

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

- Second leader _____ Third leader _____

III. Transportation

- Driver _____ Driver _____
- Driver _____ Driver _____
- Equipment hauled by _____

IV. Location

- Maps to and from _____ Arrival time _____
- Driver time _____ Departure time _____
- Special gear needed _____

V. Equipment

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

VI. Feeding

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

VII. Sanitation

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

VIII. Safety

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

IX. Program

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