
THE PACK RAG

A NEWSLETTER FOR EDINA CUB SCOUT PACK 168

APRIL 2010

Calendar:

April

- 1st Roundtable, CPC, 7:00
- 8th Leaders' Meeting, Good Sam, 7:30 p.m.
- 22nd *Arrow of Light*, Good Sam, 7:00 p.m.
- 24th Scouting for Food, Utley Park, 9am

May

- 6th Roundtable, CPC, 7:00
- 8th Clean Up Day, Good Sam
- 13th Leaders' Meeting, Good Sam, 7:30 p.m.
- 15th Whitewater Park overnight
- 27th *Raingutter Regatta*, Good Sam, 7:00 p.m.

ARROW OF LIGHT

April Pack Meeting--Advancements

We will have a special event on April 22nd, as Boy Scout Troop 123 assists us in the Crossing Over Ceremonies. In addition, some Webelos II scouts have also earned the Arrow of Light award. As the highest award available in Cub Scouting, the Arrow of Light is the only Cub Scout award that may be displayed on the Boy Scouts of America uniform.

We will also be recognizing all Scouts who have achieved their new Badge of Rank since our March meeting. Come prepared to celebrate this special event!

April Duty Grid

Wolves	Setup and Flag Presentation
Wolves	Closing & Retire flags

PLEASE HELP OUT WITH CLEAN-UP

WHITEWATER PARK

May 15th, 1:00 PM – May 16th, 12:00 PM

LET'S GO CAMPING!

Come join us and spend a memorable overnight camping experience at the beautiful Whitewater Park. We will be meeting at our campsite at approximately

1:00 PM on Saturday with opening ceremonies to begin at 1:30 PM.

For \$20, you and your son will be provided dinner on Saturday evening, and s'mores around the campfire, and breakfast on Sunday morning. We have a scheduled fossil dig with a Naturalist from the park, a geocaching hunt (if you own a GPS please bring it to camp), and a multiple sport field challenge (bring tennis shoes). We also have schedule two hours on Sunday for individual parent and child activity. This will require you to bring the necessary equipment for your individual event. Suggestions include fishing, hiking and caving.

We are staying in cabins but you will need to bring sleeping bags, pillows towels etc. I always recommend ear plugs as well.

To R.S.V.P. for this incredible Pack-wide camping experience, please contact Webelos Leader John Will at joanjohnwill@comcast.net. We've attached to this emailed Pack Rag the requisite health form to be completed as well.

Please come prepared to the April Pack Meeting with a fully completed health form and a check for the event. Final registrations for this Camp-Out will be accepted thru May 7th.

Scouting for Food

Saturday, April 24, 2010 will be the annual Scouting For Food (SFF) drive. This is an excellent opportunity for Scouts to help others who are less fortunate in an important charitable event. Pack 168 efforts to canvas, distribute, and collect bags of food donations will be dropped off at a collection site and transported to the St. Louis Park Emergency Program (STEP), which is a local food shelf. Check out STEP at www.stepslp.org. Each den leader has been given a map of the areas we are to cover. They

will decide how best to distribute the bags. Please contact your den leaders for question on bag distribution.

As for the food pick up we meet at Utley Park at 9:00 on Saturday morning, April 24th. If possible, we ask for you to help your son by driving along with the boys as they walk down the sidewalks to see who left a bag filled with food at their front door. When they get the bags of food, they can put them in your trunk or door of a van. Everyone in the Pack will gather back at Utley Park at 11:00 so we can pack the food into a few large vehicles and drive it over to the STEP food shelf in St Louis Park.

“Thank You” to our Scouting For Food Leader, Greg Kuznecoff, for all his hard work in organizing this important annual event. Please thank Greg when you see him during the drive.



May 8th Pack Service Project

Good Sam Spring Cleanup – Sat. 10-11AM

Help say “Thanks” to Good Sam for allowing us to utilize their building for meetings, etc., by participating in the annual clean up project. Be sure to bring your rakes, gloves, trash bags, etc.

The Scouts of Pack 168 and Pack 68 carry out this service project every May. Although it is a scout service project, we need to ensure adequate adult supervision. *This is not a drop-off event!* Plan to participate instead of dropping off your Scout. The work goes faster and is much more fun when there is a balance of kids and adults.

Mark your calendars for Saturday, May 8, 2010 to put your ‘Thank You’ to Good Sam in action!

PACK WEB

As a communications resource, the Pack has established its own website. You can find the Pack calendar, this Pack Rag and your individual den activities calendar at the website. Check it out at:

www.edinapack168.com

Please confirm with your Den Leader that he has your correct e-mail address since almost all of Edina Cub Scout Pack 168 information is shared via e-mail.

Leadership in 2010/2011

We have a Popcorn Colonel for the fall of 2010. Currently Jennifer Doyle has agreed to assist by we need that individual to co chair the position. This is our packs largest fund raising event please volunteer.

Its parents that make the difference in Scouting! Contact Assistant Cubmaster Kevin if interested (952) 946-1542.

Adult Leadership

The Leadership Roster for Edina Cub Scout Pack 168 of the 2009 – 2009 season is:

Tiger Den 2– Stephan Dunning

Wolf Den 1 – Michael Sebek, Ed Lutgan, Dan Kraft, Jim Castle

Bear Den 4 – Tony Pellegrin

Webelos I – Richard Jensen, John Will, Barb Owens, Doug Seim

Webelos II – Mark Fuller, Jim Wohlford

Cubmaster – Kevin Swanson

Asst. Cubmaster – Stephan Dunning

Co-Committee Chairs – Karl Winter

Treasurer –Tony Zeuli

Websitemaster – Dan Kraft

Advancements – Jim Castle

Popcorn Colonel – Jennifer Doyle

Scouting for Food – Greg Kuznecoff

Good Samaritan liaison – Caroline Carlin

Blue & Gold Dinner – Gary and Laurie
Holmquist, Michelle Swanson

Rocket Day–Tony Zeuli



Annual Health History Record

(Valid for 12 calendar months)

Medical Information

The Boy Scouts of America requests as of January 1, 2010 that all youth and adult members have annual medical evaluations by a certified and licensed health-care provider. In an effort to provide better care to those who may become ill or injured and to provide youth members and adult leaders a better understanding of their own physical capabilities, the Boy Scouts of America has established minimum standards for providing medical information prior to participating in various activities. Those standards are offered below in one three-part medical form. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

Parts A and B are to be completed annually by ALL BSA unit members. Both parts are required for all events that do not exceed 72 consecutive hours, where the level of activity is similar to that normally expended at home or at school, such as day camp, day hikes, swimming parties or an overnight camp and where medical care is readily available. Medical information required includes a current health history and list of medications. Part A includes the parental informed consent and hold harmless/release agreement, a talent release statement, Lyme disease statement and permission to participate in shooting sports release. Adult unit leaders should review participants' health histories and become knowledgeable about the medical needs of the youth members in their unit. This form is to be filled out by participants and parents or guardians and kept on file for easy reference. All units should keep their own copy of their forms for any future camp visits; our camps are required to keep a copy of all completed forms that are turned in.

Risk Factors

Based on the vast experience of the medical community, the BSA has identified that the following risk factors may define your participation in various outdoor adventures.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Sleep disorders
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties.

For more information on medical risk factors, visit Scouting Safely on www.scouting.org.

Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.

This health form will need to be collected from everyone who attends one of our camps upon check in (youth and adult). Part A (statement/release) will be kept at camp, therefore, please make a copy of your forms to keep for your next camp visit throughout the coming year.



BOY SCOUTS OF AMERICA

Part A

RELEASE/STATEMENTS – each section requires an adult’s signature

Lyme disease – Be wary, not worried, when enjoying the outdoors!

Lyme disease is becoming increasingly common in Minnesota, Wisconsin and other states. Lyme disease is spread by the bite of certain ticks. It is important for people who work or recreate outdoors to learn the facts about the disease and to prevent it. By taking some simple precautions and knowing the symptoms of the disease, we can continue to safely enjoy the pleasures and benefits of the outdoors. The links below will help Scouters stay safe while enjoying the woods. www.stopticks.org; www.lymediseaseassociation.com; and www.ilads.org I have read and understand this.

Signature of Parent or Legal Guardian: _____ Date: _____

Informed Consent and Hold Harmless/Release Agreement

I understand that participation in Scouting activities involved a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I 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 claims or liability arising out of this participation.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. 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 to the adult in charge examination findings, test results, and treatment provide 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.

- Without restrictions**
- With special considerations or restrictions (list)** _____

Signature of Parent or Legal Guardian: _____ Date: _____

Permission to Participate in Shooting Sports for all Cub Scouts, Boy Scouts, Venturers and Explorers:

I, _____ (print your name) grant my consent to Northern Star Council and to its representatives including Range Officers and Instructors and others serving in these positions to furnish my child with BB guns or firearms and ammunition and provide instruction as to their use. I further certify that I am the parent with full parental rights or the legal guardian of this child. I understand that this document will be kept and maintained by the Northern Star Council or its representatives including Range Officers and Instructors. I further understand that any modification of this form will result in it s not being accepted by Northern Star Council, Range Officers and Instructors.

- Yes my child has permission to participate in Shooting Sports without restrictions.**
- No, my child does not have permission to participate in any Shooting Sports.**

Signature of Parent or Legal Guardian: _____ Date: _____

I have read and understand all the information shared in this form. 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.

Participant’s name _____ Participant’s signature _____

Signature of Parent or Legal Guardian: _____ Date: _____
(if under the age of 18)

Participant’s Last Name: _____ **First Name:** _____ **DOB:** _____ **Unit #:** _____

This page needs to be completed by ALL for each camp you attend. Please retain a copy for your records.

Part B
HEALTH HISTORY

Name _____ Date of Birth _____ Age _____ Male Female
 Address _____ Grade completed (youth only) _____
 City _____ State _____ Zip _____ Phone No. _____
 Unit leader _____ Council Name/No. _____ **Unit No.** _____
 Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____
 Health/accident insurance company _____ Policy No. _____

IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."

In case of emergency, notify:

Name _____ Relationship _____
 Address _____ Home _____
 Phone _____ Business phone _____ Cell phone _____
 Alternate Contact _____ Alternate's phone _____

MEDICAL HISTORY

Are you now, or have you been treated for any of the following:

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____
 Food, Plants, or insect bites _____

Immunizations:

The following are recommended by the BSA. Tetanus immunization must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the box and the year received.

- | Yes | NO | Date |
|--------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Tetanus _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Pertussis _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Diphtheria _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Measles _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Mumps _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Rubella _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Polio _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Chickenpox _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis A _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis B _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Influenza _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (i.e., HIB) _____ |
- Exemption to immunizations claimed.

MEDICATIONS

List all medications currently used. (IF additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

(For more information about immunizations, as well as Immunization exemption form, see Scouting Safely on www.scouting.org.)

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent Signature _____ MD/DO, NP or PA Signature _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent Signature _____ MD/DO, NP or PA Signature _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent Signature _____ MD/DO, NP or PA Signature _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
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NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Unit # _____ Allergies: _____ DOB: _____ Last name: _____