary or Medical Concerns: _____

Parent Signature(if needed) _____ Date _____

Over-the-Counter Medication: I authorize the medical staff of Camp Chief Little Turtle to administer the following over-the-counter medications. **Please circle your choices.**

- ▶ Anti-histamines ▶ Acetaminophen ▶ Ibuprofen ▶ Cough Drops ▶ Anti-itch cream
 ▶ Pepto-Bismol tablets ▶ NONE ▶ OTHER: _____

Prescription Medication: Medication: _____ # in bottle _____ Dose: _____

Days to be given: _____ Method: ▶ Oral ▶ Injected ▶ rectal ▶ Topical ▶ Inhaled

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------|--------|--------|---------|-----------|----------|--------|----------|
| 8:00 am | | | | | | | |
| 12:30 pm | | | | | | | |
| 6:30 pm | | | | | | | |
| 9:00 pm | | | | | | | |

Prescription Medication: Medication: _____ # in bottle _____ Dose: _____

Days to be given: _____ Method: ▶ Oral ▶ Injected ▶ Rectal ▶ Topical ▶ Inhaled

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------|--------|--------|---------|-----------|----------|--------|----------|
| 8:00 am | | | | | | | |
| 12:30 pm | | | | | | | |
| 6:30 pm | | | | | | | |
| 9:00 pm | | | | | | | |

Prescription Medication: Medication: _____ # in bottle _____ Dose: _____

Days to be given: _____ Method: ▶ Oral ▶ Injected ▶ rectal ▶ Topical ▶ Inhaled

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------|--------|--------|---------|-----------|----------|--------|----------|
| 8:00 am | | | | | | | |
| 12:30 pm | | | | | | | |
| 6:30 pm | | | | | | | |
| 9:00 pm | | | | | | | |

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Days to be given: _____ Method: ▶ Oral ▶ Injected ▶ Rectal ▶ Topical ▶ Inhaled

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------|--------|--------|---------|-----------|----------|--------|----------|
| 8:00 am | | | | | | | |
| 12:30 pm | | | | | | | |
| 6:30 pm | | | | | | | |
| 9:00 pm | | | | | | | |

Prescription Medication: Medication: _____ # in bottle _____ Dose: _____

Days to be given: _____ Method: ▶ Oral ▶ Injected ▶ rectal ▶ Topical ▶ Inhaled

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------|--------|--------|---------|-----------|----------|--------|----------|
| 8:00 am | | | | | | | |
| 12:30 pm | | | | | | | |
| 6:30 pm | | | | | | | |
| 9:00 pm | | | | | | | |

Prescription Medication: Medication: _____ # in bottle _____ Dose: _____

Days to be given: _____ Method: ► Oral ► Injected ► Rectal ► Topical ► Inhaled

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------|--------|--------|---------|-----------|----------|--------|----------|
| 8:00 am | | | | | | | |
| 12:30 pm | | | | | | | |
| 6:30 pm | | | | | | | |
| 9:00 pm | | | | | | | |

Prescription Medication: Medication: _____ # in bottle _____ Dose: _____ Days to be

given: _____ Method: ► Oral ► Injected ► rectal ► Topical ► Inhaled

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------|--------|--------|---------|-----------|----------|--------|----------|
| 8:00 am | | | | | | | |
| 12:30 pm | | | | | | | |
| 6:30 pm | | | | | | | |
| 9:00 pm | | | | | | | |

Prescription Medication: Medication: _____ # in bottle _____ Dose: _____

Days to be given: _____ Method: ► Oral ► Injected ► Rectal ► Topical ► Inhaled

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------|--------|--------|---------|-----------|----------|--------|----------|
| 8:00 am | | | | | | | |
| 12:30 pm | | | | | | | |
| 6:30 pm | | | | | | | |
| 9:00 pm | | | | | | | |

Prescription Medication: Medication: _____ # in bottle _____ Dose: _____ Days to be

given: _____ Method: ► Oral ► Injected ► rectal ► Topical ► Inhaled

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------|--------|--------|---------|-----------|----------|--------|----------|
| 8:00 am | | | | | | | |
| 12:30 pm | | | | | | | |
| 6:30 pm | | | | | | | |
| 9:00 pm | | | | | | | |

Prescription Medication: Medication: _____ # in bottle _____ Dose: _____

Days to be given: _____ Method: ► Oral ► Injected ► Rectal ► Topical ► Inhaled

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------|--------|--------|---------|-----------|----------|--------|----------|
| 8:00 am | | | | | | | |
| 12:30 pm | | | | | | | |
| 6:30 pm | | | | | | | |
| 9:00 pm | | | | | | | |

*The above grids to be completed by unit leader or staff only!

Medical Assisted Device:

All Scouts/Scouters needing electricity for medical assisted devices need to notify Council Office with your units final payment. **Availability is limited.** No electricity is available in the campsites.

Please list the type of equipment you will be bringing: _____

Will electricity be needed for the device(s)? YES NO Will you be bringing a personal battery for powering your equipment? YES NO

Battery charging is available in the Administration Office for these needs.

Reference Guide

Storm Shelter: We have an underground storm shelter that is open all the time during summer camp and available for all units. In case of inclement weather, a Weather Emergency may be called and this is the location that all units, staff, and volunteers meet until the threat has passed.

Visitor Policy: We encourage families to visit their campers at camp and explore our facility! You're welcome to visit any time of the week, but we especially invite you to join us for Family Friday. All visitors must sign in and receive a visitor tag/bracelet at the camp office. If you need meals during your visit, you can purchase those for \$10/meal ahead of time through your camp coordinator/scoutmaster/adult leader. Friday visitor meals **MUST** be purchased in advance so that our kitchen has time to prepare.

Personal Bikes: Personal bikes may be used on our trails at camp and to travel to and from merit badges. Units are responsible for transporting them to and from camp. CCLT is not responsible for personal bikes used for program. Helmets and shoes must be worn at all times.

Fireworks/Firearms: Personal firearms, fireworks, ammunition, and bow hunting equipment are strictly prohibited. Sheath knives used as camp tools may be used by adults 18 years and older, **NOT** by youth.

Personal Gear: A suggested list of personal gear can be found on pg. 15. Everything you need can easily be packed in a backpack or duffel bag. The less you bring, the easier it is to transport to your campsite. Scouts should bring at least two pairs of shoes, including one pair of hiking boots/shoes. All personal gear should be marked with the Scout's name and unit number.

BSA Rules and Policies: CCLT complies with and enforces all BSA rules, policies, and procedures. A complete list of National BSA policies can be found in the Guide to Safe Scouting, or at www.scouting.org.

Drugs/Alcohol/Smoking: Alcohol and illicit drugs are strictly prohibited. Violators will be removed from camp by the Steuben County Sheriff's Department. All medications **MUST** be kept in the lockable med box provided by CCLT. Adults are not permitted by BSA Policy to smoke or vape in front of Scouts at any time. Please consult the camp office for designated smoking areas.

Medication Lock Box Procedures

- Upon arrival at camp, all medications will be reviewed by the Health Officer during check-in of unit physicals. Medication not requiring refrigeration or temperature controlled storage will be placed in a medication box (camp provided), a lockable storage container to be kept at the unit's campsite.
- Each unit will have a Unit Leader who will be assigned a key to the medication box.
- Medication boxes must be store in a locked location, such as a unit trailer or leader vehicle.
- Each day the Unit Leader will complete the Medication Distribution Log. This log will be reviewed by the Health Officer periodically throughout the week.
- At check-out, all medications must be returned to the scout(s) from both the campsite medication box and the Health Officer. All medication boxes and Medication Administration Records must be returned to the Health Officer.

ALL medications **MUST** be in their ORIGINAL container. Medication not provided in their original container will **NOT** be accepted. Please only bring the amount of medication needed to get through the week. Scouts on medications must have a completed medication record sheet signed by their parent upon arrival. Those with Epi-pens, inhalers, etc. should bring **TWO** marked with the scout's full name. An extra shall be kept in the medication box as a precaution. Medications needing refrigerations will be kept in the Health Office.

Special Accommodations:

- **Electrical Needs:** All scouts and scouters needing electricity for medical assisted devices need to notify the council by your two-week out meeting. Camp can provide battery charging in the camp office during the day with your provided battery. No electricity is available at the campsites.
- **Dietary Needs:** All scouts and scouters having special dietary needs and allergies should complete and submit the Dietary Restrictions Form by scanning the QR Code on pg. 3 of this guide. The kitchen staff will take these needs under advisement, and contact you with any necessary questions. Email dietary needs and questions to the Kitchen Manager at cclt.kitchen@gmail.com.
- **Accessible Transportation:** If you require assistance, you must contact the Council Office prior to camp. **No personal ATV's, UTV's, or golf carts are permitted.**

Reference Guide

Camp Security: ALL campers, leaders, and visitors must check-in AND out of camp at the camp office. It is strongly recommended that scouts do not leave camp. All authorized participants are identifiable by a provided wristband. Visitors will be identified with a "visitor tag", and staff will wear appropriate identifying markings. Unauthorized persons are to be reported to the camp office immediately.

Early Release Policy: Any person needing to leave camp outside of the regular check-in/out time, must do so at the camp office. Any person under the age of 18 must have written consent from their parent/legal guardian on file in the camp office if they need to leave with another adult. This form is available in Part A of page 1 of the annual health form.

Medical Form: The Annual Health Form (Form #680-001, 2019 printing) requires an annual physical by youth and adults regardless of age, and signature of a licensed healthcare practitioner. These forms need to be turned in at the two-week prior meeting for every person attending camp. Please keep a copy for your files. Everyone attending CCLT overnight (scouts and adults) must turn in a health history before participating in any camp activities.

The Annual Health and Medical Record is valid for 12 months, and Parts A, B, and C must be completed for all persons attending camp for a length of 72 consecutive hours or longer. Parts A and B must be completed for all persons staying overnight at camp for less than 72 consecutive hours. UNDER NO CIRCUMSTANCE WILL A MEDICAL FORM BE ACCEPTED BY THE CAMP PERSONNEL WITHOUT THE SIGNATURE OF A LICENSED PRACTITIONER (MD, DO, Nurse Practitioner, or Physicians Assistant) for persons staying at camp for more than 72 consecutive hours.

MEDICAL EXAMS WILL NOT BE PROVIDED AT CAMP.

First Aid: The camp provides a Health Officer on-call 24 hours a day. All injuries requiring additional treatment will be sent to Cameron Memorial Hospital. According to BSA policy, the camp must insure that injuries receive full medical attention in a timely manner. The camp will notify parents if additional treatment is required. ALL injuries (no matter how small) must be reported to the camp Health Officer.

Illness: When a scout or scouter's health is in question prior to their arrival at camp, it is better for them to delay their trip to camp. If any camper becomes ill during camp, it must be reported to the Health Officer. If a scout becomes too ill to participate in the program, or is potentially contagious, their parents will be contacted regarding transportation home. The Camp Health Officer and Camp Director may ask ill scouts and scouters to leave camp in order to prevent the spread of illness.

Incident Reports and Medical Bills

The Boy Scouts of America medical insurance does not automatically cover medical bills.

1. The Unit Leader must complete an Incident Report Form with the camp medical staff.
2. All medical bills must be submitted to the person's family insurance.
3. Any portion not covered by the family insurance may be submitted to the BSA insurance by providing all medical bills and insurance statements to the Anthony Wayne Area Council. The Boy Scouts of America medical insurance is a secondary insurance coverage. It is primary coverage for those members without medical insurance.

Camp Fee Schedule: The following payment schedule will be used for Scout Resident Summer Camp. Scouts and adults must register and make payments through their unit Summer Camp Coordinator. Units are responsible for making all payments to the council.

Scout Camper \$195 if paid by June 1. \$215 if paid after June 1. Adult \$115 or \$28/Day

Patrol Sites \$25/non-tented site, \$30/tented site fee per unit (due with reservation). Each tented site includes 5 wall tents on a wood platform with two cots and mattresses.

Early Bird deposits of \$50/scout are due by April 11, 2025, AND the remaining fee of \$145/scout paid by June 1, 2025 (\$215/scout if paid after June 1).

Workership: Workerships are awarded to scouts needing financial assistance. Applications are due no later than May 1 for Scouts BSA and June 1 for Cubs. Applications will be reviewed by the Council Camping Committee. Units and families will be notified prior to payment deadlines.

What to Pack

Youth - Please bring no more than you will need for two nights at camp. Mark all Items with name and unit number. Pack in a duffel bag or backpack - light is right!

Personal Equipment

Sleeping Bag
Pillow
Pajamas
Duffel Bag or Backpack
Water Bottle/Drinking Cup

Clothes

Official Scout Uniform (Class A)
T-Shirts (3-4)
Shorts (2-3 pairs)
Long Pants (1-2 pairs)
Jacket/Sweatshirt
Swim Suit (scouting appropriate)
Underclothes (6 sets)
Extra Socks (suggested 2/day)
Shoes (2 pairs - boots and athletic shoes)

Carry With You At Orientation

Swim Suit & Towel (wear suit under clothes)
Rain Gear
Water Bottle/Drinking Cup
Pencil & Notebook
All medications and forms

Personal Care Items

Bath Towel & Wash Cloth
Shower Shoes optional
Toothbrush & Toothpaste
Soap
Comb or Brush
Toiletries
Deodorant

Highly Recommended

Flashlights & Batteries
Mosquito Repellent/Netting
Sunscreen (SPF 15+)
Watch
Scout Handbook
Clothes Bag for Dirty Clothes
Camp Chair
Day Pack containing 10 Essentials (with moleskin in first aid kit)
Money for souvenirs and snacks at the Trading Post

Optional Equipment

Camera/Phone (needed for photography merit badge)
Sunglasses
Sandals or water shoes for Waterfront
Stamps & Envelopes
Religious Materials
Whittling Chip
Wallet & Money with ID

Unit Equipment

Troop Flag
American Flag
Extra Tarps
Props for Favorite Skits & Stunts
Camp Leader Guide
Emergency Numbers for all Parents
Clipboard
Alarm Clock (battery powered)
Biodegradable soap
Clothes line & pins (50-100ft)
Lantern for latrine light
Hammer
Cooking Equipment (if desired)

DO NOT BRING

Generators
Sheath Knives
Alcohol
Drugs
Fireworks

