

# Troop 288 Summer Camp 2010 Camp Constantin

**WHEN:** Meet at the Plano Senior High School parking lot across from the church at 7:00 AM, Sunday, June 6<sup>th</sup>.  
Return will be around 2:00PM Saturday, June 12<sup>th</sup>.

**COST:** **\$10.00 for lunch Saturday, June 13<sup>th</sup> (collected before we leave)**  
**\$15.00 for Cracker Barrel (collected before we leave)**  
**\$30.00-40.00 misc. spending at Camp Trading Post (you be the judge)**

**WHAT TO BRING:** Refer to Summer Camp 2010 Packet and Boy Scout Handbook  
Sack lunch for arrival at camp on Sunday.

**ABSOLUTELY NO ELECTRONICS ALLOWED IN CAMP!**

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Scout's Name: \_\_\_\_\_

has my permission to participate in the Troop 288 Summer Camp at Camp Constantin on June 6-12, 2010.

I, the legal parent or guardian of the Scout named above, hereby authorize William Reeder or any other legally registered adult leader of Troop 288 to consent to medical treatment for my child in case of accident or illness when I cannot be reached. I understand that every effort will be made to contact me before such action is taken. I will assume financial responsibility for emergency care if such is not fully covered by Boy Scouts of America Accident Insurance.

I also understand that if there are behavior issues with my son, he will be asked to leave camp with no reimbursement of camp fees. In this event, I will arrange all transportation to and from camp.

Parent Name Printed \_\_\_\_\_

Parent Signature \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Others: \_\_\_\_\_

Parent will attend: Yes \_\_\_\_\_ No \_\_\_\_\_

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## Camp Constantin

Page 2

All prescriptions (Rx) and over-the-counter (OTC) medications must be in the original container in a ziplock bag identified with your scout's name and Troop 288. These medications will be processed and be retained by the camp nurse. The following information must be filled out for all medications to be taken at camp.

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

Rx Name/Dosage: \_\_\_\_\_

Dispensing Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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The following OTC medications are available for dispensing at the campsite by designated adult Health and Safety personnel. Please check the appropriate box indicating your permission to dispense these OTC medications to your scout.

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

Acetaminophen (Tylenol, generic) Yes \_\_\_\_\_ No \_\_\_\_\_

Ibuprofen (Advil, Motrin, generic) Yes \_\_\_\_\_ No \_\_\_\_\_

Antihistamine (Benadryl, generic) Yes \_\_\_\_\_ No \_\_\_\_\_

Decongestant (Sudafed, generic) Yes \_\_\_\_\_ No \_\_\_\_\_

Eye Wash (Visine, Clear Eyes, other) Yes \_\_\_\_\_ No \_\_\_\_\_

Parents Signature: \_\_\_\_\_

Date: \_\_\_\_\_