

Check one: Cub Adult Tiger Youth Crew Junior Camper

June 21st - 25th

← Check one or the other or application cannot be processed →

July 12th - 16th

Dulaney District Day Camp: 2010 100 Years of Scouting
PERSONAL HEALTH AND MEDICAL SUPPLEMENT

Pack #: _____

The information contained below is for use specifically in camp.

NOTE: All information must be provided or application cannot be processed. Please use "N/A" if necessary.

Participant's Name: _____ Birth date: _____ Home Phone (____) _____

Has person had any recent operations or surgery? If yes, please list and explain any limitation of activities:

List any physical or behavioral conditions that may affect or limit full participation in hiking or playing strenuous physical games:

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

ALL MEDICATION MUST BE TURNED IN AND PICKED UP BY AN ADULT TO THE MEDICAL STAFF IMMEDIATELY UPON ARRIVAL AT CAMP! Only medication that MUST be given during the day should be brought to camp.

MEDICATION TO HELP WITH CONCENTRATION IS VERY HELPFUL.

Current Medication Name, Dose, & time to be taken (please include any "as needed" medications):

A _____, _____, & _____

B _____, _____, & _____

If child requests it, the medical staff may give: (please check appropriate blocks)

Benadryl Tylenol/Motrin Caladryl Lotion Tums Throat Lozenges None