



ILLINEK LODGE

# ORDER OF THE ARROW

*Pack & Adult Partner Guide Book*

**Webelos Woods**

Sept 15-17, 2023

*Camp Illinek*

*6610 Iron Bridge Rd*

*Chatham, IL 62629*

## Welcome to Webelos Woods!

The camp staff is excited for an incredible Webelos Woods in 2023! Thank you for the time you invest with the Cub Scouts in your pack to make this a memory for years to come. Maximizing the fun and adventure of camp requires some preparation; this guide has been carefully prepared to assist with camp planning and preparations. Please read it carefully.

When camp is over, the campfire may have faded, but the excitement lives on. The Abraham Lincoln Council hopes that your pack has a great program year. The facilities of the Camp Illinek are available (by reservation) throughout the year at minimal cost for pack activities. In the fall, a special Family Camp event will be held at Camp Illinek. Check out the council website, <https://www.alincolnbsa.org/>, for dates and details to come.



Friends are great, Scouting is fun; Scouting with all your friends is great fun! As you plan for resident camp, this is a great opportunity for your pack's summer recruitment initiatives. Scouts that successfully recruit a friend who joins their pack and attends camp will earn a recruiter patch and special camp recognition.



If you have any questions, please do not hesitate to reach out to your pack's leadership or the council office with any questions. The council office is located at 5231 S 6th Street Rd, Springfield, IL 62703, and can be reached at 217-529-2727. Additional contract information can be found on the website.



## General Information

- Overview:** This year's camp will offer each Cub Scout a chance to camp at beautiful Camp Illinek, earn achievements toward rank advancement, participate in activities such as games, science, crafts, and more. We have created a two year program going forward to work with both Webelos and Arrow of Light programs.
- Arrival:** All Scouts and adults should plan on arriving at Camp Illinek starting at **5:30 p.m.** on Friday, Sept. 15th, 2023. *Please eat dinner on your own prior to arrival at camp.*
- Departure/  
Pickup Times:** Camp will be dismissed on Sunday Sept 17th, following the closing activity in Booth Lodge at 10:00 a.m.
- Check-In:** Check-in for Webelos Woods is at Booth Lodge. Please bring all completed medical forms and any other documents to Booth Lodge at the time of check-in. A limited amount of parking is available near Booth Lodge to facilitate check-in. You will be receiving information about schedule, parking, and campsite assignments. Please be prepared to move vehicles to a designated parking location immediately following check-in.
- Once parked, we kindly ask the vehicles to remain parked. Vehicles are not to be used as shuttles between activities. A parking permit is included on page 13 of this guide. Please print, complete, and place visibly on your vehicle's interior dashboard for the duration of camp.
- Health Officer:** **All accidents, illnesses, and injuries**, no matter how minor they may seem, **are to be reported to the Health Officer**. The Health Officer will have the items necessary to treat the problem, or will make the necessary referral. If medical care is needed, arrangements will be made for transport to the nearest hospital or care center.
- Medications:** The parents and adult leaders are responsible for the administration and monitoring of all medication. Medications shall be secured in a lockbox (or vehicle)

and properly labeled by a pharmacy with frequency and dosage information. The responsible adult shall maintain a log of all medications administered at camp. If desired, the Health Officer may also store, secure, and dispense the medication. The Health Officer has a secured refrigerator available for medications requiring cold storage.

Camp Illinek has a qualified Health Officer on duty at all times. Our camps have an agreement with nearby hospitals for emergency care services.

The Health Lodge is located within the northeast corner of Booth Lodge and has both interior and exterior entrances.

**Leaving Camp:** If an emergency should occur, making it necessary for a leader, parent, or Cub Scout to leave camp, he/she must sign out on a clipboard posted beside the front door to Booth Lodge **after checking with the ranking camp staff member at Booth Lodge**. Upon returning to camp, he/she must sign back in.

**Valuables:** Spending money and other valuables are the responsibility of their owner. The Abraham Lincoln Council is **NOT** responsible for lost items. A “lost & found” box will be located in Booth Lodge.

**Youth Staff:** Our Youth Staff will be available to work with the campers to make time spent at camp both enjoyable and rewarding for the scouts & adults.

**Smoking:** **Smoking is not permitted in any buildings or tents.** We also ask that adults refrain from smoking in camp program areas. The BSA smoke-free policy states that: **All building or facilities under the control of the local council are to be designated as nonsmoking facilities. Smoking outside the entrance/exit doors is NOT permitted at any location. In addition, all Scout functions, meetings, or activities should be conducted on a smoke-free basis with permitted smoking in areas located away from all participants.** This includes the use of electronic cigarettes, personal vaporizers, or electronic nicotine delivery systems that simulate tobacco smoking.

The smoking area at Camp Illinek is located around a sand bucket in the central parking lot. Smoking around the barbeque pit near Booth Lodge and on the trails **IS NOT PERMITTED.**

**Prohibited Items:** Possession of the following items is prohibited at all times while on camp property:

- Alcoholic beverages or controlled substances, including marijuana
- Concealed or unconcealed firearms, fireworks, or explosives
- Pornography or materials containing words or images inconsistent with Scouting values

Anyone found in possession of these items will be asked to leave immediately.

**Mobile Devices:** Personal electronic devices such as phones, tablets, or gaming devices are subject to limitations. Campsites are not equipped with electricity; camp buildings are NOT intended as charging stations. At no time should an electronic device interfere with or distract others from full participation in camp. Devices should be silenced during activities. Individuals are responsible for the care of the device at all times. The Abraham Lincoln Council is not responsible for any devices.

**Discipline:** The adult is responsible for the discipline of the Cub Scouts in his or her group. The Camp Staff will not assume responsibility for discipline unless the adult is not present at the time of the problem. Staff members will notify the Short-term Camp Administrator of any problems. After notifying the adult and the den leader, if the situation is not corrected, the adult and his or her group will be asked to leave camp. Refunds will not be made in such cases.

**Transportation:** Parents are prohibited from driving to and from campsites and activities. The Short-term Camp Administrator specifically requests that all vehicles, once parked at the location specified at check-in, not be used for casual transport. If you are leaving camp, temporarily or permanently, you must **sign out at Booth Lodge**.

**Telephone:** Camp Illinek no longer has a camp pay phone. Various staff members, including the Short-term Camp Administrator and staff advisor, have cell phones available for emergency use. While cell phones are not restricted from camp, the campers are discouraged from casual use at camp because this is meant to be a fun-filled and tech-free experience for the Scouts. The camp experience is intended to be one of recreation by getting into a different environment away from distractions.

If a camper must be contacted regarding an emergency, please call **Pete (605-592-6173) or Shane (217-416-8576)**.

**Medical Forms:** Every Cub Scout and adult attending camp **MUST** present a completed Annual Health & Medical Record form before or upon arrival. Youth forms must be signed by a parent or legal guardian. The Health Officer will verify forms with each Cub Scout and adult upon entering camp. Please include any special medications for either the Scout or the adult.

*Please note that only Parts A (General Information) and B (Informed Consent and Hold Harmless/Release Agreement) are required for our Cub Scout Camps. Part C (Physical Examination) is for events that exceed 72 hours and is not required for our Webelos Woods program. The current health form can be found at the back of this manual. Please bring a **printed and signed** medical form to camp.*

If an adult leaves at any time during the weekend, for any reason, another designated adult must serve as a replacement. **The new adult must also have a Health & Medical Record form and present it to the Health Officer upon arrival.**

**All Cub Scout Health Forms must be signed by a parent or legal guardian.**

**If an adult or Scout requires unique medical accommodations, please contact the council service center by Sept 8th, 2023.**

**Fees:**

The youth camp fee of \$65 and adult fee of \$30 covers all meals, drinks, all program materials, a participant patch, and a cup. The first meal will be a cracker barrel (snack) on Friday night, and camp will conclude before lunch on Sunday. Camp meals will include Friday cracker barrel (evening snack), Saturday breakfast, lunch, dinner, cracker barrel (evening snack), Sunday breakfast.

A savings of \$15 per 4<sup>th</sup> Year Webelos, 5<sup>th</sup> Year Arrow of Light, and/or adult is offered if registered and paid in full by September 8. One adult may bring up to four Cub Scouts, or a Cub Scout and their adult partner may attend on their own. All BSA Youth Protection guidelines must be followed, including two-deep leadership. Arrangements may be made in advance to share leadership between units if necessary. Note that all Pack's need a Baloo trained adult present for their unit.

**Payment Schedule:** It is preferred that all fees be paid in full at the time of Registration.

**Refunds:**

**No refunds will be considered after September 1.** All refunds are subject to certain conditions:

1. All requests will be subject to a case-by-case review by the Abraham Lincoln Council Camping Committee.
2. The balance of the fee may be refundable by written request only, prior to September 1.
3. The balance will be refunded for only three reasons:
  - a. The illness of a Cub Scout prevents Scout’s attendance at Camp.
  - b. Illness or death in the family of the Cub Scout prevents Scout’s attendance.
  - c. The family’s moving from the local council area makes the Cub Scout’s attendance impractical or impossible.
4. After September 1st, all refunds for the balance of the fees will be prorated.

**Equipment:**

Each family should bring their own tent and at least one flashlight or lantern. Rain gear, decent outdoor shoes, sun protection, and headlamps are also helpful and recommended.

**Personal Equipment:**

**What to bring?**

Complete Scout uniform is recommended for meals and flag ceremonies

Comfortable Shoes (pack extra in case it rains)

- |                                 |                                 |
|---------------------------------|---------------------------------|
| Pants (at least 1 pair of long) | Comb                            |
| Shorts                          | Toothbrush & Toothpaste         |
| Shirts                          | Towels                          |
| Scout T-shirt                   | Soap & Shampoo                  |
| Undergarments                   | Deodorant                       |
| Pajamas & Nightwear             | Flashlight                      |
| Sweater or Jacket               | Unbreakable cup or Water bottle |
| Handkerchiefs or Tissues        | Insect Repellant                |
| Cap or Hat                      | Sunscreen                       |
| Raincoat or Poncho              | Watch                           |
| Plastic Trash Bags              | Sleeping bag or 2-3 blankets    |
| Tent                            | Sleeping mat                    |
| Ground cloth/footprint for tent | Camp chairs                     |
| Money (for trading post)        | Personal first aid kit          |

(Mark all personal belongings with your name)

*ABSOLUTELY NO OPEN TOED SHOES, SANDALS, OR SIMILAR*

**Water:** Potable drinking water at Camp Illinek is available from Booth Lodge, the shower houses, and from water jugs placed around camp, including each program area. The camp staff will ensure the jugs remain filled throughout camp. Each campsite has faucets with non-potable water, suitable only for hand washing, and, if boiled, cooking. Hand soap is provided at all sinks and campsites.

**Uniforms:** Official Scout uniforms are the recommended camp attire during the morning flag raising and breakfast. It is also the recommended camp attire during the evening flag ceremony and evening meal. A Scouting t-shirt (your pack's Class B shirt or any t-shirt showing favorable images for Scouts) is suggested during the morning and afternoon program times, and shorts are permitted. There is no laundry service available.

**Campsites:** One of the staff will direct you to your campsite and parking during check-in. You may be camped with several other families from different Cub Scout packs. Please choose two campsite representatives to oversee general order and cleanliness of the campsite. Campers are expected to keep their campsites neat and orderly. They should also make sure that campfires are properly doused whenever the campsite is unoccupied. Due to the active raccoon population, food should never be consumed in tents or left out while unattended. This includes food left in trash bags. Non-potable water and latrines are located close to each campsite. ***Remember: Scouts practice Leave No Trace Camping.***

Each campsite will have two picnic tables. Please remember: each camper must provide their own tents and camping gear.

**Youth Protection:** All Youth Protection Guidelines will be in effect during the camp, as it is during all Scouting activities. Accordingly, please ensure tenting accommodations are in compliance. Only parent(s) or legal guardians may share a tent with a youth. Any youth tenting together without a parent or legal guardian shall be of the same gender and no more than two years apart in age.

**Campfires:** Build fires only in designated fire pits. Put out all fires with water before leaving your campsite or before going to bed. Use only downed, dead wood for fires. All campfire rings will be provided a bucket for water, a shovel, and a rake. **Do not cut down any trees.**



**Showers:** The central shower building has separate facilities for adults and Cub Scouts. BSA Youth Protection policy requires that adults and youth do not share shower facilities. The building also has several separate individual shower facilities; these are available for use by anyone. Please be considerate in sharing these showers.

**Trading Post:** The Trading Post will have various souvenirs available for sale. Trading Post hours will be listed on the schedule of activities and posted prominently.

**Advancement:** At the conclusion of camp each Pack will receive a signed form with the advancement requirements and recognitions completed at camp. Each Scout should keep this in a safe place and turn it into their unit advancement chair, pack committee chair, or Cubmaster.

**Cub Scout  
Leave No Trace  
Principles:** *Know before you go  
Choose the right path  
Trash your trash  
Leave what you find  
Be careful with fire  
Respect wildlife  
Be kind to other visitors*

**The Outdoor Code:** *As an American, I will do my best to –  
Be clean in my outdoor manners.  
Be careful with fire.  
Be considerate in the outdoors.  
Be conservation minded.*

## General Schedule

Each day will have a slightly different schedule based on the activities and some activities may include a built-in snack. A final schedule will be provided at check-in. A generalized schedule is provided below as a reference.

6:30 a.m.	Morning Wakeup
7:00 a.m.	Flag Ceremony (Booth)
7:05 a.m.	Breakfast
8:30 – 11:30 a.m.	Morning Activities
12:00 p.m.	Lunch
1:30 – 3:30 p.m.	Afternoon Activities
3:30-4:00 p.m.	Afternoon Snack
4:00 – 5:30 p.m.	Retreat to campsites, cleanup if needed
5:30 p.m.	Flag Ceremony (Booth)
5:35 p.m.	Dinner
7:15 p.m.	Scouts Own Service/ Firebowl
9:00 p.m.	Cracker Barrel at Campsite
10:00 p.m.	Taps / Lights out

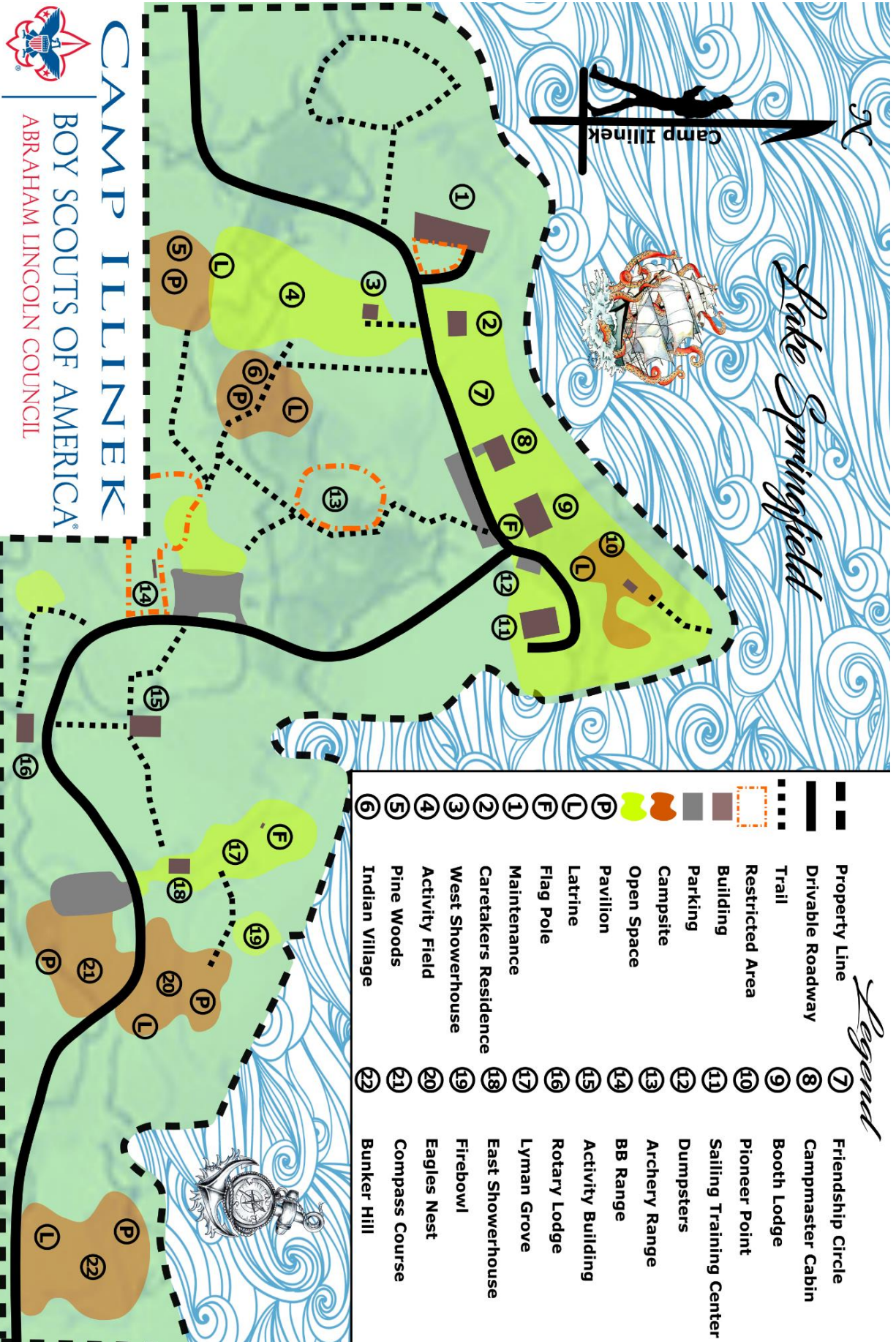
# 2023 Webelos Woods Parking Permit

*(please print, complete and place on dashboard)*

Last

Name \_\_\_\_\_

PACK \_\_\_\_\_



## Part A: Informed Consent, Release Agreement, and Authorization

Full name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_

### High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_  
 or staff position: \_\_\_\_\_

### Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. 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 protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided 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.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

**With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.**

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby 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 liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

*Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.*

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

**Checking this box indicates you DO NOT want your child to use a BB device.**



**NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.**

List participant restrictions, if any:

None

\_\_\_\_\_

I understand that, 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. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, **I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met.** The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_

(If participant is under the age of 18)

### Complete this section for youth participants only:

#### Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Adults NOT Authorized to Take Youth to and From Events:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_



## Part B1: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**High-adventure base participants:**

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit leader: \_\_\_\_\_ Unit leader's mobile #: \_\_\_\_\_

Council Name/No.: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Health/Accident Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

**In case of emergency, notify the person below:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Alternate contact name: \_\_\_\_\_ Alternate's phone: \_\_\_\_\_

### Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (anginal)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma/reactive airway disease	Last attack date: _____
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion/TBI	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Neurological/behavioral disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures or epilepsy	Last seizure date: _____
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Skin issues	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date: _____
		List any other medical conditions not covered above	



## Part B2: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**High-adventure base participants:**

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

### Allergies/Medications

DO YOU USE AN EPINEPHRINE AUTOINJECTOR? Exp. date (if yes) \_\_\_\_\_  YES  NO

DO YOU USE AN ASTHMA RESCUE INHALER? Exp. date (if yes) \_\_\_\_\_  YES  NO

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

Check here if no medications are routinely taken.  If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

YES  NO Non-prescription medication administration is authorized with these exceptions: \_\_\_\_\_

Administration of the above medications is approved for youth by:

\_\_\_\_\_/\_\_\_\_\_  
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)

**Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.**

### Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
			Tetanus	
			Pertussis	
			Diphtheria	
			Measles/mumps/rubella	
			Polio	
			Chicken Pox	
			Hepatitis A	
			Hepatitis B	
			Meningitis	
			Influenza	
			Other (i.e., HIB)	
			Exemption to immunizations (form required)	

**Please list any additional information about your medical history:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DO NOT WRITE IN THIS BOX.**  
 Review for camp or special activity.

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Further approval required:  Yes  No

Reason: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

