

**OLD BEN SCOUT RESERVATION**  
**TROOP RESERVATION FOR RESOURCE CAMP**  
**June 2 - 6, 2019**

Return this form today to reserve your camp site

**Troop #** \_\_\_\_\_

**Home Council** \_\_\_\_\_

Please ✓ the top 3 preferred camp site below for your 2019 reservation. Reservations are accepted on a first-come, first-served basis. See camp site map on reverse side.

- Pohoka (2)     Oowecha Tezi (3)     Oubache (4)     Shawnee (5)     Herron's Nest (6)  
 Lanazokimini (7)     Woapalanne (8)     Wapahani (9)     Piankashaw (10)

We will have approximately: SCOUTS \_\_\_\_\_

Put ✓ your choice:

We will have approximately: ADULTS \_\_\_\_\_

Using own equipment

Scouts who will be 1st year campers? \_\_\_\_\_

Using Old Ben equipment

Please indicate your "**DESIGNATED CONTACT PERSON**" to whom correspondence regarding Resource Camp will be sent:

**DESIGNATED CONTACT**

**SECOND CONTACT**

NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PREFERRED PHONE \_\_\_\_\_

PREFERRED PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

EMAIL \_\_\_\_\_

**SUBMIT COMPLETED FORM TO:**

Buffalo Trace Council, BSA  
3501 E Lloyd Expressway  
Evansville IN 47715  
Email: [administration@buffalotracecouncil.org](mailto:administration@buffalotracecouncil.org)  
Fax: 812.423.4845

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_



**KEY**

- |                                |   |
|--------------------------------|---|
| 1. Miami (Staff Site)          | 18. Hassee Dining Center & Trading Post |
| 2. Pohoka                      | 19. Campmaster Lodge                    |
| 3. Oowecha Tezi                | 20. Camp Office                         |
| 4. Oubache                     | 21. Cabin 2                             |
| 5. Shawnee                     | 22. Cabin 1                             |
| 6. Herron's Nest               | 23. Waterfront                          |
| 7. Lanazokimini                | 24. Staff Shower House                  |
| 8. Woopalanne                  | 25. Main Shower House                   |
| 9. Wapahani                    | 26. Quartermaster Building              |
| 10. Piankeshaw                 | 27. Archery Range                       |
| 11. Maintenance                | 28. Rifle Range                         |
| 12. Ranger's Residence         | 29. Shotgun Range                       |
| 13. Environmental Learning Ctr | 30. Gilwell Field                       |
| 14. Becker Point               | 31. COPE Course                         |
| 15. Welcome Center             | 32. Climbing Tower                      |
| 16. Morris Chapel              | 33. Outdoor Skills Area                 |
| 17. Campfire Circle            | 34. Wilderness Site                     |

# 2019 Resource Camp Roster

Troop # \_\_\_\_\_ Contact \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

LEADERS (Please type or print information)	Registered	Fee Paid	Comments
1			
2			
3			
4			
5			

SCOUTS (Please type or print information)	✓ 1st Year Camper	Fee Paid	Financial Assistance	Comments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

<b>TOTAL PAID</b>				
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**Event #6033**     
 **Date** \_\_\_\_\_     
 **Paid \$** \_\_\_\_\_     
 **Receipt #** \_\_\_\_\_

**Fees and roster due by May 6, 2019.**  
**Submit to: Buffalo Trace Council, 3501 E Lloyd Expressway, Evansville IN 47715**



# Camper Medication Form

Camper: \_\_\_\_\_ Troop #: \_\_\_\_\_

Campsite: \_\_\_\_\_ Camp Dates: \_\_\_\_\_

**1. Medication Required:** (To be filled in by parent/guardian)

Name of medication: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Possible common reaction to medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time(s) of administration: \_\_\_\_\_

Comments regarding medication: \_\_\_\_\_

This form has been designed to meet the requirements for the Boy Scouts of America. It offers benefits to the Scout in assuring that the proper medication is given at the proper time, to the leader in knowing exactly what the parent/guardian is requesting the leader to do, and to provide a record that the request was carried out.

**NOTE: All prescribed medication must be kept in the original container bearing the physician's name, directions for use, and the patient's name.**

**2. Prescribing Physician:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**3. Permission by Parent/Guardian to Administer Medication:**

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

Indicate "none" in any space above if left blank.

I hereby request that my child be administered his/her prescribed medication at camp by the approved Camp Health Officer or the leader(s) listed above. I understand that the medication at camp will be administered exactly as per the directions as prescribed by the above physician.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

**4. Record of Administered Medication:**

- a. If given by Camp Health Officer, it will be posted in the medical log.
- b. If given by leader, a record must be kept on reverse side of this form.

**5.** All medications must be kept in a locked box in the campsite. All medication needing refrigeration will be kept in the Health Office and administered by the Camp Health Officer.

**6.** This record must be turned into the Camp Health Officer to become a part of the camp's records at the close of camp.

**REPRODUCE THIS PAGE & THE REVERSE SIDE FOR YOUR PARENTS**



# Reproduce for parents.

## For the most current Annual Health and Medical Record...

Go to <http://www.scouting.org/scoutsource/HealthandSafety/ahmr.aspx>.

For Resource Camp, you will need Parts A, B, and C for events lasting over 72 hours or more.

If you have questions or need assistance, please contact the Eykamp Scout Center 812.423.5246.

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### OLD BEN SCOUT RESERVATION

### Release of Camper from Camp

**NAME** \_\_\_\_\_ **TROOP #** \_\_\_\_\_

Authorization is granted for the release of the aforementioned individual to employees, staff, volunteers, and camp staff of Buffalo Trace Council, Boy Scouts of America. In addition, only those individuals listed below are authorized to remove the aforementioned individual from camp during his/her period of camping. (Please list spouse below if both parents have not signed authorization on medical form.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_