Camp Medical Card

Camp Name/Location: _____ **Adult / Scout Name:** _____
Camp Dates: _____ **Pack / Troop No:** _____

Item No.	Medicine Name	Doseage	Frequency	Specific Time Requirements	Comments
1					
2					
3					
4					
5					

Food Allergies: Yes ____ No ____ If yes, explain: _____
Special Diet Required: Yes ____ No ____ If yes, explain: _____

Parent/Guardian Contact Information:

Name: _____ Home Phone No: _____
Address: _____ Work Phone No: _____
_____ Cell Phone No: _____

I (we), the undersigned, parents of _____, hereby authorize the Camp Medical Staff to administer the above listed foods and medications as noted to my (our) child. In the event of any questions regarding the instructions listed above, my (our) contact information is listed above.

_____ _____
Father/Guardian Signature Date Mother/Guardian Signature Date

Camp Medical Card

Camp Name/Location: _____ **Adult / Scout Name:** _____
Camp Dates: _____ **Pack / Troop No:** _____

Item No.	Medicine Name	Doseage	Frequency	Specific Time Requirements	Comments
1					
2					
3					
4					
5					

Food Allergies: Yes ____ No ____ If yes, explain: _____
Special Diet Required: Yes ____ No ____ If yes, explain: _____

Parent/Guardian Contact Information:

Name: _____ Home Phone No: _____
Address: _____ Work Phone No: _____
_____ Cell Phone No: _____

I (we), the undersigned, parents of _____, hereby authorize the Camp Medical Staff to administer the above listed foods and medications as noted to my (our) child. In the event of any questions regarding the instructions listed above, my (our) contact information is listed above.

_____ _____
Father/Guardian Signature Date Mother/Guardian Signature Date