

REVIEW FOR CAMP OR SPECIAL ACTIVITY						
DATE	Agency and Activity	By	"OK"	Physician Recheck Needed	Results of Recheck	Initial

INTERVAL RECORD (CAMP, JAMBOREE, TOURNAMENT, TRAVEL, ETC.)				
Date	Time	Place	Findings, Diagnoses, Treatment, Instructions, Disposition, etc.	By:

INSURANCE INFORMATION (Insurance information is valid from _____ to _____)

Insurance Company:			
Policy Number:		Group Number:	
Policy Holder:		Policy Holder's D.O.B.:	

I give permission for the Health Lodge Officer/First Aid Staff to dispense the following Over-The-Counter medications (brand name or generic) to my son/daughter as needed and at the recommended dosage. These medications are available at the Health Lodges at Akelaland, Settlers Camp, and Camp Minsi.

PARENT'S SIGNATURE: _____

Medication	Yes	No	Medication	Yes	No
Advil (tablets/caplets)			Milk of Magnesium (M.O.M.)		
Advil (liqui-gel)			Tums		
Tylenol (tablets/caplets)			Imodium A-D		
Tylenol (gel caps)			Robitussin-DM (cough, congetion)		
Children's Tylenol (chewables)			Children's Dimetapp-DM		
Children's Tylenol (liquid)			Children's Dimetapp-Elixir		
Benedryl (tablets)			Pepto Bismol (chewables)		
Benedryl (liquid)			Pepto Bismol (liquid)		

FOR ALL CAMPER AND LEADERS UNDER AGE 40

THIS MEDICAL FORM IS GOOD FOR 3 YEARS. THE FIRST YEAR IT MUST BE COMPLETED BY A PHYSICIAN AND SIGNED BY THE DOCTOR, A PARENT OR LEGAL GUARDIAN (IF UNDER AGE 18), AND THE CAMPER. THE SECOND AND THIRD YEARS MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN (IF UNDER AGE 18) AND THE CAMPER IN THE BLOCKS BELOW, PROVIDED THERE HAS BEEN NO CHANGES IN THE HEALTH INFORMATION AS LISTED ON THE FRONT.

FOR ADULTS OVER 40 AND ALL STAFF MEMBERS, BOTH PAID AND VOLUNTEER

THIS FORM MUST BE FILLED OUT **EACH AND EVERY YEAR** YOU COME TO CAMP. THIS IS TRUE NO MATTER WHAT LENGTH OF TIME YOU ARE SPENDING AT CAMP.

PARENTAL STATEMENT	2 nd Year Parental Statement		3 rd Year Parental Statement	
Has it ever been necessary to restrict applicant's activities for medical reasons?	YES	NO	YES	NO
Does applicant take regular medicine or have special care?	YES	NO	YES	NO
To the best of my knowledge the information in sections I, II, III, IV, and VI is accurate and complete. I request physician to examine applicant to give needed immunization, and to furnish requested information to other agencies as needed. I give permission for full participation in BSA programs, subject to limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates.				
PARENT'S OR LEGAL GUARDIAN'S SIGNATURE	2 nd Year Parental Statement		3 rd Year Parental Statement	
APPLICANT'S SIGNATURE				
DATE SIGNED				