



# EXPLORER PADDLE CAMP

**Bass River – Brown’s Yard Basecamp**

On **May 26-27<sup>th</sup>**, Explorers will doing a standing basecamp at a property in Brown’s Yard located on Bass River which will enable members to canoe, fish, swim (brrr!), camp, and take in good ‘ole camp cooking in the Dutch ovens and open campfire.

This canoe-focused training camp is a final requirement for anyone who is attending the multi-day canoe trip in June on the Kedgewick & Restigouche Rivers. **BOOK YOUR SEATS NOW** for this camp and for the June Trip.

- Those wanting to meet and leave with the Troop, we will be leaving at 8:30am (Rotary Lodge outer parking lot at Centennial Park. **LIMITED CARPOOL** seating, reserve ASAP. Returning on Sunday btwn 1-2pm.
- Camping trip cost is \$20/participant (meals & program)
- Can’t have a camp without some awards, so we will be rewarding the Wise Owl Award, Hospitality Award, Most Efficient Paddler, Quickest Paddler Team, and Wettest Camper Award.

**This is what you should pack as a minimum for your camping experience:**

Sleeping Bag (zero rating or cooler)	Water bottle (1-2 liters)
Sleeping pad	Additional snacks*
Change of clothing for each day	Mio drink mix(s) for your water*
Rain gear	Camera (disposable?)*
Sweater or Jacket	Lip balm
Head gear to protect you from the sun	Sunscreen
Swimsuit	Bug repellent
Dry clothes for in camp	First Aid kit*
Shoes for in camp	Sun glasses
Water shoes (no boots, no sandals)	Stove & pot set*
Toiletries (toilet paper, wet naps)	<b>Fishing license (if over 16 y/o)</b>
Face cloth	<b>Fishing Rod, tackle, and bait</b>
Mess kit (FNS and MPB)	
Flashlight	

\*Optional item

## **DRIVING DIRECTIONS** (we recommend you following us!) (🗺️)

**The Driving Directions are as Follows:**

**!!(Set your tripometer to zero at beginning of Route 126 to Rogersville)!!**

- Take the 126 heading North, from Moncton (Rogersville Direction)
- At 32.5km Turn right onto Route 465
- At 51.3km Turn right onto Route 470 (East)
- At 52.0km Turn left onto 510 (East)
- At 55.6km Turn left at the St. Paul’s Anglican Church sign
- At 56.6km (Stop Sign) Turn left onto Rte 490 (Cross a 1 lane bridge)
- At 58.0km at yield, Turn right (still Rte. 490 - towards Bass River)
- At 59.0km Turn right onto Thompson Road
- At 60.7km Turn right onto Morris Road (dirt road)
- At 61.7km Turn right onto Riverside Lane (dirt road)
- Cottage is first on the Left - 3 Riverside Lane





### MEDICAL INFORMATION



(Your child's health is important to us and this will help us if there is anything we need to know about them.)  
(Please complete fully, this page may be photocopied and kept separate from the application form on the other side.)

Surname		Given Names		Home Phone	
Group Name				Cell Phone	
Medical Plan Number		Birth Date		[ ] Care Card [ ] Other	
In case of emergency, please notify:					
Parent Name:			Home Phone:		Other Phone:
Other Name:			Home Phone:		Other Phone:

**IF SUBJECT TO ANY OF THE FOLLOWING PLEASE INDICATE:**

- |                                      |   |                                       |                                       |
|--------------------------------------|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Asthma      | <input type="checkbox"/> Cramps         | <input type="checkbox"/> Headaches    | <input type="checkbox"/> Toothache    |
| <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Fainting       | <input type="checkbox"/> Nightmares   | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bronchitis  | <input type="checkbox"/> Food allergies | <input type="checkbox"/> Skin Rash    | _____                                 |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Hay Fever      | <input type="checkbox"/> Sleepwalking | _____                                 |

**PRESCRIPTION OR REGULAR MEDICATIONS REQUIRED:**

[ ] Non-Prescription [ ] Prescription [ ] Injection

Name of Drug:	Frequency:	Dosage:	[ ] Refrigeration?
Name of Drug:	Frequency:	Dosage:	[ ] Refrigeration?

All prescription medication to be taken while in camp must:  
1) Be accompanied by a complete medication card.  
2) Be in the original pharmacy container and labeled with pharmacy and doctor information.

List Allergies or Sensitivities:

Date of last Tetanus Shot: \_\_\_\_\_ Date of last Medical Exam: \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

**Non-Prescription Drugs:** Every care and attention will be given to the health and comfort of your child. As your child may be away from home for more than 24 hours, please circle **yes/no** for the following medications that you **APPROVE/DISAPPROVE** that can be administered to your child under the guidance of an adult First Aider.

These are the medications that may be available at camps, in the event of medical necessity:

- |                                      |                            |                                   |
|--------------------------------------|----------------------------|-----------------------------------|
| Junior Strength Acetaminophen—yes/no | Children's Benadryl—yes/no | Kid's Hurt-Free Polysporin—yes/no |
| Junior Strength Ibuprofen—yes/no     | Gravol Kids—yes/no         | Children's Antihistamine—yes/no   |

I, \_\_\_\_\_ am the parent and/or legal guardian of \_\_\_\_\_.  
I do hereby authorize the BP Service Association to share the medical and personal information contained in this medical information form and to provide first aid and/or secure such medical advice and services (ex: ambulance) as may be deemed necessary for the health and safety of my child/ward and hereby give my permission for my child/ward to attend and participate in all BPSA activities. I understand that I will be notified by the quickest means possible if this authority is exercised.

Signature of Parent/Guardian \_\_\_\_\_

Date Signed \_\_\_\_\_