Bay-Lakes Council Boy Scouts of America

Camp _____ Council/District/Unit Event _____ District/Unit #_____

Building and/or Campsite (please indicate) _____

THE STATE OF WISCONSIN REQUIRES THAT THE FOLLOWING INFORMATION BE MAINTAINED FOR 2 YEARS. PLEASE COMPLETE IN FULL.

DATE	Time In	Time Out	SCOUT'S NAME (print)	ADDRESS (city, state, zip)	AGE	TELEPHONE NUMBER

The following adults over 18 are / were in camp at the event described on page 1. Please check if over 21.

DATE	Time In	Time Out	ADULT'S NAME (print)	ADDRESS (city, state, zip)	Over 21	TELEPHONE NUMBER

FIRST AID LOG

Time (24:00)	PRINT NAME (last, first)	AGE	Complaint/Type of Injury/Activity/ Location & Examination Findings	Treatment/Disposition	Treated By