

Grey Wolf Hike/Day Walk Plan

General Notes:

The purpose of this plan is to assist a Cub Scout in the planning of a Grey Wolf Hike. Cub Scouts can prepare a hike on this template or just use the subheadings in their own plan.

Notes for the Cub Scout preparing this Plan:

Your Plan should be presented to Pack Council for approval. It's a great idea to run your plan past your Cub Scout Leaders for suggestions and to check their availability before presenting it to Pack Council. Every Cub Scout wishing to be assessed for their Grey Wolf Hike should prepare their own hike plan.

Planned Date of Hike/Day Walk

Outline of Hike/Day Walk

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|----------------------|
| Start Point: |
| Description of Hike: |
| Finish Point: |

Name of Cub Scout Leading the Hike/Day Walk and Preparing this Plan

Number Attending (minimum 3 Cub Scouts – maximum 6 Cub Scouts)

| |
|---------------------|
| Cub Scouts: |
| Supporting Leaders: |

Name of Participants (minimum 3 Cub Scouts – maximum 6 Cub Scouts)

| | | | |
|-------------|----|----|----|
| Cub Scouts: | 1. | 2. | 3. |
| | 4. | 5. | 6. |
| Leaders: | | | |

Transport Arrangements

| |
|--------------------|
| To Start Point: |
| From Finish Point: |

Should include where you plan to leave from. Start and time of return to Finish point. How many cars do you need?

Hike/Day Walk Details

Attach a map of your planned route

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ScoutSafe Plan

A ScoutSafe Plan is required for your Hike/Day Walk. Below is the starting point for the ScoutSafe Plan. Please list some things that you think could go wrong and what you should do to prevent them happening or to address them if they were to occur. One Risk has been given to get you started but there are more than this, so now it's over to you to add others.

| RISK | PREVENTION/SOLUTION |
|---------------|------------------------------------|
| Becoming Lost | Maps and compass taken on the hike |
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| | |

Emergency Contacts

| WHO | NAME & PHONE NUMBER (Include home and mobile numbers if applicable) |
|-------------------------------|--|
| Police/Ambulance/Fire Brigade | 000 or 112 from a mobile, regardless of your carrier |
| Group Leader | |
| Parents of each Cub Scout | |
| | |
| | |
| | |
| | |
| | |

Any Equipment planned to be carried and Clothing requirements

| | | |
|---------------------------------|--|--|
| Eg: asthma puffer, drink bottle | | |
| | | |
| | | |

Cub Scout leader has access to or has reviewed health records for all attending Cub Scouts

Are there any dietary or health issues to be aware of?

No

Yes If Yes, fill in details below:

| |
|---|
| Details: eg. Cub Scout has allergy to Bees. |
|---|

Pack Council Approval

This Hike/Day Walk Plan should be presented to your Pack Council for approval, prior to the Hike.

| Pack Council Representative (Cub) Name | Pack Council Representative (Cub) Signature | Date |
|--|---|------|
| | | |

Cub Scout Leader Endorsement

| Cub Scout Leader Name | Cub Scout Leader Signature | Date |
|-----------------------|----------------------------|------|
| | | |