

## Checklist for Campers

**Hand all the following to the leader:**

- Permission slip
- Health form (ensure Pink Card is up to date)
- Permission to give Over-the-Counter medications
- Any prescription medication

### **General Camping Information**

- The girls should do as much of the packing as possible, with your supervision. Have them lay everything out and go over the checklist with you. Then help the girls place everything into the bag.
- The girls are responsible for carrying their own gear. This is a good reminder when they want to take the kitchen sink with them!
- No electronic devices are allowed. (Gameboys, ipod, hairdryers, etc.)

### **General Packing Guidelines:**

- THE GIRLS WILL GET DIRTY. Please do NOT send anything that should not get messy to camp. Also, occasionally things go missing, so keep that in mind when deciding what to send along.
- LABEL ALL ITEMS WITH NAME and TROOP \_\_\_\_\_
- THE GIRLS WILL CARRY THEIR OWN STUFF. The girls need to fit everything they are bringing into 1 soft duffel bag, plus their sleeping bag.
- THE TEMPERATURE VARIES GREATLY FROM DAY TO NIGHT. Plan to layer clothing.
- Aside from a watch (optional), better to leave jewelry at home.
- No cell phones! If you need to reach your daughter, call one of the leaders.

Packing List for the Troop \_\_\_\_\_

( \_\_\_\_\_ ) Camping Trip

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

**TOILETRIES:**

- \_\_\_ Personal Care wet items—place the following inside a gallon size ziplock:
  - \_\_\_ Soap (in a sandwich size zip lock)
  - \_\_\_ Toothbrush (in a sandwich size zip lock)
  - \_\_\_ Toothpaste
- \_\_\_ Personal Care dry items—place the following inside a gallon size ziplock:
  - \_\_\_ Brush or comb
  - \_\_\_ Hair ties, headbands if needed (keep it simple)
  - \_\_\_ Sunscreen
  - \_\_\_ Chapstick
  - \_\_\_ Hand cream
  - \_\_\_ Feminine products
- \_\_\_ Washcloth or disposable face cleaning cloths
- \_\_\_ Towels for showering

**CLOTHING:**

- \_\_\_ Bandana (Optional--one the girls can autograph if they wish)
- \_\_\_ Change of clothes for each day:
  - \_\_\_ Long pants
  - \_\_\_ Shorts
  - \_\_\_ Short/long sleeve shirts
  - \_\_\_ Socks: bring a few extra pair
  - \_\_\_ Underwear (bring an extra set or two and be safe)
- \_\_\_ Sweatshirt and **warm** jacket (nights by the fire can be cold)
- \_\_\_ Gloves or mittens for by the fire (optional)
- \_\_\_ Raingear
- \_\_\_ Hiking shoes, shoes you can get wet and muddy, and flip flops for shower.
- \_\_\_ Pajamas. Pack for cool nights.
- \_\_\_ Hat with brim for sun protection

**AMUSEMENTS:** Optional, for quiet time.

- \_\_\_ Books, cards or small games for free time. Keep it simple and non-electronic. \_\_\_
- Small memory book/journal/paper/pens
- \_\_\_ Disposable camera with name written on it (optional)
- \_\_\_ Waterproof pen: a lot of campers like to sign shirts, pillowcases, or bandannas
- \_\_\_ Stuffed animal

**EQUIPMENT:**

- \_\_\_ Refillable large water bottle with strap or belt clip.
- \_\_\_ Sleeping bag (If it has pictures on it, it is not a real sleeping bag & not warm)
- \_\_\_ Small Pillow
- \_\_\_ Flashlight (with good bulb and batteries)
- \_\_\_ Mess Kit with dunk bag (contains utensils, plate, bowl, cup)
- \_\_\_ Large heavy weight plastic trash bag for dirty stuff prior to packing up.
- \_\_\_ sleeping pad for under sleeping bag if desired

**Emergency Contact Information**

**Our Troop's in-town Point-of Contact is:**

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

Home Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

In the event of an emergency situation, the in-town POC will be responsible for contacting all the parents with the latest information.

**LocalOPs Medical Card**

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

**Permission to Administer Over the Counter Medications**

If it is deemed necessary, I give permission to the event staff to administer the following non-prescription medications following the direction on the container to my daughter.

Tylenol            Yes \_\_\_\_\_    No \_\_\_\_\_    Other \_\_\_\_\_

Maalox            Yes \_\_\_\_\_    No \_\_\_\_\_    Other \_\_\_\_\_

Sudafed           Yes \_\_\_\_\_    No \_\_\_\_\_    Other \_\_\_\_\_

Pepto Bismol    Yes \_\_\_\_\_    No \_\_\_\_\_    Other \_\_\_\_\_

Benadryl or  
Chlorinephrine  
(For allergies)    Yes \_\_\_\_\_    No \_\_\_\_\_    Other \_\_\_\_\_

Ibuprofen  
(Advil)            Yes \_\_\_\_\_    No \_\_\_\_\_    Other \_\_\_\_\_

Neosporin or  
Mycitracin  
(for abrasions)    Yes \_\_\_\_\_    No \_\_\_\_\_    Other \_\_\_\_\_

Dramamine  
(for motion  
sickness)          Yes \_\_\_\_\_    No \_\_\_\_\_    Other \_\_\_\_\_

Other (list) \_\_\_\_\_

**Prescription Medication**

Medicine \_\_\_\_\_

Doctors written orders can be found

(    ) on the container    (    ) stapled to this card

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian