

PACK 736 News

R1

April 2003 Edition

www.scouts736.org

**Special points
of Interest:**

- Message from Leadership!
- Spring & Summer Activities.
- Den News

Inside this issue:

<i>Message from Leadership Cubmaster</i>	1
<i>Summer Camps</i>	2
<i>Summer Activities</i>	2
<i>Cub Letter To Middle East</i>	3
<i>Den News</i>	3
<i>Calendar</i>	4

Message From Leadership

By Ken Blankinship



It was a tremendous honor for me to accept the Cubmaster of the Year Award on April 3 at the White Buffalo District Awards reception. It was a complete surprise to me and totally unexpected. I want to extend my thanks to all who had a hand in making that possible. This includes not only those who may have nominated me for this award, but also the many hard working and dedicated Pack Committee members, Den Leaders and parent volunteers within our Pack. You make me look good and make this job easy! I am very proud of our Pack and all that we do, and it wouldn't be possible without all of you. While the award has my name on it, I accept it on behalf of all of you who make this great Pack of ours go. In addition, I want congratulate two very dedicated volunteers who were also recognized at the District Awards reception, Joanna Kilgore and Karen Shideler. You probably recognize these names from popcorn sales. Joanna is our Pack Popcorn Kernel and Karen who was formerly one of our Pack Popcorn Kernels is our Troop Popcorn Kernel. They were both recognized as Popcorn Kernels of the Year. With their leadership and guidance, our Pack and Troop combined sold over \$100,000 in popcorn over the last three years. What an awesome accomplishment for our Pack and Troop! And, the volume of our sales keeps these two ladies busy for about three months as they coordinate sales, ordering, prizes, distribution, money collection and more prizes. I don't know what we'd do without them. Congratulations Joanna and Karen.

Yours in Scouting,
Ken Blankinship
Cubmaster

Spring Is In The Air—Summer Is Right Around The Corner



Summer means camping, and camping means fun! There are three camping opportunities coming up this summer for our Scouts; Fun with Son, Webelos Camp and Day Camp. Camping reservation forms and money were due at Den meetings on Monday, April 7th. If you haven't turned yours in yet, please get with Andy Stallard, Bill Corteville or Jeff Priddle as soon as possible. We also need to get health forms filled out for Scouts and their parents or adult partners that will be camping with them. We will hold all of the health forms and use them for each of the camps. If you attend more than one camp this summer, we will use the same health form for all. Two health forms have been attached to this newsletter; one for your Scout and one for the adult accompanying him. You only need to fill out the **Class 1** section of the health form for all of the camping events we will be participating in. A physical exam is **NOT** required for any of our summer camps. If more than one adult will be camping, and you need more health forms, contact Andy, Bill or Jeff or go to our pack web site at www.scouts736.org. **Please fill out your health forms and return them to your Den leader or Andy, Bill and Jeff as soon as possible if you will be attending any of the camps this summer.**

Summertime Pack Activities

Even though we take the summer off and will not have regular Den meetings, we still like to stay in touch. Our Pack as well as many of the Scouts have received the Summertime Activity Award over the last several years. The Pack is eligible for the award if we have 50% of our membership in attendance at three or more Pack activities during the summer. In addition, each Scout is eligible for the award if he attends at least three summer time activities, attendance at Pack activities as well as summer camps can be used as credit toward the three required summertime activities for Scouts. In hopes of keeping our summertime tradition going, we've planned three fun activities, one each month, this summer.

They are:

- June - Wichita Wranglers Game & Tailgate Party - Saturday, June 28th - 5:30 p.m. Everyone bring a side dish, and the Pack will provide hamburgers and hot dogs. There will be more information in early May about this event. We will be collecting money for tickets at the May Pack Meeting.
- July - Bicycle Rodeo - Saturday, July 19th - Time to be determined Our first ever Pack 736 Bicycle Rodeo will be on a Saturday, and we will plan to do it either early in the day before the temperature gets too hot or early evening when things begin to cool down. To avoid conflicting with the July 4th holiday and Day Camp the Rodeo will be held on the 19th. There will be more details to come on this event.
- August - Swim Party & Cookout - Monday, August 25th - 6:00 p.m. We will have a swim party at Indian Hills Swim Club. Everyone bring a side dish, and the Pack will provide hamburgers and hot dogs. It's a great way to welcome everyone back as we get ready to start off the new Scouting year in September.

Cub Scout Letter Go To the Middle East

At the request of Jackie Sanburn, over 50 Cub Scouts wrote letters to her nephew who is with the 101st Airborne division out of Fort Campbell and currently serving our country in Iraq. Many of the letters thanked him for doing his duty to his country and encouraged him to "do his best", the Cub Scout motto. Thanks to all of the Cub Scouts who wrote letters. For those who didn't get a chance to write this time, I'm sure there would still be an opportunity to write again soon. Please coordinate with Jackie if you are interested in writing letters for the next care package.

Den 7 News



We have been working on various activity pins since Blue & Gold Banquet. We made marble mazes out of pizza boxes and cardboard paper rolls and made tie slides that required us to sew leather. We also worked on our Engineer pin with the help of Greg Sager who works in engineering at Boeing. We each made an electrical circuit with a battery, a switch and a light. We also learned about what different types of engineers do in their work and how they use computers in their jobs. Thank you Mr. Sager for helping us with our Engineer pin.

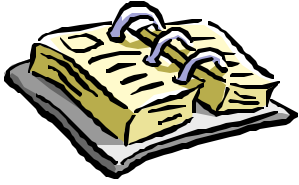
Den 14 News



Congratulations to Lane D. for earning his Bear badge! Way to go! We would like to welcome a new member to our den. His name is Conner M. and a friend of Josh S.

We all had fun at the Blue and Gold. Gaia and Annette took us bowling for being super scouts. We learned about time zones in the U.S. We located Wichita on the state of Kansas and estimated how far Wichita is from the capital, Topeka. We said what states touch Kansas. We drew a map from our house to the church. We read about different kinds of clouds. We had a break during Spring Break. Torin lead our meeting by showing how to make trail mix for a hike and why it is important. We put model airplanes together. Kyle was the denner and now Josh is denner.

Kyle lead the meeting with explaining soccer rules and they played a game of soccer. We wrote a letter to send to an army man. Jake O.



April Calendar

APRIL

Monday, April 7th	Regular Den Meetings
Friday, April 11th	Webelos Night at Family Campout
=>	<i>March/April Pack Meeting, April 12th</i>
Saturday, April 12th	Family Campout and Pack Meeting
Sunday, April 13th	Family Campout
Monday, April 14th	No Scouts
Monday, April 21st	7:00 PM—Regular Den Meetings
Saturday, April 26th	Encampment
Sunday, April 27th	7:00 PM—Parent/Leaders Meeting
Monday, April 28th	7:00 PM—Regular Den Meetings



PERSONAL HEALTH AND MEDICAL RECORD

CLASS 1 AND CLASS 2

Class 1 (update annually for all participants). Activity: Day camp, overnight hike, or other programs not exceeding 72 hours, with level of activity similar to that of home or school. Medical care is readily available. Current personal health and medical summary (history) is attested by parents to be accurate. This form is filled out by all participants and is on file for easy reference.

Class 2 (required once every 36 months for all participants under 40 years of age). Activity: Resident camp or any other activity such as backpacking, tour camping, or recreational sports involving events lasting longer than 72 consecutive hours, with level of activity similar to that at home or school. Medical care is readily available.

Note: Some states require an **annual** precamp medical evaluation. Your BSA local council service center can advise you about the requirements for your state.

If your child has had a medical evaluation (**physical examination**) within the last 36 months, a copy of the results of this examination must be attached to the health history for all participants in a camping experience lasting longer than 72 consecutive hours. If a copy is not available, a physical examination (using the Class 2 section of this form) must be scheduled by a *licensed health-care practitioner. This medical evaluation (physical examination) also is required if your child is currently under medical care, takes a prescribed medication, requires a medically prescribed diet, has had an injury or illness during the past 6 months that limited activity for a week or more, has ever lost consciousness during physical activity, or has suffered a concussion from a head injury.

*Examinations conducted by licensed health-care practitioners, other than physicians, will be recognized for BSA purposes in those states where such practitioners may perform physical examinations within their legally prescribed scope of practice.

THIS FORM IS NOT TO BE USED BY ADULTS OVER 40, BY HIGH-ADVENTURE PARTICIPANTS (USE FORM NO. 34412A), OR FOR NATIONAL SCOUT JAMBOREE (USE FORM NSJ-34412-97).

CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

(To be filled out annually by all participants)

To be filled out by parent, guardian, or adult participant. Please print in ink.

IDENTIFICATION

Name _____ Date of birth _____ Age _____ Sex _____

Name of parent or guardian _____ Telephone _____

Home address _____ City _____ State _____ Zip _____

Business address _____ City _____ State _____ Zip _____

If person named above is not available in the event of an emergency, notify

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy No. _____

I give permission for full participation in BSA programs, subject to limitations noted herein.

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Date _____ Signature of parent/guardian or adult _____

Some hospitals require the parent/guardian signature to be notarized. Check with your BSA local council.

NAME

TROOP

CAMPSITE

Check all items that apply, **past or present**, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, medicines, insects, plants Yes No Explain: _____

GENERAL INFORMATION:	Yes	No		Yes	No		Yes	No
ADHD (Attention-Deficit								
Hyperactivity Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>

Explain: _____

Please list ALL medications taken in the 30 days **prior** to arrival at the Scouting activity where this form is to be used: _____

List any medications to be taken at camp: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

Immunizations: (Give date of last inoculation.)

Tetanus toxoid _____	Measles _____	Polio _____
Diphtheria _____	Mumps _____	_____
Pertussis _____	Rubella _____	_____

CLASS 2 MEDICAL EVALUATION

(Read additional requirements outlined on front of form.)

Name _____ Age _____

NOTE TO LICENSED HEALTH-CARE PRACTITIONERS*: The person being evaluated will be attending one or more weeks of camp that may include sleeping on the ground and participating in strenuous activities such as hiking, boating, and vigorous group games. Please review the health history with the participant for any interim changes. **Explain any "abnormal" evaluations.**

PHYSICAL EXAMINATION (To be filled out by a licensed health-care practitioner*)

Height _____ Weight _____ BP _____ / _____ Pulse _____

VISION: Normal _____ Glasses _____ Contacts _____

HEARING: Normal _____ Abnormal _____ Explain _____

Check box:	N	Abn		N	Abn		N	Abn
Growth development	<input type="checkbox"/>	<input type="checkbox"/>	Teeth	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>	Cardiopulmonary system	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>
HEENT	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Neurobehavioral	<input type="checkbox"/>	<input type="checkbox"/>

Explain: _____

Limitations

Activity restrictions _____

Diet restrictions _____

Signature _____ Date _____

Address _____ Licensed health-care practitioner* Phone _____

City, State, Zip _____

*Examinations conducted by licensed health-care practitioners, other than physicians, will be recognized for USA purposes in those states where such practitioners may perform physical examinations within their legally prescribed scope of practice.

INTERVAL RECORD	SCREENING EXAMINATION	
Date, Time, Place, Etc.	(Findings, diagnoses, treatment, instructions, disposition, etc.)	By
#34414A		
730176344140	PHOTOCOPING THIS FORM IS PERMITTED.	

NAME

TROOP

CAMP SITE



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GENERAL INFORMATION:	Yes	No		Yes	No		Yes	No
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