

Useful Documents & Forms – Ma-Ka-Ja-Wan Planning Guide Appendix 1

This appendix contains all of the documents and forms that you will either need or may find useful during your visit to Ma-Ka-Ja-Wan Scout Reservation. These documents typically do not change from year to year.

Order of Forms

MAIL-IN AND IN-PERSON PAYMENT FORM
ANNUAL HEALTH & MEDICAL RECORD INSTRUCTIONS
MEDICATION ADMINISTRATION RECORD
PERSONAL PACKING LIST
UNIT ROSTER – MA-KA-JA-WAN SCOUT RESERVATION
TROOP _____ SUMMER CAMP DUTY ROSTER
TROOP _____ SUMMER CAMP DUTY ROSTER (PAGE 2)
SWIM CLASSIFICATION RECORD
HERB'S WOLF RIVER RAFTING WAIVER
MAP OF CAMP
VILLAGE & CAMPSITE INFORMATION



Ma-Ka-Ja-Wan Scout Reservation
W6500 Spring Lake Road, Pearson, WI 54462
Proudly Serving Northeast Illinois Council, Boy Scouts of America since 1929



Mail-in and In-Person Payment Form

Northeast Illinois Council, B.S.A.
 Kasperson Center for Scouting at Morrison Park
 850 Forest Edge Drive
 Vernon Hills, IL 60061

Main Phone: 847.433. 1813 | Scout Store Phone: 847.748.9160

Make check payable to Northeast Illinois Council and mail to the address above.

Processing Payments: Please include this form. All council mail is opened by two individuals and then processed. Payments made in person at the council office are received and receipted at the front desk or scout store. Receipts and accompanying paperwork are then given to the appropriate people.

Examples for "Event Name": Day Camp or Akela Camp, Twilight Camp, M.S.R. East Week 1, Apostle Islands Trek; Camp Oakarro or Camp Crown (only use campground names for unit weekend camping)

Unit Type (Pack, Troop, Crew) and Number	_____	
Event Name	Provide "registered by" (parent's) name if applicable; registration # optional	Amount Enclosed
		\$
		\$
		\$
		\$
Total Amount Enclosed		\$
Payment Type: Check # _____, Credit Card ____, Cash ____, NEIC Scout Store Account ____		

Payments from NEIC Units with Scout Store Accounts: 1) Must be authorized by someone listed on the account, 2) Person authorizing must make sure there is enough money to pay these fees. To verify both, call the main number or scout store.

NEIC Scout Store Authorization

Authorized by Full Name (PLEASE PRINT CLEARLY) _____

Authorized by Signature _____

Date of Authorization _____

THIS BOX IS FOR OFFICE USE ONLY – PLEASE DO NOT WRITE IN IT			
Account #	_____	Amount Paid	_____
Date Paid	_____	Cash/Credit/Check #	_____
		Receipt #	_____

Annual Health and Medical Record

Information and FAQs

Personal Health and the Annual Health and Medical Record



Find the current Annual Health and Medical Record by using this QR code or by visiting www.scouting.org/health-and-safety/ahmr/.

The Scouting adventure, camping trips, high-adventure excursions, and having fun are important to everyone in Scouting—and so are your safety and well-being. Completing the Annual Health and Medical Record is the first step in making sure you have a great Scouting experience. **So what do you need?**

All Scouting Events. All participants in all Scouting activities complete Part A and Part B. Give the completed forms to your unit leader. This applies to all activities, day camps, local tours, and weekend camping trips less than 72 hours. Update at least annually.

Part A is an informed consent, release agreement, and authorization that needs to be signed by every participant (or a parent and/or legal guardian for all youth under 18).

Part B is general information and a health history.

Going to Camp? A pre-participation physical is needed for resident, tour, or trek camps or for a Scouting event of more than 72 hours, such as Wood Badge and NYLT. The exam needs to be completed by a certified and licensed physician (MD, DO), nurse practitioner, or physician assistant. If your camp has provided you with any supplemental risk information, or if your plans include attending one of the four national high-adventure bases, share the venue's risk advisory with your medical provider when you are having your physical exam.

Part C is your pre-participation physical certification.

Planning a High-Adventure Trip? Each of the four national high-adventure bases has provided a supplemental risk advisory that explains in greater detail some of the risks inherent in that program. All high-adventure participants **must** read and share this information with their medical providers during their pre-participation physicals. Additional information regarding high-adventure activities may be obtained directly from the venue or your local council.

Prescription Medication. Taking prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but the Boy Scouts of America does not mandate or necessarily encourage the leader to do so. Standards and policies regarding administration of medication may be in place at BSA camps. If state laws are more limiting than camp policies, they must be followed. The AHMR also allows for a parent or guardian to authorize the administration of nonprescription medication to a youth by a camp health officer or unit leader, including any noted exceptions.

Risk Factors. Scouting activities can be physically and mentally demanding. Listed below are some of the risk factors that have been known to become issues during outdoor adventures.

- Excessive body weight (obesity)
- Cardiac or cardiovascular disease
- Hypertension (high blood pressure)
- Diabetes mellitus
- Seizures
- Asthma
- Sleep apnea
- Allergies or anaphylaxis
- Musculoskeletal injuries
- Psychological and emotional difficulties



More in-depth information about risk factors can be found by using this QR code or by visiting www.scouting.org/health-and-safety/risk-factors/.

Questions?

Q. Why does the Boy Scouts of America require all participants to have an Annual Health and Medical Record?

A. The Annual Health and Medical Record (AHMR) serves many purposes. Completing a health history promotes health and awareness, communicates health status, and provides medical professionals critical information needed to treat a patient in the event of an illness or injury. It also provides emergency contact information.

Poor health and/or lack of awareness of risk factors has led to disabling injuries, illnesses, and even fatalities. Because we care about our participants' health and safety, the Boy Scouts of America has produced and required use of standardized annual health and medical information since at least the 1930s.

The medical record is used to prepare for high-adventure activities and increased physical activity. In some cases, it is used to review participants' readiness for gatherings like the national Scout jamboree and other specialized activities.

Because many states regulate the camping industry, the AHMR also serves as a tool that enables councils to operate day and resident camps and adhere to Boy Scouts of America and state requirements. The Boy Scouts of America's AHMR provides a standardized mechanism that can be used by members in all 50 states.



For answers to more questions, use this QR code or visit the FAQ page at www.scouting.org/health-and-safety/resources/medical-formfaqs/.



Prepared. For Life.®

Routine Drug Administration Record

Name: _____ Campsite: _____

Troop No.: _____ Date of birth: _____ Classification: _____

Drug hypersensitivity: _____ Weight: _____

Prescribing Physician: _____

Medications: _____ Rx: No Yes Number(s): _____

Dosage: _____ Date filled: _____

Route: P.O. I.M. S.C. S.L. Topical Inhalation Rectal

Times: PRN Daily B.I.D. T.I.D. Q.I.D. A.C. P.C. H.S.

Amount in bottle: _____ Comments: _____

Med Time	S	M	T	W	T	F	S

Prescribing Physician: _____

Medications: _____ Rx: No Yes Number(s): _____

Dosage: _____ Date filled: _____

Route: P.O. I.M. S.C. S.L. Topical Inhalation Rectal

Times: PRN Daily B.I.D. T.I.D. Q.I.D. A.C. P.C. H.S.

Amount in bottle: _____ Comments: _____

Med Time	S	M	T	W	T	F	S

Prescribing Physician: _____

Medications: _____ Rx: No Yes Number(s): _____

Dosage: _____ Date filled: _____

Route: P.O. I.M. S.C. S.L. Topical Inhalation Rectal

Times: PRN Daily B.I.D. T.I.D. Q.I.D. A.C. P.C. H.S.

Amount in bottle: _____ Comments: _____

Med Time	S	M	T	W	T	F	S

Prescribing Physician: _____

Medications: _____ Rx: No Yes Number(s): _____

Dosage: _____ Date filled: _____

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Route: P.O. I.M. S.C. S.L. Topical Inhalation Rectal

Times: PRN Daily B.I.D. T.I.D. Q.I.D. A.C. P.C. H.S.

Amount in bottle: _____ Comments: _____

Med Time	S	M	T	W	T	F	S

P.O. = by mouth
PRN = as needed
A.C. = before meals

I.M. = intramuscular
B.I.D. = two times a day
P.C. = after meals

S.C. = sub-cutaneous
T.I.D. = three times a day
H.S. = hours of sleep (taken at bedtime)

S.L. = sub-lingual-under-tongue
Q.I.D. = four times a day

Initial **Signature** **Name** **Position**

INSTRUCTIONS: Sheet is for reproduction as needed. It should be three-hole punched and kept in a binder during camp week. Use one sheet for each camper with a prescription. Record all medicines brought to camp (up to FIVE medications per sheet). The medication, dosage and dosage schedule should be copied from the prescription. Record dispensing times and days in the blocks provided for each medication as they are dispensed. After camp, place sheet(s) inside the first aid log.

Personal Packing List

Necessary Items

Clothing:

- Scout uniform as required by your unit
- Troop t-shirts or other Scout appropriate short sleeve shirts
- Long pants
- Shorts
- Swim trunks
- Underwear for a week
- Socks for a week (and extras if they get wet!)
- Sleeping clothes
- Rain gear (rain jacket/pants/poncho, etc.)
- Hiking boots
- Closed toed shoes
- Sweater/jacket for cool mornings
- Hat with a brim for sun protection

Equipment:

- Sleeping Bag & pillow
- Backpack
- Water bottle
- Flashlight w/ extra batteries
- Rain jacket
- Scout handbook for recording rank advancement
- Spending money for trading posts
- Toiletries
- Dental Hygiene
- Soap/Shampoo for showers
- Towels for showering and/or swimming
- Hair care
- Sunscreen
- Sunglasses
- Mosquito repellent
- First Aid Kit

Optional Items

- Camera
- Compass
- Fishing Equipment
- Pocket knife

Check out the closest BSA Scout Shop to purchase items you need – tax-free! Contact the Northeast Illinois Scout Shop to see what items are in stock or can be ordered (ask about shipping them to you). For store hours and more information, go to <https://neic.ihubapp.org/posts/34212/scout-shop>.

Unit items

- In addition to your freshly stocked first aid kit, you may wish to bring additional camping gear that makes your unit's experience more meaningful. If you travel by bus, keep in mind that baggage space is limited.

Leader Items

An adult would need items from the above list, with certain exceptions. The list of equipment below may help make your stay at camp more comfortable:

- Tent (w/screens and windows). The camp will furnish adults with a wall tent and cot, if needed or desired (unless your unit is in a "plat-less" campsite).
- Propane or white gas stove: Great for early morning and late evening coffee
- Propane or white gas lantern to brighten your campsite at night
- Lockbox: To give added security for troop funds and other valuables
- We encourage you to bring troop gear for patrol cooking since many prefer their own. Contact your camp director at least three weeks in advance about any equipment needed, so we can do our best to accommodate you.

What Not to Bring to Camp (Leave at home)

- Firewood – we have plenty of firewood and brush that can be collected from the forest near your campsite
- Items prohibited by B.S.A. policy: Fireworks, sheath knives, firearms of any kind, pets, etc.
- Items prohibited by your unit's leadership
- Electronic items (consult your troop policy for specifics)
- Items of significant monetary or sentimental value
- If you are unsure whether something is appropriate to take to camp, don't bring it.

These things distract from the Ma-Ka-Ja-Wan Scout Reservation experience. Leave them at home! Ma-Ka-Ja-Wan Scout Reservation cannot be held responsible for the loss of personal possessions.

Unit Roster – Ma-Ka-Ja-Wan Scout Reservation

Troop # _____ Week # _____ (East or West) Camp _____ Campsite _____

Scoutmaster Name _____ Day Phone _____ E-mail _____

Primary In-Camp Leader _____ Daytime Phone _____ Evening Phone _____ Email _____ Emergency Contact _____ Relationship _____ Primary Phone _____
Secondary In-Camp Leader _____ Daytime Phone _____ Evening Phone _____ Email _____ Emergency Contact _____ Relationship _____ Primary Phone _____
Participant _____ Circle: Youth / Adult Emergency Contact _____ Relationship _____ Daytime Phone _____ Evening Phone _____ Email _____
Participant _____ Circle: Youth / Adult Emergency Contact _____ Relationship _____ Daytime Phone _____ Evening Phone _____ Email _____
Participant _____ Circle: Youth / Adult Emergency Contact _____ Relationship _____ Daytime Phone _____ Evening Phone _____ Email _____
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Participant _____ Circle: Youth / Adult Emergency Contact _____ Relationship _____ Daytime Phone _____ Evening Phone _____ Email _____

NOTE: Your Registration Contact can also download and print a Unit Roster Report from the online registration. Add the names of Part-time Adults at the bottom or on the back of it, with the days they will be a supervising adult at camp (S, M, T, W, Th, F). Parents arriving on Friday to transport their scouts home pay Guest Camping Fees and purchase meals (if needed) at the Welcome Center (Admin). Do not list them on the roster, or list them separately from Part-Time Adult Leaders.

Troop _____ Summer Camp Duty Roster

CAMP DATES			CAMPSITE		
PATROL NAME			LEADER		
PATROL QM			GRUBMASTER		
Time	Server #1	Server #2	Clean-up #1	Clean-up #2	Fire and Water Warden
S.U.N. Dinner					
MON Breakfast					
Lunch					
Dinner					
Campfire					
TUE Breakfast					
Lunch					
Dinner					
Campfire					
W.E.D. Breakfast					
Lunch					
Dinner					
Campfire					
T.H.U. Breakfast					
Lunch					
Dinner					
Campfire					
F.R.I. Breakfast					
Lunch					
Dinner					
Campfire					
S.A.T. Breakfast					

Swim Classification Record

(Changes and/or corrections to the following chart should be initialed and dated by the test supervisor.)

Unit Number _____

Date of Swim Test _____

	Full Name (Print) (Draw lines through blank spaces)	Medical Recheck Parts A-B	Swim Classification		
			Non-Swimmer	Beginner	Swimmer
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

The swim classification test performed at a unit level should be conducted by one of the following council-approved resource people: Aquatics Instructor, BSA; BSA Lifeguard; BSA Swimming & Water Rescue; or other lifeguard, swimming instructor, etc. Test administrators should utilize chapter 5 of the [BSA Aquatics Supervision Guide](#).

NAME OF PERSON SUPERVISING & FACILITATING THE SWIM TEST:

Print Name

Signature

Type of Authorization/Training
(Attach a copy of certification if required by council procedure)

Expiration Date if applicable

SWIM CLASSIFICATION PROCEDURES

The swim classification of individuals participating in a Boy Scouts of America activity is a key element in Safe Swim Defense and Safety Afloat. These swim classification tests are a foundational unit of the Aquatics Continuum.

All persons participating in BSA aquatics are classified according to swimming ability. The classification tests and test procedures have been developed and structured to demonstrate a skill level consistent with the individual's circumstances in the water.

SWIM TESTS FOR COUNCIL ACTIVITIES

Swim tests for **council activities** are conducted following procedures approved by a council-level committee, preferably the Council Aquatics Committee. The council committee should use the guidance contained in *BSA Aquatics Management Guide*. SPECIAL NOTE: When swim tests are conducted away from camp, the camp aquatics director retains the right to review or retest any or all participants to ensure that standards have been maintained.

REGARDLESS OF WHERE OR WHEN THE SWIM TEST IS GIVEN THE FOLLOWING PROCEDURES APPLY:

- **The test is given one-on-one.** The test administrator and the swimmer are buddies during the administration of the test.
- **Each component of the test is important.** The test must not be changed either to assist the Scout or to expedite the process.
- **The test must be completed without aid or support.** Aid includes lifejackets, wetsuits, fins, etc. Swim goggles may be used to avoid eye irritation.
- **Swim tests must be renewed annually,** preferably at the beginning of the outdoor season.

TO THE SWIM TEST ADMINISTRATOR

SWIMMER'S TEST:

Jump feet first into water over the head in depth, level off, and begin swimming. Swim 75 yards in a strong manner using one or more of the following strokes: side stroke, breaststroke, trudgen, or crawl; then swim 25 yards using an easy resting back stroke. The 100 yards must be swum continuously and include at least one sharp turn. After completing the swim, rest by floating.

BEGINNER'S TEST:

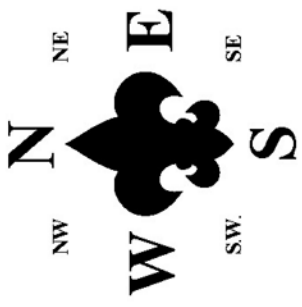
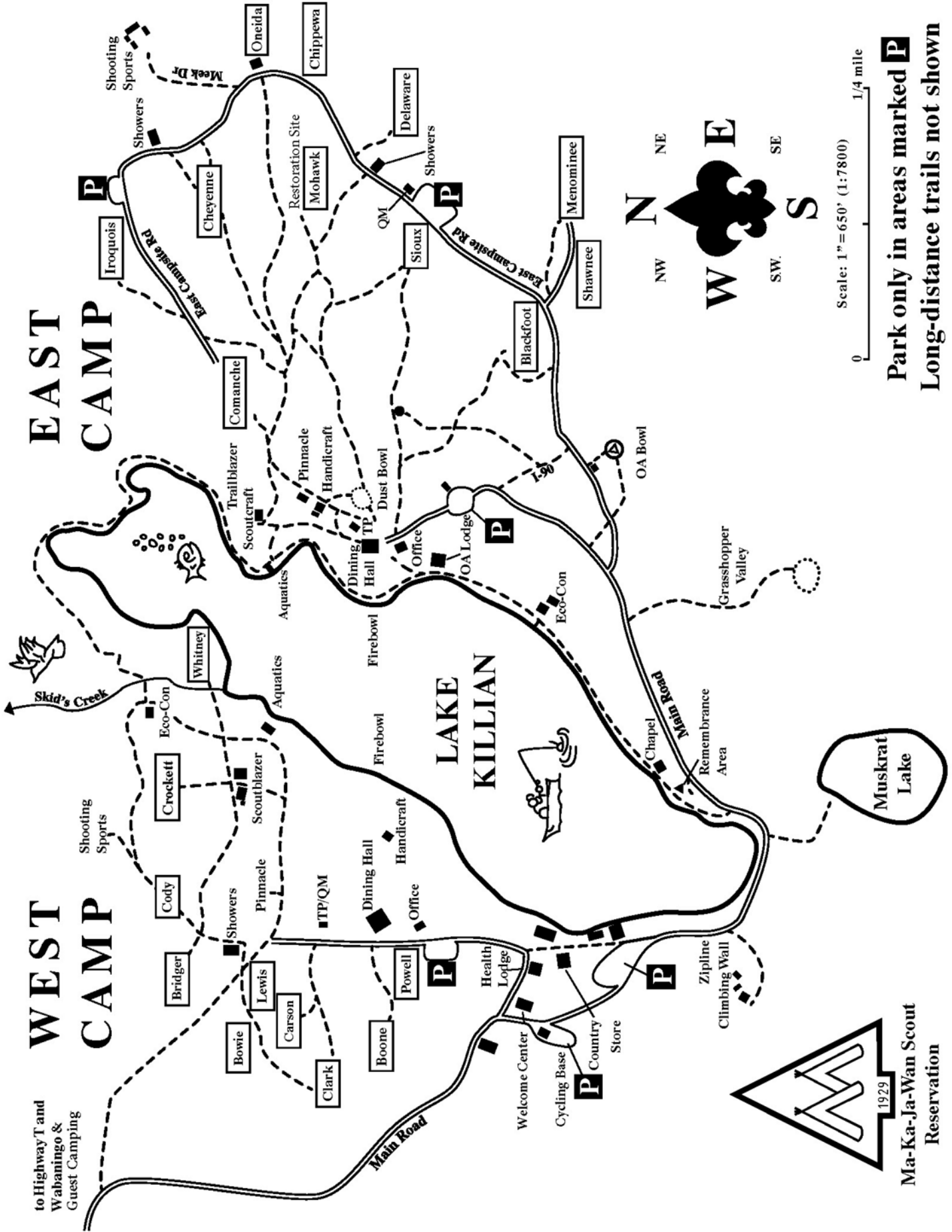
Jump feet first into water over the head in depth, level off, swim 25 feet on the surface, stop, turn sharply, resume swimming as before, and return to starting place.

Anyone who has not completed the beginner or swimmer tests is classified as a **nonswimmer**.

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Wabamigo &
Guest Camping

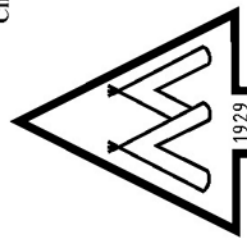
WEST CAMP

EAST CAMP



Scale: 1" = 650' (1:7800)
0 1/4 mile

P Park only in areas marked **P**
L Long-distance trails not shown



Ma-Ka-Ja-Wan Scout
Reservation

Village & Campsite Information

	Village Name	Campsite	Est. # of People Based on platforms or size of BYOT site	# of Picnic Tables	Platform Tents	Picnic Shelter	Latrine
East Camp	Blackfoot	A, Right	36	3	18	Individual	Shared
		B, Left	22	2	11	Individual	
	Cheyenne	A, Right	24	3	12	Individual	Shared
		B, Left	6	1	3	Individual	
	Chippewa	A, Upper	22	2	11	Individual	Shared
		B, Lower	12	1	6	Individual	
	Comanche	A, Right	32	2	16	Individual	Shared
		B, Left	42	4	21	Individual	
	Delaware	A, Right	20	4	10	Individual	Shared
		B, Left	20	3	10	Individual	
	Iroquois	A, Lower	26	2	13	Individual	Shared
		B, Upper	20	2	10	Individual	
Menominee*	A, Left*	40	5	0	Individual	Shared	
	B, Right*	40	4	0	Individual		
Oneida	Single Site	26	3	13	Individual	Individual	
Shawnee*	Single Site*	30	3	0	Individual	Individual	
Sioux	A, Upper	24	3	12	Individual	Shared	
	B, Lower	28	2	14	Individual		
West Camp	Boone	A, Lower	38	4	19	Shared	Shared
		B, Upper	8	2	4		
		C, Back	16	3	8		
	Bowie	A, Right	36	4	18	Individual	Shared
		B, Left	20	3	10	Individual	
	Bridger	A, Right	24	3	12	Individual	Shared
		B, Left	36	3	18	Individual	
	Carson	A, Lower	56	4	28	Shared	Shared
		B, Upper	22	1	11		
	Clark	A, Upper	28	3	14	Individual	Shared
		B, Lower	18	2	9	Individual	
	Cody	B, Left	24	3	12	Individual	Shared
		A, Right*	48	5	0	Individual	
	Crockett	One Site	28	5	14	Individual	Individual
	Lewis	One Site	40	5	20	Individual	Individual
	Fremont	One Site	26	5	13	Individual	Shared
Powell	A, Left	32	5	16	Shared		
	B, Right	14	5	7			
Whitney	A, Front	32	4	16	Individual	Shared	
	B, Back	24	3	12	Individual		

*These campsites are Bring-Your-Own-Tent

** All platform tents are ~8 feet deep by ~10 feet wide and have room for 2 cots each, which are provided by the camp