

Greater Lake County Young Marines Unit Campout/Marksmanship Training

Permission Slip

I, _____, give my permission for my child,
_____ to attend the unit campout/marksmanship training
with the Young Marines on 14-15 May 2016. I do ____ do not ____ (please check one) give my
permission for him/her to participate in the marksmanship activities being planned.

Packing List

- \$10 participation fee, permission slip, medical consent form
- Prescription medication (if needed) **with dosing instructions in Ziplock bag clearly marked with Young Marine's name**
- One can of clear broth soup (chicken, beef, or vegetable). Please no cream soups!
- One large beverage (juice, Koolaid, Gatorade, etc.), approx. 2 quarts or gallon
- Packed lunch for Saturday
- Clothes for 2 days. No short shorts, torn jeans, etc. Please check the weather and pack accordingly.
- PT gear (black shorts, red unit t-shirt, socks, shoes)
- 2 pair shoes (sneakers and/or hiking)
- Canteen and 1 plastic 20 oz (approximate size) travel mug or reusable water bottle
- 2 black large garbage bags
- Bug juice (the mosquitoes are extremely vicious)
- Sunscreen
- Bathing suit (one piece for girls)
- Towel
- Shower shoes
- Toiletries
- Fishing gear if you have it
- Flashlight
- Sleeping bag/pillow
- Sleeping mat (or yoga mat)
- Extra blanket
- 2 Chemlights (glow stick). Gander Mtn and Walmart have these.
- Rain gear if you have it
- Camp-style folding chair if you have one

Please do NOT bring valuables. The staff will not hold onto items and will not be responsible for anything that gets lost/damaged/broken.

Be sure to mark EVERYTHING with your name or initials. Anything left after the campout will be thrown out.

Drop off: 0645 Saturday morning. Pick up: 1500 Sunday morning. Both at Gunny's Hall. **Please DO NOT drop off your Young Marine and leave them without checking in with a staff member.**

Signed: _____ Date: _____

Greater Lake County Young Marines – Medical Information/Consent

Unit Trip/Activity: Unit Campout

Date(s) of Event: 14-15 May 2016

Young Marine: _____ Date of Birth: _____

Parent/Guardian: _____ Phone: _____ Cell: _____

Emergency Contact (Other than Parent/Guardian): _____ Relationship: _____

Phone: _____ Cell: _____

Name of Doctor & Hospital: _____ Insurance Provider/Number: _____

Has your Young Marines ever been diagnosed or treated for any of the following:

	Yes	No
Asthma		
Hernia		
Epilepsy		
Hyperactivity		
Loss of consciousness		
Heart murmur		
Dyslexia		

	Yes	No
Prone to nosebleeds		
Wears a hearing aid?		
Able to swim		
Allergies:		
Food:		
Drugs:		
Environment (hay fever, grass, bees etc.) _____		

Please list current medication that are taken on a daily basis - include medicine, dosage, time and any other special instructions. **All medications must be given to the medical/staff upon arrival in a sealed plastic bag with Young Marine's name clearly marked. Young Marines are not permitted to keep medication in their possession.**

Please list any recent surgeries (what, when):

I give permission for authorized Young Marine Staff to administer the following over-the-counter medications to my child. I understand that the medications will be administered per the directions on the bottle or package. Circle all that you give permission for:

Tylenol Ibuprofen (Advil) Cough/Cold Medicine Ipecac Syrup Benedryl
 Calamine Lotion Neosporin Pepto Bismal Immodium Cough Drops

Parent/Guardian Signature: _____ Date: _____ Phone: _____

Medical Consent

I, _____, hereby give my consent for the adult staff of the Young Marines to give my child, _____ his/her medication and/or first aid while the above named child is participating in the above named event. I will not hold the Marine Corps, the Marine Corps League, and/or the Young Marines organization or any of its agents in any way liable.

Parent/Guardian Signature: _____ Date: _____