



Parent and Leader Guidebook

Blue Elk District
North Star District
Three Trails District

April 22-23, 2022
American Legion Farm, Blue Springs, Mo.

WELCOME!

Welcome to the Cub Scout Family Campout! The Blue Elk and Three Trails Districts of the Heart of America Council are eager to show you how much FUN Scouting can be.

REGISTRATION

All Cub Scouts and their families, including siblings, are invited to attend. Camp overnight on Friday, or attend Saturday only and enjoy a fun day of Cub Scout activities. A schedule is included below.

Packs and Dens are encouraged to attend as a group; families also are welcome to attend independently. A parent or guardian must accompany and be responsible for each Cub Scout and other family members for the entire event. Scouts are encouraged to invite a friend to share in the fun.

Register as Dens, Packs, or individual families at <https://app.mobilecause.com/form/FWVodQ?vid=ptek4>.

\$15 per person includes Friday night snack, Saturday breakfast, and campground amenities.

The Cub Family Campout will be conducted rain or shine. In case of inclement weather forecast before April 23, visit www.hoac-bsa.org/three-trails-activities-and-camping for information. In case of inclement weather during the campout, announcements will be made at the campground. Staff contact information appears below.

WHAT TO BRING

Download a list from <https://scoutlife.org/outdoors/outdoorarticles/6976/scout-outdoor-essentials-checklist/> or <https://filestore.scouting.org/filestore/pdf/34-49.pdf>. Be sure to bring:

- Sufficient water for overnight and all day Saturday.
- Masks and hand sanitizer for health and safety.
- A light lunch for Saturday.

LOCATION

American Legion Farm is located at 499 Legion Drive, Blue Springs, MO 64014. On Interstate 70 about 13 miles east of Truman Sports Complex or nine miles west of Oak Grove, take the Adams Dairy Parkway exit; then south about 1.5 miles to US 40 Highway; then east on U.S. 40 about 1.5 miles to the campground. Watch for signs. GPS coordinates from Google Maps: 39.013542, -94.247308.

ARRIVAL AND CHECK-IN

A Scouting commissioner will greet you and direct you to a parking area. After you are parked, check in at Cub Family Campout Headquarters. You will be directed from there to the camping area.

FACILITIES

A campground map is included in the Appendix to this Guidebook. Portable restroom and handwashing facilities are provided in the camping and program areas.

Any campfires at campsites must be contained in a fire barrel or pit off the ground. Campfires may be subject to burn bans issued by the City of Blue Springs, Jackson County, or the Central Jackson County Fire Protection District. Check at the Registration tent.

HEALTH AND SAFETY PROCEDURES

The Heart of America Council wants everyone to stay safe. Pandemic health and safety guidelines of Jackson County, Missouri in effect at the time of the campout will be followed. We encourage use of masks, social distancing, frequent hand washing and use of hand sanitizer.

All in attendance must have a completed Parts A & B the BSA Annual Health and Medical Record. Parents and/or Packs must retain these forms on site throughout Campout. The form is an appendix to this guidebook and can found at www.scouting.org/health-and-safety/ahmr (use the "All Scouting Events" form).

All activities will be conducted in strict accordance with the Guide to Safe Scouting posted at www.scouting.org/health-and-safety/gss. Staff and volunteers specifically trained to supervise specific activities, especially shooting sports, will be present.

Each family or Pack/Den should bring a first aid kit. For urgent situations, trained first aid and medical personnel will be on site at Cub Family Campout Headquarters throughout the event.

SCHEDULE

Friday, April 22, 2022

5:00 – 8:00 PM	Campground opens, check-in/registration, set up tents
8:01 PM	Sunset
8:15 PM	Campfire program
Following Campfire	Light snack
9:00 PM	Scouter/Parent Get-Together
10:00 PM	Lights Out

Saturday, April 23, 2022

6:29 AM	Sunrise
7:00 AM	Check-in/registration
7:00 – 8:30 AM	Breakfast; break camp, pack
8:45 AM	Opening ceremony, welcome
9:00 - 11:15 AM	Activity Stations open
11:30 AM – 12:30 PM	Lunch on your own; break camp, pack
12:30 – 2:15 PM	Activity Stations open
2:30 – 3:30 PM	Lakeside Nature Center Raptor Program
3:30 – 3:45 PM	Closing ceremony
4:00 PM	Campground closes; departure

OPENING NIGHT ACTIVITIES

Campfire: Join all campers and their families for a fun evening program.

Evening Snack: A light, portable snack will be available after the campfire.

Parent/Scouter Get-Together: Parents and Leaders are invited to Campout Headquarters to meet other parents and Pack leaders and district Scouters. Have questions about Scouting in the Three Trails and Blue Elk districts or the Heart of America Council? Stop by and ask!

SATURDAY ACTIVITIES

Scouting is Fun! Cubs, leaders and families are welcome to go from station to station at their own pace. Activities at each station take varying times. If there is a line, try another station! We encourage visiting every station, although feel free to return to any station.

Follow directions of Station Volunteers. Strict safety guidelines will be enforced. Take your turn. Respect others. Remember the Scout Law, especially Friendly, Courteous, Obedient and Cheerful.

Robin Hood Archery Challenge: Bows and arrows provided. Range safety strictly enforced.

Stockyards Branding Iron: Burn a design or letter on leather (provided).

Huck Finn Slingshot Challenge: Slingshots provided. Range safety strictly enforced.

Rudyard Kipling Kim's Game: A mental challenge of skill and memory. Two different themes.

Annie Oakley Marksmanship Challenge: BB rifles provided. Range safety strictly enforced.

Pedro the Mailburro Knot Tying: Learn to tie basic knots useful in camping and Scouting.

Neil Armstrong Rocket Launch: Make and launch a paper rocket.

Surprise: Additional Saturday Activity stations may be added. Attend and enjoy.

QUESTIONS? COMMENTS? VOLUNTEER?

Let us know if you have any questions about the Blue Elk/North Star/Three Trails Cub Family Campout. Want to help out? We can always find something for friendly, willing registered Scouters to do.

Patrick Liang, Blue Elk District Activities Chair, patrick.w.liang@gmail.com, 816-872-9303

Bob Borgelt, Three Trails District Activities Chair, bborgelt76@gmail.com, 816-304-0047

Charles Ruedi, Blue Elk District Cub Scout Mentor, cgaruedi@sbcglobal.net, 816-506-8008

Michael Grimaldi, Three Trails District Activities Committee, mgrimaldi@earthlink.net, 816-665-8072

Jason Bledsoe, Blue Elk District Director, Jason.Bledsoe@scouting.org, 816-569-4984

Levi Dunkeson, Blue Elk District Executive, Levi.Dunkeson@scouting.org, 816-569-4941

Garrett Giles, Three Trails District Executive, garrett.giles@scouting.org, 816-569-4961

Bo Anderson, North Star District Activities Chair, Bo_Anderson_Scouts@Yahoo.com, 816-898-0365

Kent Carlson, North Star District Executive, kent.carlson@scouting.org, 816-569-4969

SCOUT OATH

On my honor I will do my best to do my duty to God and my country and to obey the Scout Law; to help other people at all times; to keep myself physically strong, mentally awake, and morally straight.

SCOUT LAW

TRUSTWORTHY. Tell the truth and keep promises. People can depend on you.

LOYAL. Show that you care about your family, friends, Scout leaders, school, and country.

HELPFUL. Volunteer to help others without expecting a reward.

FRIENDLY. Be a friend to everyone, even people who are very different from you.

COURTEOUS. Be polite to everyone and always use good manners.

KIND. Treat others as you want to be treated. Never harm or kill any living thing without good reason.

OBEDIENT. Follow the rules of your family, school, and pack. Obey the laws of your community and country.

CHEERFUL. Look for the bright side of life. Cheerfully do tasks that come your way. Try to help others be happy.

THRIFTY. Work to pay your own way. Try not to be wasteful. Use time, food, supplies, and natural resources wisely.

BRAVE. Face difficult situations even when you feel afraid. Do what you think is right despite what others might be doing or saying.

CLEAN. Keep your body and mind fit. Help keep your home and community clean.

REVERENT. Be reverent toward God. Be faithful in your religious duties. Respect the beliefs of others.

OUTDOOR CODE

As an American, I will do my best to—

Be clean in my outdoor manners.

Be careful with fire.

Be considerate in the outdoors.

Be conservation minded.

LEAVE NO TRACE

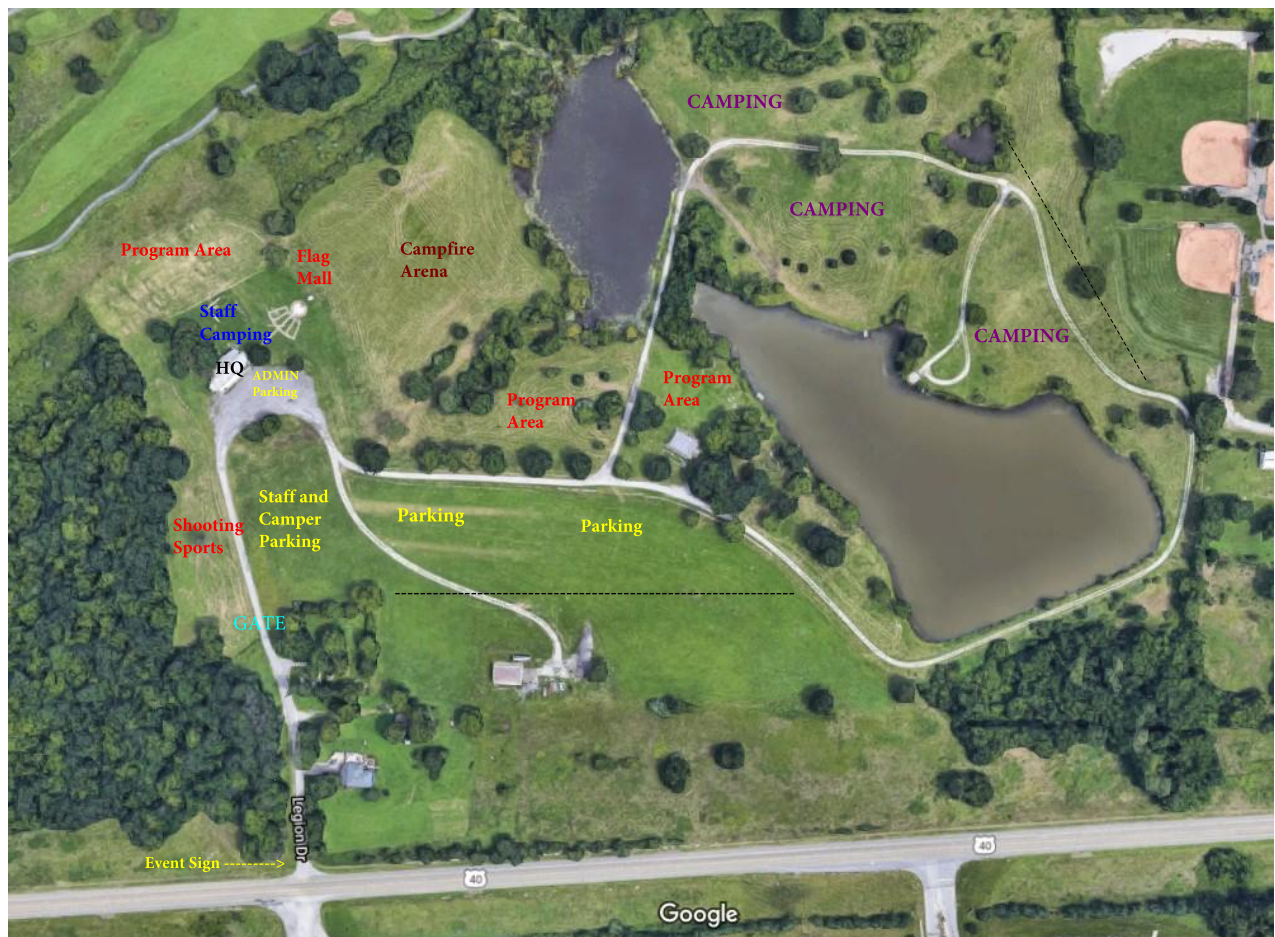
Choose the right path, trash your trash, leave what you find, and respect wildlife.

APPENDIX

HEALTH FORM

www.scouting.org/health-and-safety/ahmr. Download form for “All Scouting Events” for form without requirement for physical examination. Form is included at the end of this section.

CAMPGROUND MAP



WHAT TO BRING

<https://scoutlife.org/outdoors/outdoorarticles/6976/scout-outdoor-essentials-checklist>

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

With appreciation of the dangers and risks associated with 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 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 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 Scouting activities, and I hereby release 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 the BSA, 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, 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: _____

Name: _____

Phone: _____

Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____

Name: _____

Phone: _____

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

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 (anginal)/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	



Part B2: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____
or staff position: _____

Allergies/Medications

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: _____

