

# TROOP 386 BACKPACKING CHECKLIST AND PERMISSION SLIP

**TYPE OF EVENT:** Yosemite National Park  
**LOCATION:** Crane Flat Campground  
**DEPARTURE SITE:** Carmichael Elks Lodge  
**RETURN SITE:** Carmichael Elks Lodge  
**TRIP LEADER:** Richard Harner

**EVENT DATE:** 09/03/2010  
**FEES:** \$27.00    **FEES DUE:** 08/31/2010  
**TIME & DATE:** 8:30 PM - 09/03/2010  
**TIME & DATE:** 2:00 PM - 09/06/2010  
**HM PHONE:** 916-863-1944    **CELL PHONE:** 916-919-0907

**INDIVIDUAL FOOD:**

- X Sack Lunch or Dinner
- X Food Money \$10.00

**WEAR:**

- X Troop Tech Tee-Shirt
- X Convertible (zip-off) Pants
- X Hiking Socks with sock liners
- X Hiking Boots
- X Brimmed Hat
- \_\_\_ Wrist Watch

**CLOTHING TO PACK:**

- X 1 Shorts - Nylon, quick dry
- X 2 Long Sleeve Tech Shirts
- X 1 Short Sleeve Tech Shirt (Total 2)
- X 1 Tech Underwear (Total 2)
- X 2 Scout Socks (Total 3)
- X 2 Sock Liners (Total 3)
- X 1 Ski Cap
- X 1 Storm Pants
- X 1 Shell Jacket
- X 1 Fleece Jacket
- X 1 Pair Fleece Gloves
- X 1 Extra Shoes / Boots / TBD
- X Extra Shoe Strings
- \_\_\_ Swim Trunks
- \_\_\_ Water Shoes
- \_\_\_ Lounging shoes (Tevas)
- Options: Parka, Fleece Vest, Fleece  
Pants, and Warmer Gloves

**X PERSONAL FIRST AID KIT:**

- X Prescription Meds (Give to Leader)
- X Copy of Class 2 Medical Form
- X Tweezers
- \_\_\_ Finger nail clippers
- X Small Scissors
- X Band Aids (Including Butterfly type)
- X Gaze Pads (large)
- X Safety pins (4)
- X Medical Tape
- X Neosporin
- \_\_\_ Benadryl Cream
- X Alcohol Wipes
- \_\_\_ Advil
- X Moleskin & Foot Power
- X Antiseptic Cream or Wipes
- X Insect Repellent
- X Sun Block (SPF 45 or Higher)
- X Lip Balm
- \_\_\_ Sewing Kit

**PERSONAL TOILETRIES:**

- \_\_\_ Waterless Hand cleaner
- X Biodegradable Camp Soap
- X Tooth brush & tooth paste
- X Dental Floss
- \_\_\_ Baking Soda
- \_\_\_ Comb / Brush
- \_\_\_ Wet Wipes
- X Backpacking Towel
- \_\_\_ Toilet paper & trowel

**PERSONAL EQUIPMENT:**

- X Backpack
- X Sleeping Bag
- X Sleeping Pad
- X Plate, bowl & mug
- X Knife, fork & spoon
- \_\_\_ Water pump/filter
- X Sunglasses
- X Full Water Bottle (1 Liter Min.)
- \_\_\_ 1.8 Liter Hydration Bag
- X Headlight with extra batteries
- X Small flashlight w/extra batteries
- X Twine / nylon cord (10 feet)
- \_\_\_ Duct Tape
- \_\_\_ Dunk Bag
- \_\_\_ Maps / Compass
- \_\_\_ Pocket knife
- \_\_\_ Notepad, Pen/Pencil
- \_\_\_ Camera & Film
- \_\_\_ Paperback book
- X Large Garbage Bags (3)
- \_\_\_ Whistle
- \_\_\_ Matches (Safety/White tip) in a waterproof container
- \_\_\_ GPS with extra batteries
- \_\_\_ Walking Stick

**GROUP GEAR:**

- X Bear Canisters & Bags
- X Tents (w/poles, stakes & tarp)
- X Stoves & fuel
- X Pop-Ups

**ACTIVITY PERMISSION SLIP -Return this Portion of Form to Tour Leader by \*Due Date.**

SCOUT: \_\_\_\_\_ I agree to hold the above named unit and its leaders blameless for any accidents that might occur during this outing except for clear acts of negligence or non-adherence to BSA policies and guidelines.

I give permission to the adult leaders of Troop 386 to render First Aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by an adult leader, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed. In the event of my son's serious misbehavior, I agree to come and pick him up from the outing location.

Shown by my initials here: \_\_\_\_\_, I also agree to allow the adult leader in charge to provide, if available and in accordance with the manufacture's directions, "over the counter" headache and/or stomachache medication for my son.

_____ <b>Parent or Guardian Signature</b>	_____ <b>Date</b>	(_____) _____ <b>Primary Emergency Telephone Number</b>
(_____) _____ <b>Second Emergency Number</b>	_____ <b>Physician's Name</b>	(_____) _____ <b>Physician's Phone Number</b>
_____ <b>Primary Medical Insurance Carrier</b>	_____ <b>Policy Number</b>	_____ <b>Hospital Used</b>