

Personal Health Supplement

This information is for Dulaney Day Camp use ONLY

Make sure to attach Medical A&B and Transportation Release Forms.

All forms are located at:

<http://www.dulaneybsa.org/daycamp>

Please PRINT or TYPE

Participant

Name	Birthdate
Home/Cell Phone	E-mail
Recent Operations or Surgery? If Yes, please explain any limitations of activities	
Any physical or behavioral conditions that may affect or limit full participation in hiking, shooting sports or playing strenuous physical games	
List any equipment needed: (wheelchair, braces, glasses, contact lenses, etc.)	
Current Medication Name , Dose, & Time to be taken (Please indicate any "as needed" medications):	
A _____, _____ & _____	
B _____, _____ & _____	
If Child requests, can we give them? (Please check):	
<input type="checkbox"/> Benadryl <input type="checkbox"/> Tylenol/Motrin <input type="checkbox"/> Calamine Lotion <input type="checkbox"/> Tums <input type="checkbox"/> Throat Lozenges <input type="checkbox"/>	
NONE	

FOR ADULT PARTICIPANTS:

YOUTH PROTECTION TRAINING completed? Yes Date: _____

____ You may take a photo of my child to include in a craft item to be brought home by the child. No other use will be made of this photo and no file copies will be kept.

____ You may use photos and /or video of my child on CDs or DVDs for Dulaney District to promote our Day Camp operations. No name will be related to the photo.

This permission is limited to CDs and/or DVDs. No internet or web-based applications will be used.

____ You Do NOT have my permission to photograph my child under any circumstances for any reason.

Signed	Date
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