

**Camping Trip**  
**Boy Scouts of America**  
**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)

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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** \_\_\_\_\_