

2023 Cub Scout Summer Camp



Leader/Parent Guide

Table of Contents

Welcome to your camp!	3
Experience Tells Us	4
Cub Scout Resident Camp: July 7-9	5
Cub Overnight Camp: July 8-9	5
Know Before You Go	8
Refund Policies	8
Camperships and Financial Assistance	8
Packing List	8
Discipline	9
Health Information	9
Annual Health & Medical Record Forms	9
Medication (Doctor Prescribed)	9
Medication (Over the Counter/Non-Prescribed)	9
Medication Check-in	10
Health Office & Medical Emergencies	10
Health & Accident Insurance	10
Camp Health and Safety	11
Curfew and Quiet Time	11
Drugs and Alcohol	11
Firearms and Weapons	11
Fires	11
Fireworks	11
Fishing	11
Hazing	11
Knives, Saws, and Axes	11
Open-Toed Shoes	12
Personal Property	12
Pets	12
Smoking	12
Tree Cutting	12
Uniforms	12
Vandalism, Destruction of Camp Property	12
Lost and Found	12
Media	12
Vehicles	12

Getting Re	ady to Leave Camp	13
Youth Pro	tection	13
Youth Prof	tection Training	13
Color Code	ed Wrist Bands	13
Sign In & S	Sign Out	13
Camp Service	ces	13
Campsite	S	13
Individual [*]	Tents for Campers	14
Mail Service	ce	14
Telephon	e	14
Cell Phone	es	14
Trash & R	ecyclables	14
MENUS A	ND SPECIAL DIETARY CONCERNS	14
Allin Dakin	Dining Hall Procedures	14
Trading Po	ost	15
Fire, Lost I	Person, or Lost Swimmer	15
General Fi	re Safety Precautions	15
Storm or S	Strong Winds	15
Outdoor H	azards	16
High Temp	perature/Humidity Plan	16
Forthauol	100	16

Welcome to your camp!

Dear Leaders:

Welcome to Howard H. Cherry Scout Reservation and the Hawkeye Area Council! Thank you for taking the time out of your busy schedule to plan and lead your troop at summer camp. Scouting teaches youth important lessons in character, leadership, and the value of positive achievement. These lessons will serve as guideposts that will last them the rest of their lives, and I sincerely appreciate all your efforts on their behalf.

Our Scout Reservation is 500 acres of prime real estate in the great outdoors, located near the Wapsipinicon River. Our camp features a swimming pool, climbing tower, COPE Course, an energetic and supportive staff, beautiful facilities, and so much more. This is a place with rich history and a bright future to offer your Scouts a one-of-a-kind experience. On behalf of the leadership and staff of the Hawkeye Area Council, thank you for volunteering to lead your Scouts on their Summer Camp adventure. Without your volunteer service there would not be a Boy Scouts of America. We sincerely hope that you enjoy the adventure too!

Yours in Scouting,

Sarah Dawson

Scout Executive/CEO

Sarah Dawson

Hello from camp!

You are choosing to come to a very special place for building memories for a lifetime. The Howard H. Cherry Scout Reservation offers outdoor adventure, leadership, citizenship, as well as unit and personal growth.

Camping and outdoor experiences are an integral part of the Scouting tradition, every Staff member is offering their best to encourage lifeline Scouting fun. Our programs are designed for teaching basic skills for new Scouts as well as providing opportunities for adult leaders to excel or test new skills.

This 2023 Leader/Parent Guide is for you! It is a tool to help you prepare your Scouts for their journey this summer, and to ensure that you can feel confident and ready to send your Scouts out to have a great and safe time at camp. Please take the extra time to thoroughly read through the guide as there may have been changes since your last visit. These changes have been made to provide your Scout with the best possible program.

I am happy to be working with your Scouts at HHCSR this year and to lead the summer staff. Our continued goal is to provide the very best program through our qualified, talented staff. The staff is dedicated to working tirelessly to ensure that your Scouts are having the very best camping experience possible.

Please don't hesitate to reach out with any questions. Thanks!

Christopher Abbott
HHCSR Camp Director
abbottsix@aol.com

Experience Tells Us...

Whether it is your first time at camp, or you have attended many other events at Howard H. Cherry Scout Reservation (HHCSR), this camp guide is a collection of what experience has taught us regarding how to prepare for and get the most out of summer camp.

Hold a parent information meeting!

Review the contents of this camp guide, especially check-in times, packing list, and registration information. If you would like someone from the camping committee to attend your camp parent information meeting, please contact the Council Service Center to make arrangements.

There's more to camp than advancement!

Scouts typically remember how much fun they had at camp, not how many rank advancement items were completed or awards they earned. While camp provides advancement opportunities, the Hawkeye Area Council and our Camping Committee emphasize having a balance of advancement and age-appropriate FUN!

Review the program for what is being offered at camp!

Our staff work to find balance between new activities for the Scouts while maintaining those camp-only experiences that are a hit, year-in and year-out. We may not have the time or the facilities to complete all listed requirements for a particular adventure, but we will do our best. Some requirements can be handled at home, or at a Den or Pack meeting.

Encourage all your Scouts to attend camp!

Even if a Cub Scout has taken part in some of the planned activities before, he or she will still have a great time at camp. Since every year or event can be a new experience, let him or her enjoy the time to have fun in the outdoors with friends who share the same enthusiasm about scouting!

Enjoy the camp and the outdoors!

Explore our camps during free time. Take the time to enjoy the great outdoors and the beauty of camp. It is a big part of the Howard H. Cherry Scout Reservation experience.

Come to camp prepared!

Help your Scouts, leaders, and parents get organized with information on where to go and what to do. While there is a lot of fun in all areas of the Scout program, camping is first and foremost in every level of Scouting. Remember, the word "outing" in Scouting!

Keep your Scouts busy!

Having nothing to do is no fun at all. Pre-planning can fill that void.

Be Flexible!

Not everything goes exactly as planned. "Planned" activities may need to change for a number of reasons.

Communicate!

If you have a need, request, or suggestion for our cub camping program, please let the Camp Director, Program Director, Ranger, and Council know as soon as possible. We have great people planning these events, but there is always room for improvement.

Have Fun!

Cub Scouting is a game, and, if played by the rules, is enjoyable for all. Maintaining a positive attitude goes a long way for the Scouts staying focused and being able to look back on all that has been accomplished during camp.



Cub Scout Resident Camp: July 7-9

Grades: Entering grades 1 – 5th grades in fall of 2023

Dates: July 7-9, 2023

Cost: Scout Early Bird Registration \$125 Scout Regular Registration \$145 Scout Late Registration \$165

Leader/Parent Registration \$75

Register before May 15 for early bird pricing.

If you are looking for a single overnight camp event, check out our 2-day, 1-night Cub Overnighter.

Cub Overnight Camp: July 8-9

Grades: Entering grades 1 – 5th grades in fall of 2023

Dates: July 8-9, 2023

Cost: Scout Early Bird Registration \$100 Scout Regular Registration \$125 Scout Late Registration \$145

Leader/Parent Registration \$50

Register before May 15 for early bird pricing.

Who Should Attend?

Cub Scout Resident Camp is an action packed 3-day/2-night camping experience. Scouts are invited to come with a parent or as a Pack. The activities are planned specifically for each grade level and will greatly aid leaders in helping their energetic Scouts to try new skills in the great outdoors. Scouts will be instructed in a variety of activities and advancements throughout their entire stay at camp. Each Scout and adult in attendance will receive a patch, and Scouts will receive a camp t-shirt.

Scouts are grouped in dens by grade level and will rotate through pre-set grade appropriate activity blocks. Fun activities include shooting sports, climbing, swimming, crafts, advancement opportunities, interfaith chapel service, and organized campfire with camper participation.

If you are looking for a single overnight camp event, check out our 2-day, 1-night Cub Overnighter.





Adult to

Child Ratio

For this three-day, two-night camp, each pack must be under the leadership of its own adult leaders with a minimum of two adults (at least 21 years of age or older) at camp 24-hours per day. The Cub Scout ratio of 1:4 must be maintained. Packs should work this out as families are sending in registrations – we will not keep track of whether packs are satisfying this ratio at the Council Service Center. Packs are always encouraged to send more than the minimum number of leaders and are encouraged to register together to ensure adequate supervision.

If a Scout is not attending with their pack/den, the Scout needs to be accompanied by a parent or guardian. In most cases, this will be a parent or direct relative of the child. In some special cases, it may be a friend of the family or another well-trusted adult. If the adult is not a parent of the child, they may not share a tent with the child. For families with more than one child in Scouting, it is permissible for one parent to bring multiple children. It is not, however, permissible for one parent to bring multiple children from different families unless attending as a pack/den.

Program - What Will They Be Doing?

Upon arrival at camp, Scouts will be given a sheet detailing the daily schedule, rotation schedule, and adventure requirements to be completed. A den guide will lead the campers through a rotation of program areas in the morning and afternoon with activities such as swimming, archery, shooting sports, bouldering wall, climbing tower, handicraft, and other advancement areas. Leaders are encouraged to have an adult with each group of Scouts for all programs.

Cub Scout Resident Camp requirements to be covered will be posted on https://hawkeyebsa.org/camping/cubscoutcamping

Schedule

Day 1 - Friday, July 7					
1:00 – 3:00 PM	Check In, Orientation, Swim Tests				
3:00 - 6:00 PM	Campsite Orientation, Adult Leader Meeting, Den Time				
6:00 PM	Dinner at Dakin Dining Hall				
7:15 PM	Flag Ceremony				
7:30 PM	Campfire Program				
10:00 PM	Lights Out!				
Day 2 – Saturday, July 8					
7:00 AM	Flag Ceremony				
7:15 AM	Breakfast at Dakin Dining Hall				
9:00 AM – 12:00 PM	Program Area Rotations				
12:00 – 1:00 PM	Lunch at Dakin Dining Hall				
1:00 – 5:00 PM	Program Area Rotations				
5:00 - 6:00 PM	Rest Time				
6:00 PM	Dinner at Dakin Dining Hall				
7:15 PM	Flag Ceremony				
7:30 PM	Interfaith Service at the Chapel, Camp-Wide Game				
10:00 PM	Lights Out!				
Day 3 - Sunday, July 9					
7:00 AM	Flag Ceremony				
7:15 AM	Breakfast at Dakin Dining Hall				
9:00 AM – 12:00 PM	Program Area Rotations				
12:00 PM	Depart				

Provisional Campers

Is your pack not planning to attend camp this summer? Do you have families that cannot attend with the group? Make sure your families know they can register for any of our summer camps on an individual basis.

Pre-Camp Swim Test

Units can complete a pre-camp swim test prior to coming to camp. The test must be completed by a qualified test administrator and is good for one year from testing date. The test administrator **MUST ATTACH** their current certification to the Swim Classification Form or testing will be INVALID and require a retest. Qualifying certificates are BSA Aquatics Director, Lifeguard, and BSA Aquatics Supervision. The Unit Swim Classification Form can be found online at www.hawkeyebsa.org/camping/cubscoutcamping.

Any camper not listed on the Unit Swim Classification Form will be labeled a non-swimmer until they have completed a swim classification test in camp. The Aquatics Director can retest anyone at any time. It is observed that the swimmer's classification and ability are not the same.

Know Before You Go

Refund Policies

If it is necessary for a Scout to cancel his/her summer camp reservation prior to coming to camp a refund request can be submitted to the council for review. The refund form must be filled out and submitted to the Council Service Center no later than 5 days after the end of the camp that was to have been attended. Refund requests will be reviewed as they're received, and the unit notified of the refund decision. If the refund request is approved, the refund will be issued to the unit. It is the responsibility of the unit to then reimburse the youth/family. Fees are not refundable for homesickness or dismissal from camp.

Refund request forms are available online at www.HawkeyeBSA.org/camping/cubscoutcamping.

Camperships and Financial Assistance

The purpose of the Hawkeye Area Council, BSA Campership Fund is to aid Scouts who would otherwise not be able to afford the cost of attending a Hawkeye Area Council summer camp program. These applications are confidential and are reviewed by a volunteer committee. Consideration will be given to those whose units participate in the Annual Friends of Scouting Campaign, Fall Popcorn Sale and whether the Scout participates in any supplemental fundraising opportunities to help him/her raise funds for camp. Campership request forms are available online at: www.HawkeyeBSA.org/camping/cubscoutcamping

Campership funds are available only to Scouts registered in the Hawkeye Area Council, BSA.

Applications are due by April 1, 2023. Recipients will be contacted prior to Early Bird closing.

Packing List

■ Bedroll/air or foam mattress

Clothing Items Personal Items VERY IMPORTANT ■ Scout Uniform □ Toothbrush & Toothpaste Completed BSA Annual Health and Socks for the week □ Comb/Brush Medical Record Form ■ Sweater or Jacket ■ Soap Copy of medical insurance card ■ Appropriate swimwear and Towels ■ Bath Towel & Washcloth Prescription Medications in original Females must wear one piece swimsuits Deodorant container □ Rain Gear ■ Shaving Gear (If needed) Underwear for the week Camp Necessities □ Hiking Boots/Gym Shoes □ Flashlight w/Extra Batteries ■ Shorts, Jeans or Pants □ Clothesline w/Pins □ Shirts—no sleeveless or tank tops Personal First-Aid Kit Personal Mess Kit Camping Gear ■ Pocket Knife (NO SHEATH KNIVES) □ Sleeping Bag ■ Bug Spray □ Ground Cloth □ Compass Pack or Duffel Bag ■ Sunscreen (SPF 30+) Water Bottle □ Camera ■ Small pillow Spending Money ■ Dirty Clothes Bag

Discipline

Parents and unit leaders are responsible for the discipline and order of their own child or pack. The camp staff will not assume the responsibility for or interfere with unit discipline unless it directly involves the health and safety of Scouts or the parent/unit leaders are not present at the time of the problem. The Camp Director will be appraised of any problem by the staff member and will refer them to the parent or leader of the unit. No arrangements may be made to send someone home before informing the Camp Director of the situation.

Health Information

Annual Health & Medical Record Forms

All youth and adults who are attending camp will be required to have an up to date BSA Annual Health and Medical form Parts A & B on file with the Health Officer. This medical form not only covers required health information but also provides consent for all activities, photographs, and other media. The Annual Health and Medical Formis valid through the end of the 12th month from the date it was signed. The form must remain valid through the end of the camp dates being attended. Units should provide photocopies of the original forms for each person along with a copy of the family's medical insurance card. Any person who arrives without a current medical form may not stay in camp. Copies of the medical forms can be found at the end of this guide.

Medication (Doctor Prescribed)

All medication(s) must be turned in to the health officer at the time of check-in for proper distribution. All medication containers should be placed in a plastic bag with the Scout's name and unit number on the bag for easy identification. Any special instructions, in addition to the information on the container, should be placed in the bag. It is the responsibility of each Scout to make sure they come to the health officer to receive medications at the appropriate times. Verbal reminders will be given at mealtimes, but ultimately it is the scout's (and their leader's) responsibility to go to the camp health office. Medications will be distributed by a leader from the Scout's unit and recorded by the unit leader on the daily medication sheet provided by the camp.

Medications are dispensed according to the instructions on the container. If the prescription has changed (the dosage or the time of day) the doctor must provide new instructions in the form of a new label for the medication or in a written letter from the doctor.

This is a state law, as well as a National BSA camping standard.

All prescription and non-prescription drugs shall be in their original containers. All medications (including those needing refrigeration) are to be locked up in the camp health office. The only exception is for medications, which must always be carried including asthma inhalants, bee sting kits, Epi-pens and nitro glycerin pills.

MEDICATIONS MUST BE IN THEIR ORIGINAL CONTAINERS!

Medication (Over the Counter/Non-Prescribed)

Several non-prescription medications are available at the Health Office. By signing the Allergies/Medications Consent Section on Part B of the BSA Health and Medical Form, you are authorizing the health officer to dispense any over the counter/non-prescriptions to your Scout while at camp.

ACCIDENT REPORTING—All accidents, no matter how slight, must be reported to the health officer so that they may be recorded. First Aid facilities are provided under the supervision of a qualified adult. A health officer will always be on duty during camp.

Medication Check-in

All youth and adults will need to pass through a medical pre-screening during check-in. Following this, they must turn in health forms to the health officer. This is where you will be cleared to take the swim test. Please make sure that all medicine to be turned in is well marked and all medical forms are up to date and complete including signatures from parents or legal guardians.

Health Office & Medical Emergencies

The outside entrance to the Health Office is on the west side of Dakin Dining Hall. At night, ring the bell next to the door to alert the health officer.

The Health Office is intended only for the temporary care and treatment of sick or injured campers. Individuals that are seriously injured will be transported to the emergency room of a local hospital in Cedar Rapids, Iowa, or sent home to receive more adequate care. St. Luke's Hospital is our primary care provider, but campers may be transported elsewhere upon request. To reduce the chances of spreading illness throughout the camp, individuals who are ill prior to, or become ill while at camp may be asked to leave camp until they are well. Additionally, we ask that parents and leaders do not send/bring sick Scouts to camp.

Health & Accident Insurance

The Hawkeye Area Council, Boy Scouts of America currently provides health and accident insurance for campers registered with the Hawkeye Area Council. For all Out-of-Council campers, insurance is the responsibility of the unit and the Scout's parents unless otherwise covered by their home Council.

Camp Health and Safety

Howard H. Cherry Scout Reservation is a year-round facility maintained by the Hawkeye Area Council. The primary responsibility of maintaining the facilities at camp rests with the Camp Ranger and a dedicated corps of volunteers which includes the Council Camping Committee. The continued existence and improvements of the summer program is dependent upon the care that is taken to assure the best quality camping equipment and facilities of the camp. Scouts and visitors are asked to use all walking paths when hiking around camp and live by the Outdoor Code and Leave No Trace policies. Scouts and leaders need to be aware that they must be respectful of the facilities of Howard H. Cherry Scout Reservation and to follow the Scout Oath so that others may enjoy it also. The law of the camp is the Scout Law.

The policies herein are meant to cover many health and safety needs and provide general courtesies for all our campers at HHCSR. They are not "all inclusive;" other policies may be set forth by the Camp Director and/or the Hawkeye Area Council as needed. Leaders: Please review these policies with your Scouts and their parents prior to arriving at camp.

Curfew and Quiet Time

Rest at camp will affect the person's ability to function in a cheerful and safe manner. Leaders are expected to set the example by respecting quiet times for the benefit of neighboring campers and themselves. Please keep conversations low and activities to a minimum between the hours of 10:00 pm and 6:30 am.

Drugs and Alcohol

The BSA alcohol/drug policy will be strictly enforced. No alcohol or drugs are to be in camp. Use and/or possession of either at camp is a one time - no exceptionoffense and will result in the removal from camp.

Firearms and Weapons

These may not be brought to camp. Only council owned firearms and bows may be used with council provided ammunition. Firearms are only to be used at approved ranges, under the supervision of a Certified Instructor. Failure to comply will result in dismissal from camp.

Fires

Fires are a potential hazard in camp, particularly if drought conditions exist. Campers must be cautious with fire following the guidelines of the Camp Fire Guard Plan and Outdoor Code. During times of extreme drought or high heat, a ban on open fires may be imposed. You will be notified when and if those conditions are in effect. Campfires in sites must be controlled to a reasonable size and must be contained with the fire rings provided and tended and dead out before retiring for the night or leaving the campsite.

Fireworks

Fireworks of any type are prohibited in camp. Unit leaders are responsible for enforcing this rule. Any Scout found to be in possession of fireworks, including rocket engines will be sent home from camp.

Fishing

Fishing is permitted during daylight hours. Iowa Fish and Game Commission laws must be observed. A fishing license is required to fish in accordance with Iowa State Regulations for those over the age of 16. You may bringyour own fishing equipment, or you can check out equipment, including worms. Everyone must wear a

Personal Floatation Device (PFD), while fishing along the shore.

Hazing

Hazing has no place in Scouting. Physical violence, hazing, bullying, theft, and verbal insults have no place inthe Scouting program and may result in removal from camp.

Knives, Saws, and Axes

While knives are not required for any portion of the program, the staff acknowledges that pocketknives are often an integral part of the outdoor Scouting experience. These

tools may be used only in campsites and program areas. All carriers of pocketknives **must carry a current**Whittling Chip card, which must be produced when requested by a staff member. Sheath knives are not permitted at camp. Proper axe-yards and Whittling Chip rules must be followed.

Open-Toed Shoes

Footwear, such as sandals, flip-flops or crocs are permitted in the shower house, pool area, and tents. For your own protection, when hiking to and from these areas, or around camp, sturdy closed-toe shoes (boots or sneakers) are required.

Personal Property

A Scout is Trustworthy; however, on rare occasions, a Scout is still learning the meaning of that point. The Hawkeye Area Council cannot be responsible for loss ordamage to personal property at camp. Stress security in your campsite. Scouts should be encouraged to lock their valuables in a trunk or footlocker when they are not in use and take normal precautions of not leaving cash or other valuables lying out in the open. Report any thefts immediately to Camp Director, ProgramDirector or Camp Ranger.

Pets

Pets are not permitted in camp at any time during the camping season. This policy does not pertain to serviceanimals.

Smoking

Smoking by adults over the age of 21 is allowed only in designated areas (the north end of the camp parking lot) and out of the view of youth. Please be responsible for properly disposing of your waste. Youth under the ageof 21 are not permitted to smoke and are not allowed in the smoking area.

Tree Cutting

Cutting down of standing trees alive or dead is prohibited. Any trees and branches that are already on the ground may be used by units for campfires or gateway projects.

Uniforms

Scouts participating in Resident Camps (Wolf/Bear/Webelos) should have and properly wear a Scout uniform while in camp for morning flag, breakfast, evening flag, dinner, camp- wide campfires and chapel service. Units are encouraged to hold uniform inspections prior to camp to make any necessary corrections. Please request that Scouts leave articles of clothing at home which may advertise or promote anything that may contradict the values and ideals that Scouting is trying to teach.

Vandalism, Destruction of Camp Property

Vandalism and pranks are not only contrary to the values of Scouting, but can result in significant financial loss, injury, loss of program, and potentially closing of the camp, affected facility, or program area. There is a fine line between harmless fun and taking things too far. Any Scout or unit that takes part in vandalizing, destruction or theft of camp property will be held financially responsible for all losses incurred and may face expulsion from camp without refund of camping fees.

Lost and Found

The camp lost and found table will be in front of the dining hall. If the item is valuable, it will be kept at the Troop Service Building. Leaders need to remind Scoutsto have their personal items marked with name and unit number. Each Scout needs to take care of and safeguard his/her personal property

Media

The Camp Director should be notified of all media in camp. Staff will provide media escort and supervision.

Vehicles

The safety of all Scouts, leaders, and visitors are of high importance. Upon entering through the main gate of thecamp all vehicles must abide by the *10-mph* speed limit.All Scouts, leaders, and visitors must park in the main parking lot which is located by the Dakin Dining Hall.

Only designated camp service vehicles including Camp Rangers, Camp Management, camp gators, mowers, maintenance vehicles and medic are allowed on the service road. Personal gators, golf carts, or ATV's are not allowed. The camp has two gators that can used to transport Scouts and leaders who have mobility or physical disabilities to program areas and campsites. Please let the Camp Director know in advance if you have Scouts or leaders that need transportation assistance.

Getting Ready to Leave Camp

- Make sure campsite is clean, and nothing is left behind.
- If anything was lost, check the lost and found area before leaving.
- Turn in the camp survey form.
- Return any items in the same condition as checkout.
- Sign out of camp on the camper log just beforeleaving.

Youth Protection

We take our responsibility for the welfare of youth entrusted in our care very seriously. For that reason, policies have been established which pertain to the control of visitors on camp property, release of youth fromcamp, and verification of no-shows at camp. Policies are summarized below and will be discussed as part of the orientation upon arrival at camp.

Effective as of the 2018, any adult accompanying a troop or pack to a residence camp or other Scouting activity lasting 72 hours or more must be registered as a leader, including completion of a Criminal Background Check, and have taken Youth Protection Training even if they arethe parent of a youth on the trip.

Youth Protection Training

If you or any other adult leaders have not had BSA's

Youth Protection Training since February 1, 2021, you are required to take it before coming to camp. The course is available on-line at my.scouting.org.

NOTE: ALL BSA STAFF AND VOLUNTEERS ARE MANDATED REPORTERS.

Color Coded Wrist Bands

These are issued to all adults and Scouts upon arrival at camp and must always be worn to properly identify to others that you belong in camp. In the event a wristband is lost, a replacement is available at the Camp Office. Your cooperation, as a leader in enforcing the wristbands and your adult's registration will help the staff make sure your Scouts are in a safe environment.

Sign In & Sign Out

All visitors must report to the Camp Office located in the Troop Service Building to sign-in and sign out. Temporary visitor passes are issued to those persons who are in camp for a limited time. This policy does not apply during family night activities. Whenever a camper, leader or staff member enters or departs camp, he/she must sign-in and sign-out at the office. Anyone suspected of being an unauthorized person should be reported to the nearest program area director, leader, or staff member who will contact the Camp Director This procedure will be medified.

contact the Camp Director. This procedure will be modified during family night.

Camp Services

Campsites

Each campsite is equipped with running water and a latrine. A list of emergency procedures, a duty roster assigning campers to clean the latrine daily, and a fireguard chart must be posted on the campsite bulletin board. Our camp will provide the following items for each campsite.

- Flagpole
- 3 barrels for recycling, aluminum cans, and trash
- Firefighting equipment: shovel, rake, indian pump, fire cans, and water barrel

- Picnic tables
- Latrine cleaning equipment: broom, hose, bucket,brush
- Toilet paper (more is available from the campcommissioner in the Troop Service Building)

Be ecologically minded. Put litter and trash in the trash receptacle...not the latrine. Put items that can be recycled in the proper container. It would be helpful if youpack out your own trash at the end of camp, disposing of it properly when you return home. This is the principle of Leave No Trace!

Individual Tents for Campers

It is requested that units provide their own tents if feasible. Any tents with bottoms may need to be moved to maintain campsites. The frequency of moving tents will be determined based on the weather and at the discretion of the Administration Team when your unit attends camp. Camp Wakonda will only provide tents for individual campers if requested.

BSA National Standards apply to all tents used during summer camp. All tents in camp must meet or exceed fire-retardant specifications by the manufacturer (CPAI- 84) and signage stating "no flames in tent" is marked on,or adjacent to, each tent.

Mail Service

Outgoing mail is picked up dailyfrom the mailbox located at the Trading Post. Incoming mail is distributed to adult leaders by the Camp Director.

Camp Mailing Address

HHCSR (Scout's Name and Pack #) 4521 Boy Scouts Road Central City, Iowa 52214

Telephone

The camp telephone is used for camp business only - it isnot available for personal calls. Encourage the parents of your scouts to write, but not to call, except in the case of an emergency. This policy must be strictly enforced.

Calls to camp may be made to **319-483-1837** Messages will be relayed as soon as possible.

Cell Phones

Unit leaders who need to keep in contact with home or office are encouraged to use personal cell phones.

Trash & Recyclables

Garbage cans are located throughout the camp. Scouts are reminded of their duty to be thrifty as well as clean. Trash and recycling bags are provided to help you keep your campsite clean. Trash bags should be placed in the trash receptacle next to the latrine after evening program if they are to be collected for disposal. Please do not leave any trash in your campsite at the end of your stay.

MENUS AND SPECIAL DIETARY CONCERNS

Howard H. Cherry Scout Reservation serves food from a dietitian approved menu. Our meals are balanced and are consistent with a healthy diet. It is critical that all food allergies and special dietary needs be reported to the Hawkeye Area Council a minimum of 2 weeks prior to arrival at camp using the Special Dietary Needs Form.

This will allow us to make the adjustments necessary to keep your Scouts and leaders safe. Our dining hall doesnot use peanut products. For concerns about food allergies, please have the Scout/leader ask the Commissary Director about preparation and contents.

The Special Dietary Needs Form is reserved for those with health concerns.

The form can be found online at: www.HawkeyeBSA.org/camping/cubscoutcamping

Allin Dakin Dining Hall Procedures

Years of experience makes the dining hall procedure run smoothly. Each pack/den is assigned a table area. Scouts are to set the table before and clear items after the meal. Please pay close attention to the Dining Hall staff's instructions throughout your stay at camp. Beforethe meal,

campers line up by pack/den on the Dakin patio. Hats must be removed upon entering the building. Food is served cafeteria style, stopping at the stations toget food. Your cooperation, patience, and understandingwill be greatly appreciated so the meals run smoothly. If for any reason Scouts are not able to make any meal times it is mandatory that the Camp Director be notified.

Trading Post

The Trading Post is maintained for the camper's convenience. Available items include handicraft items, Scout equipment, t-shirts, gifts, gadgets, candy, and an assortment of snacks. Hours of operation will be posted at the Trading Post.

Howard H. Cherry Scout Reservation is sensitive to the fact that there are individuals who have various allergies. The main one being individuals who are allergic to peanuts. There will be a sign posted on both main entrances to the Trading Post and one to main entrance of the Camp Office stating that there are food items that contain peanuts, peanut butter, or other various nuts and that Scouts, leaders, and visitors should use good judgement when entering the building. Emergency Procedures

Fire, Lost Person, or Lost Swimmer

Signal: Intermittent sounding of siren.

What to do: All activities cease!

Staff reports to preassigned areas. Campers/guests go to the flagpole area and line up by unit. Unit leaders will be asked to account for all Scouts and leaders to a staff member at the flagpole. All units will wait in the flagpole area for instructions.

All Clear Signal is three (3) short siren wails.

In Case of Fire in Your Area—Send two (2) runners to report the fire. Go to the closest staffed area. Make sure information is given to a staff member to be passed onto the Camp Director.

If it is safe to do so (and you will not be taking any unnecessary chances), organize the rest of the troop with shovels, rakes, water pails and fire buckets and proceed to extinguish the fire. Remember that the safety of the

Scouts and leaders is the primary concern.

General Fire Safety Precautions

- At all times, water barrels must be kept filled and used only for an emergency. (They must not be used for washing, etc.)
- Fire buckets and extinguishers must never be used except in the case of fire.
- Each unit is responsible for the observance of good fire precautions at all times. Leaves, brush, refuse, etc. should not accumulate near the tentsor cooking areas. (This does not mean to rake away all leaves since this is a poor conservation practice and leads to erosion.)
- Fires are to be built only in fire rings.
- Take extra precautions on windy days.
- No fires are to be left unattended. Put them deadout before leaving your campsite or retiring for the night.



Storm or Strong Winds

Signal: Continuous sounding of siren.

What to do: All activities cease! Everyone goes to the closest Storm room or lowest lying area. Staythere until all clear signal or told by a staff member that it is safe. (Not hearing the siren is not an indication that it is safe. Electricity could be out.)

All Clear Signal is three (3) short siren calls (or truck horn, etc.).

Outdoor Hazards

In any trip to the outdoors, one may encounter annoyinginsects and poisonous plants or animals. Each leader should prepare Scouts to recognize and protect against such outdoor hazards. The effects of poison ivy, ticks, etc., can be minimized with good personal practices. All injuries of this type should be reported to the health officer for treatment and recording.

High Temperature/Humidity Plan

When temperatures and/or humidity become excessive, program area will limit activities to assure the health of all campers.

- 1. Provide adequate drinking water at all program areas and activities. Drinking water is vital. Encourage everyone to drink at least half a guartper hour.
- 2. Provide shade and use frequent breaks.
- 3. Encourage the wearing of hats for cooling. Also, wetting the top half of your body promotes cooling.
- 4. Wear light colored loose-fitting clothing.
- Sunscreen should be worn, particularly bypersons with fair complexions. Avoid too much sun.

Earthquakes

In the event of an earthquake, move rapidly to an open area outdoors away from buildings, structures, trees, or embankments. Remain there until all clear signal is giventhen assemble at the flagpoles for instructions.

Part A: Informed Consent, Release Agreement, and Authorization

	м
- /	4

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 fluxes activities may be obtained from the venue, activity coordinators, or your local councit. It 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 issted as the emergency contact person by the medical provider and all liability from such use and publication. Interther authorize to medical provider are authorized to disclose protected health information to the adult in charge, camp medical staff, camp menagement, and/or any physician or health-care provider involved in providing medical care to the participant, released the participant provider provider are authorized the call information (PHI/CHI) under the Standards for Privacy of Individually identifiable Health information (PHI/CHI) under the Standards for Privacy of Individually identifiable Health information (PHI/CHI) under the Standards for Privacy of Individually identifiable Health information (PHI/CHI) under the Standards for Privacy of Individually identifiable Health information (PHI/CHI) under the Standards for Privacy of Individually identifiable Health information (PHI/CHI) under the Standards for Privacy of Individually identifiable Health information (PHI/CHI) under the Standards for Privacy of Individually identifiable Health information (PHI/CHI) under the Standards for Privacy of Individually identifiable Health information (PHI/CHI) under the Standards for Privacy of Individually identifiable Health information (PHI/CHI) under the Standards for Privacy of Individually identifiable Health information (PHI/CHI) under the Standard	Full name:	High-adventure base participants:			
Informed Consent, Release Agreement, and Authorization Londentstand that participation is Counting activities involved the present liquiry, including eachs, the so the place, meets, and emotical challenges in the explicit softwards and the participation about those activities may be obtained from the ward challenges in the explicit source of the source of the present control and the participation in the authorization and allow by all applicable roles and the strendstord of conduct. In case of an emergency involving me or my roll, its fundament and the strendstord of the stre		Expedition/crew No.:			
is understand that participation in Souding activities involves the risk of personal plays, including death, due to the physical, meeta, and emotivate challenges in the activities undered, stormation and activities of the physical products and an activities of the physical products of the activities and the conditional for the processor and activities and personal products in the activities in effect without and record and activities and activities and the students of conduct to activities and ac	Date of bil til.	or staff position:			
death, due to the physical, mental, and evinotous challenges in the activities offered. Information about house activities may be obtained from the weap, activity conditions, or year local connection and about the possibility of the participant of the possibility of the participant is signature. Judgment of the participant of the participant of the pa	Informed Consent, Release Agreement, and Authorization				
information (PRICH) under the Standards for Privacy of Individually (stentification Health Intromation, 45 C.FR. \$586.01, 316.450], etc. are, an amended from time to time, includes examination findings, lest results, and treatment provided for purposes of medical evaluation of the participant's activation of the participant's ability to continue to guardian, and/or determination of the participant's ability to continue to guardian, and/or determination of the participant's ability to continue to guardian, and/or determination of the participant's ability to continue to guardian, and/or determination of the participant's ability to continue to guardian, and/or determination of the participant's and standard programs. If urther authorite the sharing 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 come behalf and/or on behalf or my child to be a separate to 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 come behalf and/or on behalf or my child to be a separate to medical conditions that may require special consideration in conducting Scouting activities. If understand that, if any information live have provided in found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If any participating at a participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. This participant is under the age of 18, participant is under the age of 18, participant is under the age of 18. Complete this section for youth to and From Events: Name: Name: Phone: Adults NOT Authorized to Take Youth to and From Events:	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	Every person who furnishes any BB device to any minor, without the express or implied permissic			
If applicable) I have carefully considered to purposes of medical evaluation 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 consult for my child to participate in all activities offered in the program. I further authorize the sharing of the information or this form with any BSA volunteers or professionals who need to know of medical conditions that the my require special consideration to conducting Socialing activities. With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/er on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or less that may arrive against the Bby Social of America, the focal council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activities below. List participant restrictions, if any: I understand that, if any information I/we have provided is found to be inscruzital, it may list and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philonon Scoral Branch, Philonon Training Centre, Northern Tier, See Sisse or the Summit Bechild Inserve, I have also read and understand the supplemental risk advisories, including help and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable hipsical and participant is under the age of 18, parently quartities also and understand the supplementation and understand the supplementation is applicable in participant is under the age of 18, parently quartities are required. Participant's signature is required. Participant's signature is required. Participant's signature is required. Participant's applicable at less one adult. Please include a phone number. Name: Phone: Phone:	Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information,	Section 19915[a]) My signature below on this form indicates my permission.			
## Complete this section for youth participants only: ### Complete this section for youth to and From Events: Complete this section for youth to and From Events:	findings, test results, and treatment provided for purposes of medical evaluation of the participant,	I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)			
for my child to participate in all activities offered in the program. In further authorize the sharing of the information on this form with any SSA volunteers or professionals who need to know of medical conditions that may program any SSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouling activities. With appreciation of the dangers and risks associated with programs and activities, on my one 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 understand that, if any information l/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Sammit Bechtel Reserve, I have also read and understands high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant's signature: Participant's signature: Parentiguardian signature for youth: [If participant is under the age of 18] Complete this section for youth participants only: Adults Authorized to Take Youth to and From Events: Name: Phone: Name: Phone:		Checking this box indicates you DO NOT want your child to use a BB device.			
own behalf and/or on behalf of my child, I hereby fully and completely release and wains and all claims for personal injury, death, or loss that may arise against the Boy Scouls of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity. I understand that, if any information t/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If am participating at Philmont Scout Ranch, Philmont Training Centre, Northern Ther. Sea Base, or the Summit Bectited Reserve, I have also read and understand the supplemental risk advisories, including heligiand weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are now. If the participant will not be allowed to participate in applicable high-adventure programs if those requirements are now. Participant's signature: Date:	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.	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.			
Philmont Scout Ranch, Philmont Training Center, Northern Tier, See Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including helg 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 next. 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, parent or guardian's signature is required. Participant's signature: Date: Parent/guardian signature for youth: ## participant is under the age of 18 ## pa	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,	List participant restrictions, if any:			
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: Phone: Adults NOT Authorized to Take Youth to and From Events:	Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Rand weight requirements and restrictions, and understand that the participant will not be a met. The participant has permission to engage in all high-adventure activities described, except a parent or guardian's signature is required.	eserve, I have also read and understand the supplemental risk advisories, including height flowed to participate in applicable high-adventure programs if those requirements are not is specifically noted by me or the health-care provider. If the participant is under the age of 18, a			
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: Phone: Adults NOT Authorized to Take Youth to and From Events:	Parent/guardian signature for youth:	Date:			
Adults Authorized to Take Youth to and From Events: You must designate at least one adult. Please include a phone number: Name: Phone: Adults NOT Authorized to Take Youth to and From Events:	. If participant is un	der the age of 18)			
Vou must designate at least one adult. Please include a phone number. Name: Phone: Adults NOT Authorized to Take Youth to and From Events:	Complete this section for youth participants only:				
Name:	Adults Authorized to Take Youth to and From Events:				
Phone: Phone: Adults NOT Authorized to Take Youth to and From Events:	You must designate at least one adult. Please include a phone number.				
Adults NOT Authorized to Take Youth to and From Events:	Name:	Name:			
	Phone:	Phone:			
Name:Name:	Adults NOT Authorized to Take Youth to and From Events:				
Name:Name:					
	Name:	Name:			



B1

Part B1: General Information/Health History

Full name:			High-adventure base participants: Expedition/crew No.:		
Date	of bir	th:		or staff position:	
Age:		Gender:	Height (inches):		Weight (lbs.):
Address					
City:		State:	Zi	P code:	Phone:
				Unit leader's mobile if	
		0			Unit No.:
		Insurance Company:			
•	Please	attach a photocopy of both sides of the insurance card. If you	do not have medical insi	urance, enter "none" abov	re.
In case	e of em	ergency, notify the person below:			
				Relationship:	
			Home ohone		
			Thorne priorie		out pane.
		t name:		Ateniate's priorie:	
		story			
Yes	No	have or have you ever been treated for any of the following? Condition			Explain
		Diabetes	Last HbA1c percentage	and date:	Insulin pump: Yes 🔲 No 🔲
		Hypertension (high blood pressure)			
		Adult or congenital heart disease/heart attack/chest pain (angina)/ heart murmus/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 No		
		List all surgeries and hospitalizations	Last surgery date:		
	-	Unit and other medical appliffication and approved above			



High-adventure base participants:

B2

Part B2: General Information/Health History

Full name:

Date of birth:					expedition/crew No.: or staff position:			
Allergies/Med Do you use an epin Autoinjector? Exp	IEPHRINE	□ YES	□ NO		N ASTHMA RESCUE p. date (if yes)	□ YES □ NO		
Are you allergic to or do y	ou have any adverse real	ction to any of the fo	flowing?					
Yes No Alle	ergies or Reactions		Explain	Yes No /	Allergies or Reactions	Explain		
Medica	ation			Plan	nts	500-1 000-00		
Food		1		Inse	ect bites/stings			
List all medications	currently used, incli	uding any over-t	he-counter medicatio	ns.				
Check here if no	medications are ro	utinely taken.	If additional	space is needed, ple	ase list on a separate sheet	and attach.		
Medic	alion	Dose	Frequency	18 105-7	Reason			
			ricquanty		Housen			
YES NO	Non-prescription media	ration administration	is authorized with these ex	centions:				
	ve medications is approv			7				
		1897 18	/	NAME OF THE PARTY				
	Parent/guardia	n signature		MUIDO, I	NP, or PA signature (if your state requires s	gnature)		
A Bring annuals	modinations in sufficien	d miontifies and in t	the original containers. Mak	re come that they are NOT	avaired including inheless and Eni	Pens. You SHOULD NOT STOP taking		
any maintena	nce medication unless i	nstructed to do so b	y your doctor.	a sale that they are not	expired, including limaters and Epi	reis. Iou anouch not stor laking		
Immunization			0 000 10 000 1					
			is required and must have to te. If immunized, check yes		ved. Please list any addit	ional information about your		
Yes No Had I	Disease	Immunizatio	n	Date(s)	medical history:			
	Tetanus							
	Pertussis							
	Diphtheria							
	Measles/mu	mps/rubella						
	Polio				DO NOT WRITE IN TH			
	Chicken Pox	Chicken Pox Hepatitis A Hepatitis B			Review for camp or special a	ctivity.		
	Hepatitis A				Reviewed by:			
	Hepatitis B				Date:			
Meningitis			Further approval required:	Yes No				
	Influenza				Reason			
	Other (i.e., h	HE)			Approved by:			
		o immunizations (for	m required)		Date:			
	Exemption 1	o immunizations (10)	rm required)		- Land			



Questions?

Feel free to call or write for more information or clarifications to:

Hawkeye Area Council

660 32nd Ave. S.W.

Cedar Rapids, IA 52404-3910

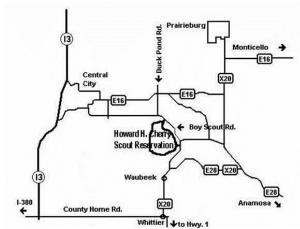


Camp Director: Chris Abbott abbottsix@aol.com

Howard H. Cherry Scout Reservation Physical Address

4521 Boy Scout Road Central City, Iowa 52214

Phone: (319) 438-1837



From Iowa City/Cedar Rapids: North on I-380 to exit 28, turn right (east) onto County Home Road (E34), go east to Hwy 13, continue east 5 miles into town of Whittier, turn left (north) onto Whittier Road (X-20), go 5 miles to town of Waubeek, turn right crossing bridge onto Boy Scouts Road 2 miles to Camp Wakonda.

OR

North on I-380 to exit 16, turn right (east) onto IA 151/30, go east 6.8 miles to exit 259 turn right onto Hwy 151/13, continue north 11.5 miles to County Home Road (E34), turn right go 5 miles to town of Whittier, turn left (north) onto Whittier Road (X-20), go 5 miles to town of Waubeek, turn right crossing bridge onto Boy Scouts Road, 2 miles to Camp Wakonda.

From Central City: (Hwy 13) East 3 miles on E16, turn right (south) onto Duck Pond Road, go .7 miles, turn left onto Boy Scouts Road, go .7 miles to Camp Wakonda.

From Monticello: Turn right (west) onto E16, go 12.4 miles, turn left (south) on X-20, go 1.2 miles, turn right onto E16, go 2.2 miles, turn left (south) on Duck Pond Road, go .7 miles, turn left onto Boy Scouts Road, go .7 miles to Camp Wakonda.

