

CHEROKEE TRACE

MOM & ME

October 8-9, 2011

Celebrate 25 Years of Cherokee Trace's Mom and Me.

Moms –Come and enjoy a weekend with your child at Camp Pirtle. Your weekend will include BB's, archery, sling-shots, cooking, games, crafts & much more.

ATTENTION CUB SCOUTS: a "Mom" or camping partner is a female (relative) who is more than 21 years old and would love to go camping for a weekend with you!

First initial of _____

Last name _____

Youth

Name of family members with you at camp. _____

**EAST TEXAS AREA COUNCIL
HEALTH INFORMATION FOR
CUB SCOUTS AND ADULT PARTNER**

Name _____ Age _____ Birth Date _____ Pack # _____
Address _____
State/City/Zip _____ Phone # _____

IN CASE OF EMERGENCY NOTIFY: (this cannot be the same person accompanying a minor to camp)

Contact #1	Contact #2
Name _____	Name _____
Relationship _____	Relationship _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cell/Pager _____	Cell/Pager _____

Physician _____	Phone _____
Insurance Company _____	Policy # _____
Special instructions _____	

HEALTH HISTORY

ALLERGIES: Medications No ___ Yes ___ List _____
Food allergy No ___ Yes ___ List _____
Bees/wasps No ___ Yes ___ Treatment needed _____
Environmental No ___ Yes ___ List _____
Is any allergic reaction severe enough to require an EPI pen, Yes ___ No ___
If YES is EPI pen with the camper Yes ___ No ___

General Health: Is the camper having any difficulty with any of the following conditions, please check and explain yes answers as needed.

Asthma/wheezing	No ___ Yes ___	Diabetes	No ___ Yes ___	Heart Trouble	No ___ Yes ___
ADD/ADHD	No ___ Yes ___	Digestion/Stomach	No ___ Yes ___	High Blood Pressure	No ___ Yes ___
Bleeding disorder	No ___ Yes ___	Eyes or Ears	No ___ Yes ___	Kidney Disease	No ___ Yes ___
Convulsions/seizures	No ___ Yes ___	Fainting Spells	No ___ Yes ___	Nose/throat	No ___ Yes ___
Any other medical conditions	No ___ Yes ___ Explain _____				
Taking any medications	No ___ Yes ___ List _____				
Other _____					
Any swimming, sports or other activity restrictions while at camp	No ___ Yes ___ Explain _____				

IMMUNIZATIONS: Are immunizations up to date: No ___ Yes ___ N/A ___
Date of last tetanus booster _____ must be within last 10 years

Authorization for treatment: This health history is correct as far as I know and the person herein described has permission to engage in all prescribed activities, except as noted by me. In case of emergency, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the physician, selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me if an adult).

Date: _____ Signature of Parent/guardian or adult: _____

First initial of _____

Last name _____

Adult

Name of family members with you at camp.

**EAST TEXAS AREA COUNCIL
HEALTH INFORMATION FOR
CUB SCOUTS AND ADULT PARTNER**

Name _____ Age _____ Birth Date _____ Pack # _____
Address _____
State/City/Zip _____ Phone # _____

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HEALTH HISTORY

ALLERGIES: Medications No ___ Yes ___ List _____
 Food allergy No ___ Yes ___ List _____
 Bees/wasps No ___ Yes ___ Treatment needed _____
 Environmental No ___ Yes ___ List _____

Is any allergic reaction severe enough to require an EPI pen, Yes ___ No ___
 If YES is EPI pen with the camper Yes ___ No ___

General Health: Is the camper having any difficulty with any of the following conditions, please check and explain yes answers as needed.

	No	Yes		No	Yes		No	Yes
Asthma/wheezing	_____	_____	Diabetes	_____	_____	Heart Trouble	_____	_____
ADD/ADHD	_____	_____	Digestion/Stomach	_____	_____	High Blood Pressure	_____	_____
Bleeding disorder	_____	_____	Eyes or Ears	_____	_____	Kidney Disease	_____	_____
Convulsions seizures	_____	_____	Fainting Spells	_____	_____	Nose/throat	_____	_____

Any other medical conditions No ___ Yes ___ Explain _____
 Taking any medications No ___ Yes ___ List _____
 Other _____

Any swimming, sports or other activity restrictions while at camp No ___ Yes ___ Explain _____

IMMUNIZATIONS: Are immunizations up to date: No ___ Yes ___ N/A ___
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Date: _____ Signature of Parent/guardian or adult: _____

25 Years of FUN Mom and Me

REGISTRATION: Saturday 7:30 AM to 9:00 – Headquarters

WHERE: George W. Pirtle Scout Reservation

WHEN: Saturday and Sunday, October 8-9, 2011

FEES

\$45.00 per camper. Take advantage of the early bird discount fee of \$30.00 for registration received at the Scout Service Center in Tyler by September 23rd. Fees include Saturday lunch and supper, Sunday breakfast, craft items, and a patch for each registered Cub Scout.

FEES ARE NON-REFUNDABLE

SATURDAY

Registration -	7:30 am-9:00 am
Opening Ceremonies	9:30 am
Lunch	11:30-12:30/ 12:30- 1:30- Dining Hall
Activities resume	1:45 pm
Dinner	5:30-6:30/ 6:30-7:30 pm - Dining Hall
Campfire -	8:00 pm Council Ring

SUNDAY

Chapel Service -	7:30 am - Chapel
<i>Breakfast -</i>	<i>8:00 am - Dining Hall</i>

BREAK CAMP AND HAVE A SAFE TRIP HOME

THINGS TO BRING

TENT, ground cloth, sleeping bag or blankets, rain gear (just in case), change of clothes, towels and toiletries, insect repellent, **FLASHLIGHT**, closed toed shoes (**NO SANDALS**), **CLASS 'A' UNIFORM** (must be worn for campfire and chapel), folding chair. Optional: camera, playing cards, Frisbee, and money for trading post. You may also want to bring a wheelbarrow, small wagon or plastic garbage can with wheels to transport your gear to your campsite.

YOUTH NOT REGISTERED IN CUB SCOUTS MAY NOT ATTEND!

This is a Mom and CUB SCOUT event.

Dads, husbands and families are not allowed and will be sent home!

If you have any questions please call **Nora Larson 903-353-4151** or
Lorelei Brockwell 903-806-3480

THIS ACTIVITY WILL BE HELD REGARDLESS OF THE WEATHER