

OUTDOOR PROGRAM CHECKLIST

Date of Program _____ **Location** _____

I. Administration

- | | |
|--|--|
| <input type="checkbox"/> Tour permits | <input type="checkbox"/> Licenses (fishing, boats, etc.) |
| <input type="checkbox"/> Parents' permission/information | <input type="checkbox"/> Camp cost |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Local requirements |
| <input type="checkbox"/> Budget done | <input type="checkbox"/> Permits/reservations |
| <input type="checkbox"/> Personal health histories | <input type="checkbox"/> _____ |

II. Leadership

- | | |
|--|---|
| <input type="checkbox"/> Second leader _____ | <input type="checkbox"/> Third leader _____ |
|--|---|

III. Transportation

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Driver _____ | <input type="checkbox"/> Driver _____ |
| <input type="checkbox"/> Driver _____ | <input type="checkbox"/> Driver _____ |
| <input type="checkbox"/> Equipment hauled by _____ | |

IV. Location

- | | |
|--|---|
| <input type="checkbox"/> Maps to and from _____ | <input type="checkbox"/> Arrival time _____ |
| <input type="checkbox"/> Driver time _____ | <input type="checkbox"/> Departure time _____ |
| <input type="checkbox"/> Special gear needed _____ | |

V. Equipment

- () Personal _____
- () Troop _____
- () First-aid supplies _____
- () Program _____
- () Emergency _____

VI. Feeding

- () Menu planned _____
- () Who buys food _____
- () Fuel supply _____
- () Patrol duties roster _____
- () Food storage _____

VII. Sanitation

- () Drinking water _____
- () Dishwashing _____
- () Human waste _____
- () Garbage disposal _____

VIII. Safety

- () Nearest medical facility _____
- () Nearest town _____
- () Ranger contact _____
- () Emergency no. _____
- () First-aid provider in group _____
- () Police no. _____

IX. Program

- () Program planned _____
- () Short-term _____
- () Special program equipment _____
- () Patrol assignments _____
- () Long-term _____
- () Rainy-day activities _____