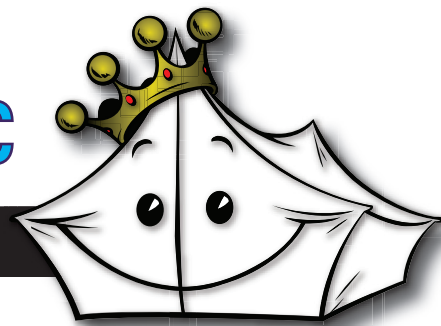


# Merit Badge Clinic



November 6th, 2021

On November 6th Crystal Lake Scout Reservation is holding a Merit Badge Clinic. This day event is a great opportunity to have fun working on one of our awesome Merit Badge opportunities while spending the day outside at camp. The badges listed below are being offered as all day classes. Please keep in mind that if you do not complete the pre-reqs, prior to the event you will receive a partial.

Merit Badge	Prerequisites	What To Bring?
Indian Lore	None	
Game Design	7, 8	7 and 8 will need follow up
Digital Technology	6	Laptop, if available
Citizenship in the Nation	3, 8	
Nature	None	
Basketry	None	

## Schedule

9:00 AM	Check-in
9:30 AM	Merit Badges Begin
1:00 PM	Lunch
3:30 PM	Event Ends

- **COST: \$15**
- Lunch is Provided
- You are required to fill out the Samoset Council COVID Waiver before arriving at camp.
- Check-in will occur in the Hanna Venture Base Parking Lot.

Masks are required for all indoor facilities, please make sure you have one with you for the day.

If you have any dietary needs, questions, or concerns, please reach out to Brit Burmeister at [Brittany.Burmeister@Samoset.org](mailto:Brittany.Burmeister@Samoset.org)

# SAMOSET COUNCIL PRE-EVENT SCREENING CHECKLIST

The intent of this checklist is to review with each participant (youth and adult) their current health status both before departure and upon arrival. Unit leaders should collect this form from their Scouts prior to departing. Samoset Council and the Boy Scouts of America encourages anyone who is in a higher-risk category as defined by CDC guidelines to stay home. Should they choose to participate, they must have approval from their health care provider.

**All participants are required to submit this form.**

Participant Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_

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

Name of Driver: \_\_\_\_\_

## Section 1

- | Yes | No  |  |
|-----|-----|--|
| ___ | ___ | Have you or has anyone in your household been in close contact* with anyone who has COVID-19 or is otherwise sick in the past 14 days?   |
| ___ | ___ | Have you or has anyone in your household been in close contact* with anyone who has been tested for COVID-19 and is waiting for results?   |
| ___ | ___ | Have you or has anyone in your household been sick in the past 14 days, or have you or they been tested for any illness and are waiting for results?                                   |
| ___ | ___ | Has anyone in your household been exposed to an individual known or suspected to have COVID-19 in the past 14 days?  |
| ___ | ___ | Have you or has anyone you have been in close contact* with traveled on a cruise ship or internationally or to an area with a known communicable disease outbreak in the last 14 days? |

**If the answer is yes to either of these questions, the entire household must stay home.**

\*According to the Centers for Disease Control and Prevention (CDC), "close contact" means:

- You were within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period
- You had direct physical contact (hugged or kissed)
- You shared eating or drinking utensils
- An infected person sneezed, coughed, or otherwise got respiratory droplets on you.

## Section 2

Do you or any of your immediate family had any of the following new or worsening signs or symptoms?

- | Yes | No  |                              |
|-----|-----|------------------------------|
| ___ | ___ | Shortness of breath          |
| ___ | ___ | Cough                        |
| ___ | ___ | Fever of 100.0 F or greater  |
| ___ | ___ | Flu-like symptoms            |
| ___ | ___ | Repeated shaking with chills |
| ___ | ___ | Fatigue                      |
| ___ | ___ | Muscle or body aches         |
| ___ | ___ | Headache                     |
| ___ | ___ | Sore throat                  |
| ___ | ___ | Loss of taste or smell       |
| ___ | ___ | Vomiting or nausea           |
| ___ | ___ | Diarrhea                     |

**If the answer is yes to any of the symptoms above, the entire household must stay home.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_