

Catholic Camporee Leader & Participant Guide

The Miracle (and Miracles) of the Eucharist



“The Eucharist is the highway to heaven.”

Blessed Carlo Acutis

October 25-27, 2024

Registration opens Sept 9, 2023

**Camp Friedlander, Dan Beard Council
581 Ibold Road, Cincinnati, OH 45140**

**ARCHDIOCESE OF CINCINNATI
CATHOLIC COMMITTEE ON SCOUTING**

*Version 0.2, Corrected schedule, K-lodge and campsite references, added space for registration numbers for extra adults, clarified earning the Eucharistic Miracles rocker, and the 12-week requirement for the Core and Family Prayer rocker.
June 24, 2024*

DIRECTIONS TO CAMP

Follow this link to view in Google Maps: <https://goo.gl/maps/yFMF8>

DAN BEARD COUNCIL CAMPS

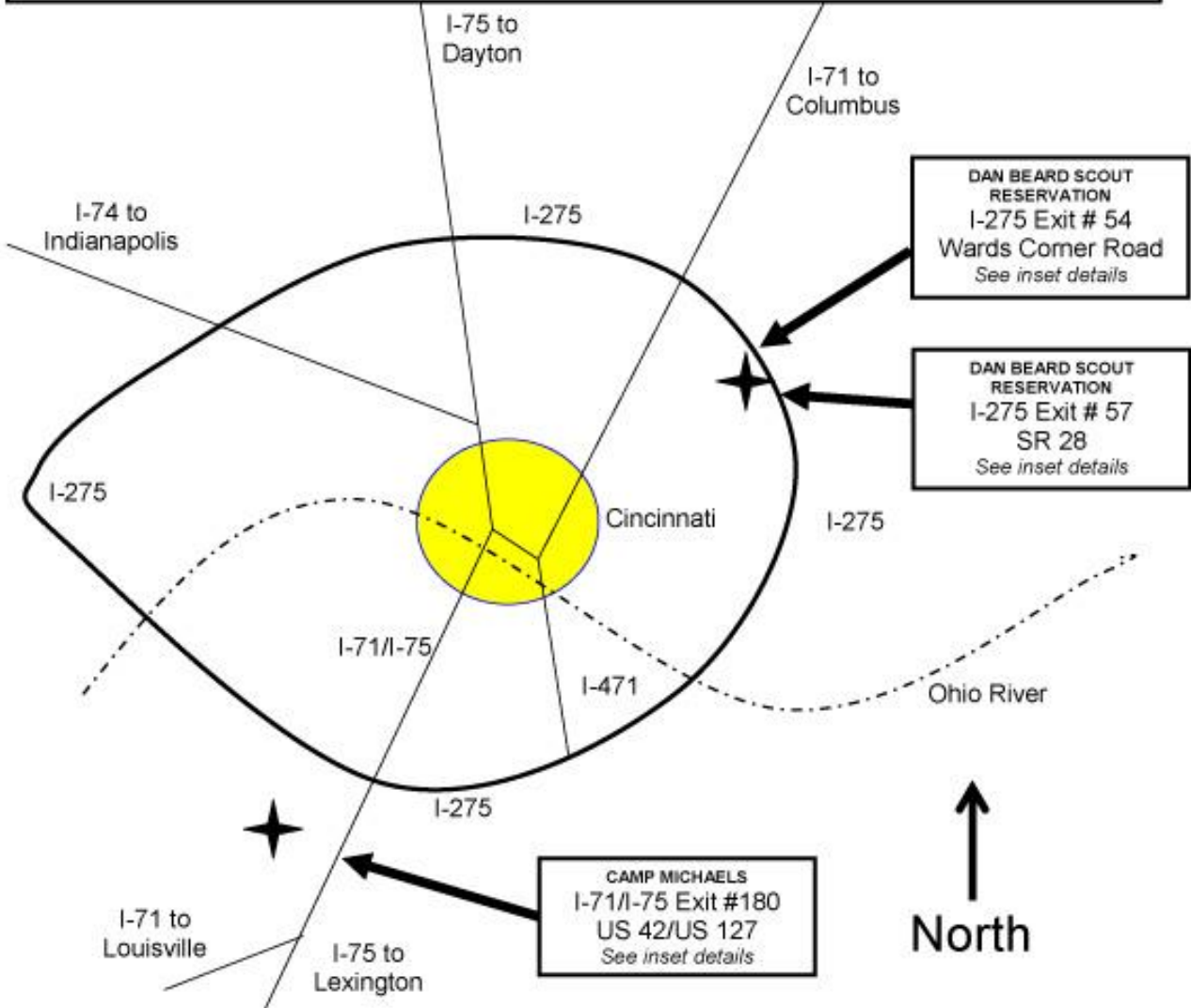
Dan Beard Scout Reservation:
Conveniently located northeast of Cincinnati, off I-275 between Loveland and Milford, Ohio (45140).
There are three entrances to the reservation:

- **Camp Friedlander** – 581 Ibold Road
- **Camp Craig** – 6113 Price Road
- **Cub Scout Adventure World** – 6035 Price Road

Camp Michaels:
A primitive and beautiful camp located in Union, Kentucky off I-71 (41091):

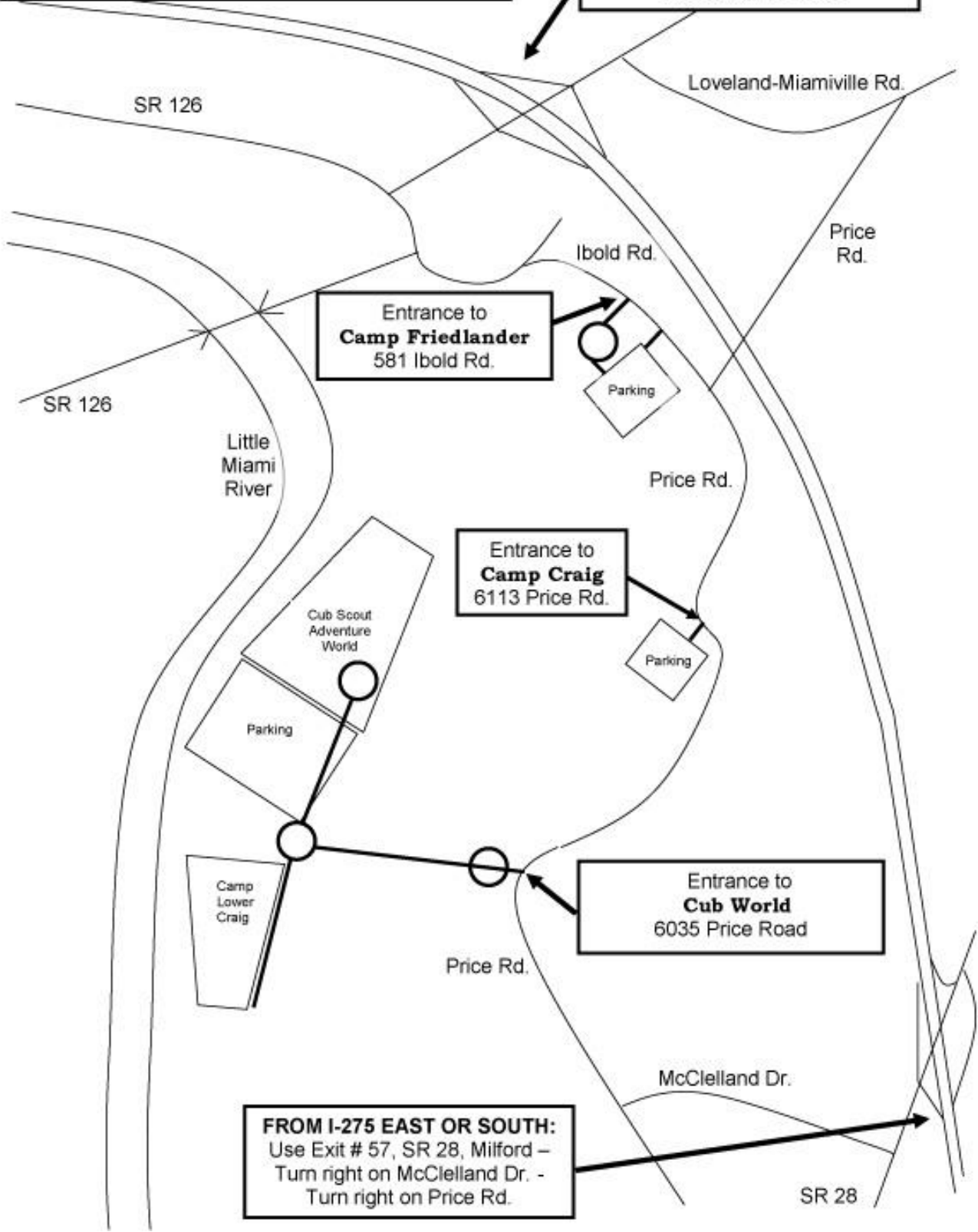
- **Camp Michaels** – 3486 Hathaway Rd.
Camp Phone: (859) 384-3689

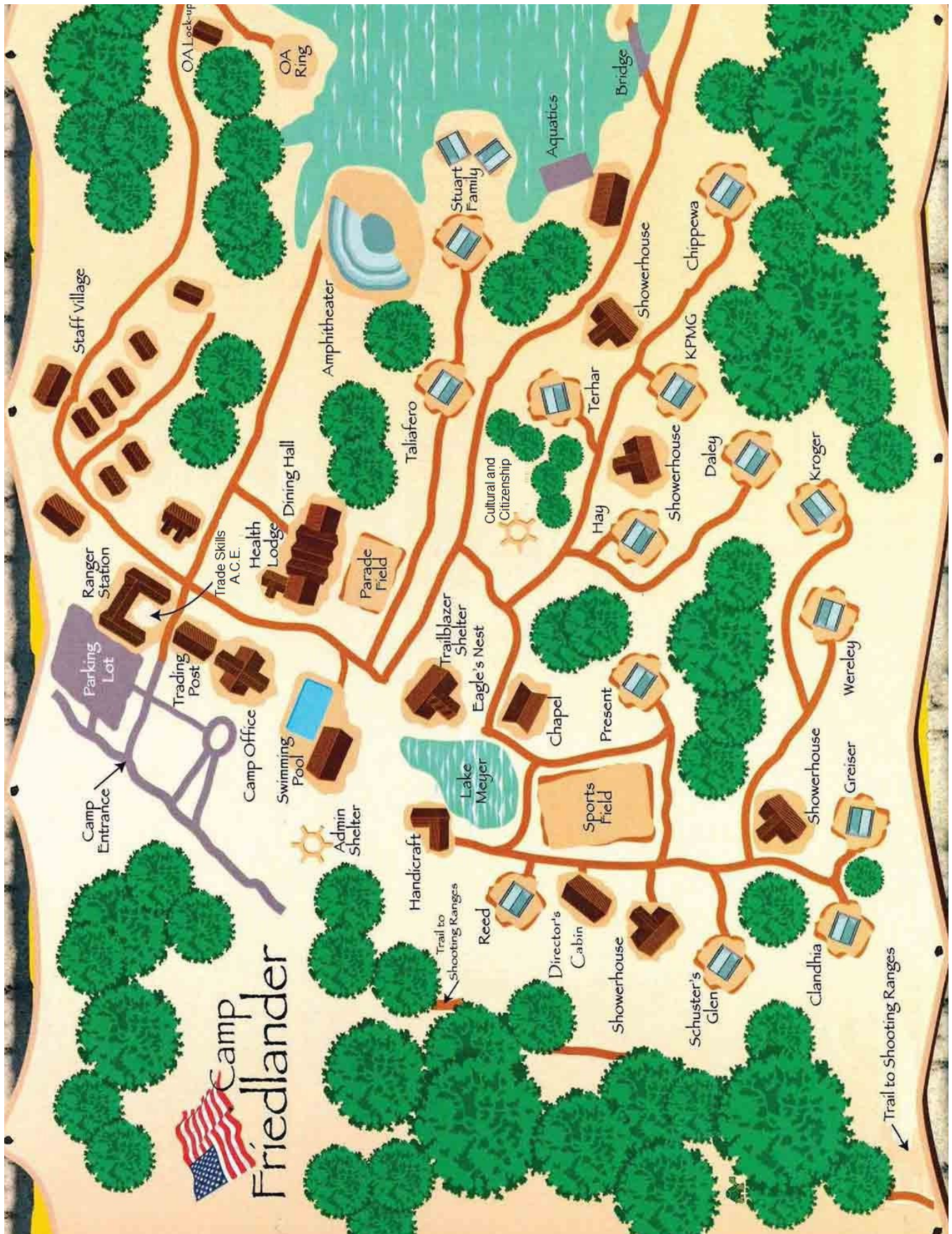
*Reservations can be made at the Dan Beard Scout Service Center.
Please check in with a Campmaster or Camp Ranger when you arrive.*



Highway Map to the
DAN BEARD SCOUT RESERVATION

FROM I-275 NORTH OR WEST:
Use Exit # 54 -
Wards Comer Road





Planned Event Schedule: *Final schedule & group assignment provided at check-in.*

Friday	Event	Location		
5:00 PM - 8:00 PM	Check-in and camp setup	Dining Hall, then in camp		
9:00 PM	1) Unit cracker barrel (provided by each troop) 2) SM & SPL Meeting & CB	In camp Dining Hall		
10:00 PM	Compline (Night prayer)	Chapel, (Dining hall if in clement weather)		
10:45 PM	Lights out	in camp		
Saturday 07:00 - 8:45 AM	Reveille, Breakfast, Morning Prayer (Lauds)	in camp		
	Divide into assigned groups for Saturday Program. NOTE: this is a NOTIONAL group schedule. Detailed final schedules will be provided at Friday check-in.			
	GROUP A		GROUP B	
09:00-9:55 AM	Luminous Mystery Patch Prep	Eagle's Nest	First Aid "Speed Dating" challenge	Handicraft
10:00-10:55 AM	First Aid "Speed Dating" challenge	Handicraft	Luminous Mystery Patch Prep	Eagle's Nest
11:00- 11:55 AM	Blessed Carlo Acutis Patch Prep	Eagle's Nest	Water Rescue skill challenge	Lake Meyer
12 Noon - 12:55 PM	Lunch	in Camp	Lunch	In Camp
1:00 - 1:55 PM	Water Rescue skill challenge	Lake Meyer	Blessed Carlo Acutis Patch Prep	Eagle's Nest
2:00 - 2:55 PM	Personal Reflection	In camp	Personal Reflection	In camp
3:00 - 4:00	Vocations Panel	Dining Hall	Vocations Panel	Dining Hall
	End of divided program			
4:00 PM	Pot Luck Dinner Prep	In camp		
5:30: - 6:30 PM	Pot Luck Dinner	Dining Hall		
7:00 -7:30 - PM	Vespers	Dining Hall		
7:30-8:00 PM	Mass	Dining Hall		
9:00-10:00 PM	Campwide Craclker Barrel	Dining Hall		
11:00 PM	Lights out	in camp		
Sunday	Breakfast in camp			
9:30 AM	Lauds (morning prayer)	Chapel, or dining hall if inclement weather		
10:00 AM	Closing	Chapel, or dining hall if inclement weather		
10:30 AM - Noon	Break camp/check out			

Catholic Camporee 2024 Registration Form

The Miracle (and Miracles) of the Eucharist

DUE OCTOBER 10th! (read further for the extra patch opportunity forms)

Make checks payable to: Archdiocese of Cincinnati

Mail to: ACCoS, % Harry Heaton
418 Big Stone Dr.
Beavercreek, OH 45434

Cost: \$20 per participant, youth or adult by Oct 10: \$30 Oct 11 - Oct 25.

(Unit type & #): _____

Council: _____

District: _____

Unit leader name: _____

Unit leader phone: _____

Unit leader email (print): _____

Home parish(es): _____

Number of Adults _____ x \$20.00 = \$ _____

Number of Youth _____ x \$20.00 = \$ _____

Total by Oct 10, 2023: \$ _____

Number of Patrols or Dens participating: _____ (roster due at check-in)

I have adult leaders willing to help out with Camporee events. (please contact Mr. Harry Heaton via email at harryheaton@me.com)

Please contact Mr. Harry Heaton by October 10 if any of your participants have special needs. We will make every effort to accommodate.

Note: Per BSA policy effective 1 Sept. 2023 all overnight adults must be registered leaders. Registration only as a Merit Badge Counselor is insufficient.

Catholic Camporee 2024 Unit Roster (due at check-in) Unit:

_____ Council: _____ District:

Unit leader name: _____ BSA# _____

Unit leader cell phone: _____

2nd leader name: _____ BSA# _____

2nd leader cell phone: _____

Patrol/Crew/Den Name # __: _____

Add additional sheets for more patrols or dens: Skill challenges are patrol competitions.

Name & Rank

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

9) _____

10) _____

Additional Adults: *Add sheets as required to list names and BSA registration number for all adults participating.*

3) _____
Name BSA registration #

4) _____
Name BSA registration #

Welcome to the Archdioceses of Cincinnati's Catholic Camporee for 2024!!

Scouts (and adult leaders) will have the opportunity to **earn** TWO camporee patches (Luminous Mysteries & Blessed Carlo Acutis), and have the option of earning, with homework done in advance, the Eucharistic Revival base patch and up to three rockers (Eucharistic Activity, Eucharistic Miracles, and Family Prayer (Family Prayer requires 12 weeks of prayer completed by the camporee)).

Parents: the 12 weeks of Mass for the Core patch or Family Prayer need to take place in 2024. They do not need to be the 12 weeks immediately prior to the Camporee.

Earning the Camporee Patches:

In keeping with the US Conference of Catholic Bishops three-year focus on Eucharistic Revival, Scouts will have the opportunity to **earn** the Luminous Mysteries religious activities patch issued by the National Catholic Committee on Scouting (NCCS), as well as the Blessed Carlo Acutis Modern Saints patch). If you are not familiar, Blessed Carlo is the first millennial entering the final step for canonization as a Saint: he'll also be perhaps the first saint to have owned a Playstation.

There are specific requirements set by the NCCS for earning these patches which can be satisfied by participating in the program activities. Requirement completion sheets for individual scouts (by name) will be provided at the sessions focusing on patch requirement. **Simply attending the camporee is not sufficient to earn either patch.**

Camping: Reed, Present, Schuster's Glen, Kroger, Clandhia, Greiser and Wereley

sites are reserved for camporee participants. Note that some of these are large sites, and more than one unit will be assigned to a site. Bring troop or individual tents: camp tents will not be provided.

Per Sept 1, 2023 BSA policy, ALL adults staying overnight must be registered BSA leaders.

The camporee roster form has space for leader's BSA registration numbers.

Trailers can be dropped at campsites, but motor vehicles must be removed to the parking area.

Friday Scoutmaster & Senior Patrol Leader cracker barrel: This organizational meeting takes place Friday evening at the Dining Hall. Please bring rosters with names and number in each patrol. Patrols will be assigned to either Group A or B for the Saturday program. Cracker barrel for the rest of your unit will be in your camp if you choose to hold one.

Patrols: Please organize your unit in patrols of approximately eight. If you provide advance notification of lone scouts (email: harryheaton@me.com), we can arrange for them to be assigned to a provisional unit or added to smaller patrols.

Liturgy of the Hours: Weather permitting (not raining), Friday Compline will take place at the Chapel. A short talk about Saturday events followed by Compline (Night Prayer) led by camporee staff. We'll also be recruiting Scouts to lead upcoming prayer sessions, Saturday Vespers (evening prayer) & Compline and Sunday Lauds (morning prayer). Materials for Saturday Lauds in-camp will be provided.

First Aid "Speed Dating" Challenge:

Exemplifying the Scout Motto, "Be Prepared", and the Oath phrase, "to help other people at all times", Patrols will be challenged to correctly assess some common non-hurry cases. Unlike

“hurry” cases, this is an open-book exercise that requires asking questions and observing symptoms (or in the words of my Wilderness First Responder instructor, “Don’t just do something, stand there”).

Patrols will rotate among five “victims”. Scoring will be based on the accuracy of the assessment and recommendation on whether to:

- A) Apply first aid, evaluate, and continue the trek.
- B) Evacuate the victim to definitive medical care, but it is not a rush.
- C) Evacuate the victim immediately to definitive medical care.

You’ll need to list the first aid steps you plan to take, and medications to recommend.

The contents of your extensive first aid kit includes:

- Tylenol tablets (pain and fever reliever)
- Imodium A-D (anti-diarrhea)
- Aspirin tablets (anti-inflammatory, pain and fever reliever, inhibits blood clotting)
- TUMS anti-acid tablets
- Benadryl capsules (anti-histamine, reduces allergic reactions)
- Sudafed tablets (nasal decongestant)
- Table salt
- Glucose gel (15 grams of glucose)
- Salt tablets
- Metamucil tablets (anti-constipation)
- Oral re-hydration salts (mix with liter of water)

Patrols will be provided Wilderness First Aid assessment forms (see example at the end of this guide) and have access to various Wilderness First Aid field guides and texts to aid in their assessments. The victim scenarios will be five selected from the following seven scenarios (more detail provided in the challenge).

- 1) Wilderness trek in the Boundary Waters, Day 3 and a Scout develops abdominal pain.
- 2) Day six of a Philmont trek. Your Scoutmaster has vomited and complaining of severe heartburn and stomach pain.
- 3) Day 2 of a mountain trek. One of the adult leaders appears confused, weak, and just sits down, nearly passing out.
- 4) You are on a trek to summit Pikes Peak. One of your crew develops a pounding headache that aspirin and Tylenol don’t help.
- 5) You are on a snowshoe trek. One of your scouts took a bad spill and lost some gear. He is complaining of his eyes burning and light bothering them.
- 6) You are on Day 4 of a Philmont trek. On Day 3, one of your leaders developed nausea, vomited and had diarrhea. This morning, another leader has the same symptoms.
- 7) You are doing a summer cleanup project that involves the demolition of an abandon shed, overgrown with nettles, poison ivy and filled with cobwebs and debris. At dinner, one of the scouts that got into nettles is complaining of stomach pains & nausea along with muscle pains and stiffness.

Water Rescue Challenge: Patrols must extend/throw a rescue aid to a target mannikin set approximately 30' off shore. The rescue aid (rope or pole) must physically touch the target. Scoring is based on time. (Note: a person struggling in the water will barely have their eyes above the surface. They won't see a rope, pole or life ring nearby.)

Vocations Panel: We will conduct a camp-wide vocations panel, offering Scouts the opportunity to ask questions of an ordained priest, a married couple, and a religious single why they chose the life vocation they did, and how it affects their lives. This panel satisfies the life-choices panel for the Pope Pius XII religious emblem, and the interviews of an ordained priest or deacon and a married couple for the Ad Altare Dei emblem.

Meal planning: The Camporee will provide the Scoutmaster/SPL cracker barrel and the Saturday evening cracker barrel. All other meals/snacks should be planned and provided by the units and cooked/eaten in camp (see the Pot Luck).

Saturday Pot-Luck: Units are to provide a main dish *plus* a side or dessert sufficient for your group to a shared pot-luck Saturday at the Dining Hall. Paper plates, utensils, bread & beverages provided. An hour and a half of prep time is scheduled, so show off your units camp cooking skills! NOTE: the Dining Hall kitchen is NOT available for units for either cooking or cleanup. Your cooking & cleanup should take place in your campsite.

Personal Reflection Time: A block of time in the late afternoon is set aside for individual reflection. We could add another activity or game, but an observation from past events is that every moment should not be programmed. This is intended as a time to ponder on what you have learned in the session, individual prayer, read scripture, think about questions for the vocations panel, or stop into the dining hall to ask presenters from the morning sessions a question or two.

Updates to this Leader's Guide.

Updates will be posted to <http://archcincyccos.org>.

Questions, need addition information, would you like to help run an event?

Please contact Mr. Harry Heaton, via email or phone. Email: harryheaton@me.com

Phone: 937.902.0581

Extra Patch Opportunity! We again have the opportunity to work on the National Catholic Committee on Scouting (NCCS) multi-segment Eucharistic Revival patch, which can be earned through Pentecost of 2025. To see all the segments and the requirements to earn them visit: <https://nccs-bsa.org/religious-activities/eucharistic-revival-special-program/>

The core patch must be earned before any rockers can be awarded. At the Camporee, scouts will complete activities so anyone who has met the requirements (see below) for the Core Patch can also earn the Eucharistic Miracles rocker and the Eucharistic Activity rocker. Additionally, scouts and adult scouters attending Catholic Camporee may also earn the Family Prayer rocker at the camporee by meeting the requirements before the camporee.

For each scout pursuing this patch and any of the selected rockers, submit the parent-signed form below, along with your registration. **The parent-signed form is due October 10th (you can send by USPS to arrive by 10/10, or send an emailed photo of the form to harryheaton@me.com)** Alternatively, if you already have earned the core patch, you can show us the patch at the Catholic Camporee to earn the Eucharistic Miracles rocker and the Eucharistic Activity rocker through participation at the Catholic Camporee. **Parent verification of the requirements for the family prayer rocker is required to earn the rocker even if you already have the core patch.**

In keeping with the Eucharistic theme, an easy family prayer that you can pray to earn the Family Prayer Rocker is the Anima Christi, given below.

*In the name of the Father, and of the Son, and of the Holy Spirit. Amen.
Soul of Christ, sanctify me. Body of Christ, Save me. Blood of Christ,
inebriate me. Water from the side of Christ, wash me. Passion of Christ,
strengthen me. O good Jesus, hear me. Within Your wounds, hide me.
Separated from You, let me never be. From the evil one, protect me. At
the hour of my death, call me. And close to You, bid me. That with Your
saints and angels, I may be praising You forever and ever. Amen.
In the name of the Father, and of the Son, and of the Holy Spirit. Amen.*

The Eucharistic Miracles rocker can be earned at the camporee (assuming you have or are earning the Core patch). There will be several boards depicting Eucharistic Miracles on display at the Eagle's Nest during the Carlo Acutis and Luminous Mysteries sessions. These will be moved to the dining hall where they can be viewed Saturday evening. A form will be available for you to briefly tell us what you learned about at least five Eucharistic Miracles. Be sure to include your name. These forms will be turned in at the end of Cracker Barrel.

Submit this page if your scout wants to earn the Eucharistic Revival Core Patch and Family Prayer rocker, meeting the requirements before the Camporee, and the Eucharistic Miracles and Eucharistic Activity rockers at the Camporee.

Requirement for the Core patch: Attend Mass (all participants) and receive the Eucharist (if made First Communion and have no moral impediment) for 12 weeks, preferably consecutively.

Requirement for the Family Prayer Rocker: Participate in family prayer (at least weekly) for 12 weeks.



Scouts name(s): _____

Mailing address (in case the earned patch must be mailed).

Street: _____

Street: _____

City: _____

State: _____ Zip: _____

Parent's Certification:

___ My Scout(s) has(have) completed the requirements above for the core patch

___ My scout(s) already has(have) been awarded the core patch but wants to earn rockers at the Camporee

___ My scout(s) has(have) completed the requirements above for the Family Prayer rocker and hasn't already received it

___ My scout wants to earn the Eucharistic Miracles Rocker at the Camporee as they haven't already received it

___ My scout wants to earn the Eucharistic Activity Rocker at the Camporee as they haven't already received it

Parent Signature: _____ Date: _____

Mail to arrive by 10/10 to: Harry Heaton, 418 Big Stone Dr., Beavercreek, OH 45434

Email a photo of the form by 10/10 to: harryheaton@me.com

YOUTH PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT FORM (rev. 7-9-2020)

1. I, the custodial parent/legal guardian of _____ (the "Child"), give permission for my Child to participate in the activity described on the *Activity Information Form* (the "Activity") and release from all liability, indemnify, and hold harmless _____ (print name of parish and school) ("Parish and School"), the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese, all parishes and schools within the Archdiocese, and all of their agents, representatives, volunteers, and employees from any and all liability, claims, judgments, damages, costs and expenses, including attorneys' fees, arising out of any injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), or death, (including any injury, illness, infectious and/or communicable disease, or death caused by the negligence of Parish and School, the Archbishop, the Archdiocese, any parish or school within the Archdiocese, or any of their agents, representatives, volunteers, or employees) incurred by my Child while participating in the Activity, traveling to or from the Activity, or while using the facilities and equipment of the Parish and School. I further agree not to bring or prosecute or allow to be brought or prosecuted (including, but not limited to, prosecution through subrogation) in my name, or on behalf of my Child, any claims, lawsuits, or actions against Parish and School, the Archbishop, the Archdiocese, all parishes and schools within the Archdiocese, or their agents, representatives, volunteers, and employees.

2. I understand that my Child's participation in the Activity is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, agree to my Child's participation in the Activity in spite of the risks of injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), and death. I agree that if my Child has underlying health concerns which may place him/her at greater risk of contracting COVID-19 or that would possibly increase the severity of illness if COVID-19 is contracted, then my Child and I will consult with a health care professional before participating in the Activity.

3. I agree to instruct my Child to cooperate with the agents of Parish and School and/or the Archdiocese who are in charge of the Activity.

4. I authorize the agents of Parish and School and/or the Archdiocese who are acting as leaders of the Activity to seek medical treatment for my Child in the event of any injury, illness, or medical emergency during the Activity or related travel. I understand that the agents of Parish and School and/or the Archdiocese will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my Child.

5. *Please indicate.* I agree do not agree that Parish and School and/or the Archdiocese may use my Child's portrait or photograph for promotional purposes, website, and office functions.

6. *Please indicate.* I agree do not agree that Parish and School and/or the Archdiocese may use social media and technology to communicate with my Child regarding parish/school related ministry activities.

7. This Permission, Release, and Authorization is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This Permission, Release, and Authorization shall be construed in accordance with the laws of the State of Ohio, excluding, and irrespective of, any choice of law principles to the contrary.

8. Parish and School, the Archdiocese, the Archbishop and their agents, employees, and volunteers shall have no liability whatsoever in the event the Activity is cancelled due, in whole or in part, to any present or future pandemic, epidemic, widespread disease or illness, public health concern, or circumstances arising therefrom, or from actions taken by any governmental or municipal authority to prevent, avoid, or mitigate the impacts thereof.

I have carefully read and understand and accept the terms and conditions stated herein and I acknowledge and agree that this Permission, Release, and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child, and our personal representatives, estates, assigns, heirs, and next of kin. I have signed below of my own free will.

Signature of Custodial Parent/Legal Guardian _____ Date ___/___/_____

Print Name: _____ Home Address: _____

Place of Employment & Address _____

Custodial Parent/Legal Guardian Phone No. (cell): _____; (other Phone No.): _____

Emergency Contact Phone No. (cell): _____; (other Phone No.): _____

MEDICAL INFORMATION FORM

Completed by Custodial Parent/Legal Guardian — Please Print

Child’s Name _____ Birth date ____ / ____ / ____

Allergies (e.g. food, drugs, anesthetics): _____

Medications taken regularly: _____

Medical Conditions/Impairments (e.g. epilepsy, diabetes, asthma): _____

Family Doctor: _____ Phone No.: _____

Custodial Parent/LegalGuardian Phone No. (cell): _____;(other Phone No.): _____

Emergency Contact Phone No. (cell): _____;(other Phone No.): _____

(See *Activity Information Form* below)

ACTIVITY INFORMATION FORM

Completed by Parish/School -- Please Print

(As a convenience to parent(s) or guardian(s), a duplicate copy of this information may be attached so as to be retained by them; additional information may be attached to further inform them of specific scheduling details, additional activity information, etc.)

B. One-Time Activity

Parish/School Catholic Committee on Scouting Activity Catholic Camporee

Location Camp Friedlander Emergency No. 937.902-0581 Cost \$20 before Oct 25, \$30 after

Starting Date and Time Oct 25, 2024, 5PM Meeting Place Camp Friedlander

Ending Date and Time Oct 27, 2024, 12 Noon Meeting Place Camp Friedlander

Activities Involved Scout skill games, prayer, Mass, Adoration, tent camping, cooking

Type of Transportation (if any) N/A

Group Leader Harry Heaton Telephone No. Cell: 937-902-0581 _____

Other Information See Leaders/Participants Guide

X Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).)

Signature of Custodial Parent/Legal Guardian _____ Date ____/____/____

ADULT PERMISSION, RELEASE, AND AUTHORIZATION
TO SEEK MEDICAL TREATMENT FORM
(rev. 7-9-2020)

1. I, the undersigned, will participate in the activity described on the *Activity Information Form* (the “Activity”) and release from all liability, indemnify, and hold harmless _____ (print name of parish and school) (“Parish and School”), the Archdiocese of Cincinnati (the “Archdiocese”), the Archbishop of Cincinnati (the “Archbishop”), both individually and as trustee for the Archdiocese, all parishes and schools within the Archdiocese, and all of their agents, representatives, volunteers, and employees from any and all liability, claims, judgments, damages, costs and expenses, including attorneys’ fees, arising out of any injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), or death, (including any injury, illness, infectious and/or communicable disease, or death caused by the negligence of Parish and School, the Archbishop, the Archdiocese, any parish or school within the Archdiocese, or any of their agents, representatives, volunteers, or employees) incurred by me while participating in the Activity, traveling to or from the Activity, or while using the facilities and equipment of the Parish and School. I further agree not to bring or prosecute or allow to be brought or prosecuted (including, but not limited to, prosecution through subrogation) in my name any claims, lawsuits, or actions against Parish and School, the Archbishop, the Archdiocese, all parishes and schools within the Archdiocese, or their agents, representatives, volunteers, and employees.

2. I understand that my participation in the Activity is purely voluntary and is a privilege and not a right, and that I agree to participate in the Activity in spite of the risks of injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), and death. If I have underlying health concerns which may place me at greater risk of contracting COVID-19 or that would possibly increase the severity of illness if COVID-19 is contracted, then I agree to consult with a health care professional before participating in the Activity.

3. I agree to cooperate with the agents of Parish and School and/or the Archdiocese who are in charge of the Activity.

4. I authorize the agents of Parish and School and/or the Archdiocese who are acting as leaders of the Activity to seek medical treatment for me in the event of any injury, illness, or medical emergency during the Activity or related travel. I understand that the agents of Parish and School and/or the Archdiocese will make a reasonable attempt to contact the individual listed below as my emergency contact as soon as possible in the event of a medical emergency.

5. *Please indicate.* I agree do not agree that Parish and School and/or the Archdiocese may use my portrait or photograph for promotional purposes, website, and office functions.

6. *Please indicate.* I agree do not agree that Parish and School and/or the Archdiocese may use social media and technology to communicate with me regarding parish/school related ministry activities.

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Signature: _____ Date ___/___/_____

Print Name: _____ Home Address: _____

Place of Employment & Address: _____

Phone No. (cell): _____; (other Phone No.): _____

Emergency Contact Name & Phone No.: _____

MEDICAL INFORMATION FORM

Please Print

Name: _____ Birth date: ____ / ____ / ____

Allergies (e.g. food, drugs, anesthetics): _____

Medications taken regularly: _____

Medical Conditions/Impairments (e.g. epilepsy, diabetes, asthma): _____

Family Doctor: _____ Phone No.: _____

Phone No. (cell): _____; (other Phone No.): _____

Emergency Contact Name & Phone No.: _____

ACTIVITY INFORMATION FORM

Completed by Organizer -- Please Print

(As a convenience to parent(s) or guardian(s), a duplicate copy of this information may be attached so as to be retained by them; additional information may be attached to further inform them of specific scheduling details, additional activity information, etc.)

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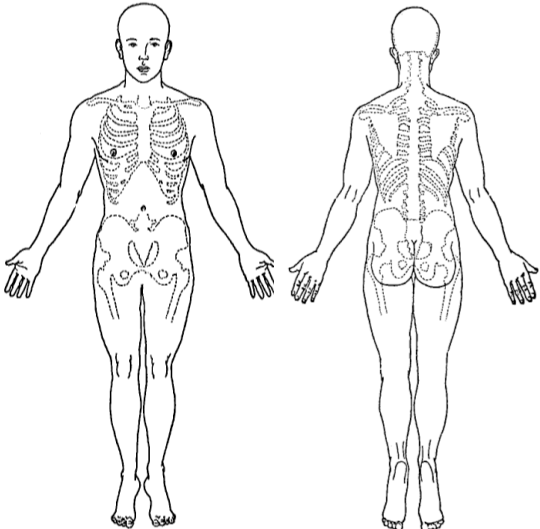
Type of Transportation (if any) N/A

Group Leader Harry Heaton Telephone No. Cell: 937-902-0581 _____

Other Information See Leaders/Participants Guide

Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).)

WILDERNESS FIRST AID EVALUATION

INITIAL ASSESSMENT		VICTIM'S CONTACT INFO	
<p>Level of Responsiveness (LOR, A, V, P, U)</p> <p>Ox1 = knows who (name) Ox2 = plus where Ox3 = plus when Ox4 = plus what happened</p> <p>Pulse <input type="text"/> Breaths <input type="text"/></p>	<input type="checkbox"/> Alert + Oriented x _____ <input type="checkbox"/> Responds to V erbal <input type="checkbox"/> Responds to P ain <input type="checkbox"/> U nresponsive	Date of Incident _____ Time of Incident _____ AM _____ PM	Name _____ Phone _____
	<p style="text-align: center;">Adult Normals:</p> Pulse 50-100/m Cap refill < 2s Breaths 12-20/m Pupils: equal Temp 98.6 °F & reactive		Dr. or Emerg. Contact Name _____ Dr. or Emerg. Contact Phone _____
	HISTORY		FIRST AID APPLIED
<p>Signs & symptoms _____</p> <p>_____</p> <p>Allergies / Med-Alerts _____</p> <p>_____</p> <p>Medications _____</p> <p>_____</p> <p>Pertinent Past History _____</p> <p>_____</p> <p>Last Food or Drink _____</p> <p>_____</p> <p>Events Leading to Accident _____</p> <p>_____</p>		<p>Mechanism Of Injury _____</p> <p>_____</p>	
EXAM for Deformity, Open injury, Tenderness, Swelling			
			
Date Started _____		Time Started _____ AM _____ PM	
Name of care giver _____			
Examine: Head, Neck, Chest, Abdomen, Pelvis, Extremities, Back, Skin			